



THE KINGDOM OF
SWAZILAND'S INITIAL
REPORT ON THE
AFRICAN CHARTER ON
THE RIGHTS AND
WELFARE OF THE
CHILD



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Abbreviations and acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
CPWA	Children’s Protection and Welfare Act of 2012
CPWA	National Children’s Protection and Welfare Act, 2012
CRC	Convention on the Rights of the Child
CSTL	Care and Support for Teaching and Learning
DPMO	Deputy Prime Minister’s Office
DSW	Department of Social Welfare
DCS	Domestic Violence and Children Protection Unit
ECCE	Early childhood care and education
ECD	Early Childhood Development
EPI	Expanded Programme of Immunisation
ESSP	Education Sector Strategic Plan
FPE	Free Primary Education
GBV	Gender based violence
GDP	Gross Domestic Product
GoS	Government of Swaziland
IMCI	Integrated management of childhood illnesses
IEC	Information, Education and Communication
LL	<i>Lihlombe Lekukhalela</i>
MoET	Ministry of Education and Training
MOH	Ministry of Health
NCCU	National Children’s Coordination Unit
NCPs	Neighbourhood Care Points
NDMA	National Disaster Management Agency
NER	Net enrolment ratio
NERCHA	National Emergency Response Council on HIV and AIDS
NETIP	National Education and Training Improvement Programme
NPA	National Plan of Action
PRSAP	Poverty Reduction Strategy and Action Programme

SELDS	Swaziland Early Learning and Development Standards
SWAGAA	Swaziland Action Group against Abuse
TVETSD	Technical and Vocational Education and Training and Skills Development
UNICEF	United Nations Children’s Fund
YHP	Young Heroes Programme

Introduction

1. The Government of Swaziland (GoS) is pleased to submit its initial report on measures taken in terms of the African Charter on the Rights and Welfare of the Child (ACRWC).
2. As permitted by the reporting guidelines, this report was developed at the same time as the State party's periodic report on the Convention on the Rights of the Child using a consolidated process. The report thus provides an indication of the measures that have been taken by the State party in furtherance of its duties under both the ACRWC and the CRC for period 2006 to 2016. The report, as required by the guidelines, includes information on the measures taken to address the Concluding Observations of the Committee on the Rights of Child published pursuant to the submission of the State party's last periodic report in 2006.
3. The report is made up of two sections. The first is the narrative part which is organised into sections aligned to the "clusters" of rights established by the reporting purposes. The second part of the report provides the statistical information, to the extent that same is available, which supports the narrative observations and conclusions.
4. An inclusive consultative process has been followed in the preparation of the report. The Deputy Prime Minister's Office (DPMO) coordinated the collection of data from the relevant ministries and departments across the country. In addition, 4 stakeholder meetings were held in preparation of the report where participants from the relevant ministries and civil society, amongst others shared information and validated the content of the report.

Part 1: General measures of implementation

1.1 Measures to give effect to the Children's Charter

5. Swaziland ratified the African Convention on the Rights and Welfare of the Child (ACRWC) in 2012.
6. In the years preceding, and in the year of ratification of the ACRWC, it ratified a number of further treaties, including :
 - a. The Palermo Protocol on Trafficking in Person
 - b. The Hague Convention on Inter-Country Adoptions
 - c. The Optional Protocols on the Involvement of Children in Armed Conflict, and the Sale of Children, Child Prostitution, and Child Pornography in 2012
 - d. The International Labour Organisation's (ILO) Convention 138 on Minimum Age
 - e. The Convention on the Elimination of the Worst Forms of Child labour.
7. Swaziland is a member of the Southern African Development Community (SADC) and has further committed to strengthening the protective framework for children in the region in terms of the following charters and programmes:
 - a. The SADC Protocol on Gender and Development

- b. The Maseru Declaration on HIV and AIDS
 - c. SADC's Strategic Framework and Programme of Action for Comprehensive Care and Support for Orphans, Vulnerable Children and Youth
 - d. SADC Policy Framework and Programme of Care and Support for Teaching and Learning.
8. The Government of Swaziland's (GoS) journey towards achieving a strong child rights protection system aligned to the ACWRC started much earlier than the date of ratification. It started as early as 1995 with initial steps taken towards domestication of its responsibilities in terms of the Convention on the Rights of the Child (CRC) and.
 9. Section 238(4) of the Constitution of Swaziland provides that, unless self-executing, international agreements only become binding when enacted into law by Parliament. None of the preceding agreements have been enacted by specific laws, but various sectoral laws and policies, such as the Children's Protection and Welfare Act 2012 (CPWA) have domesticated the responsibilities of the State. In addition, the CRC, the ACRWC and further treaties have been referenced and used by the courts to determine the rights of children, including in Appeal Court matters.¹
 10. Since the ratification of the CRC and the ACRWC, significant progress has been made in strengthening the legal and supporting administrative framework for the realisation and protection of children's rights. This has been achieved through a process of review, repeal, and adoption of laws to comply with the CRC, ACRWC and related treaties.
 11. The GoS has, in response to the United Nation's Committee of Experts on the Rights of the Child **concluding observation 8** issued after submission of its last periodic report on the CRC, adopted a number of national children's rights policies which have domesticated its responsibilities in terms of the CRC and the ACRWC. It has adopted and enacted into law the National Children's Policy (2009) and the Children's Protection and Welfare Act (2012) (CPWA) which align the children's protection system with the CRC and the ACRWC. A number of sectoral policies and laws have been revised, repealed and/or adopted to comply with the overarching national policy and law. The holistic systematic nature of the reform process substantially improved the country's compliance with its responsibilities to children, as evidenced by Swaziland's improved ranking between 2008 and 2013 on the African Child Policy Forum's Child Friendliness Index from number 51 to number 21.²
 12. The process is however not yet complete. A number of further laws are on the cusp of being adopted, notably the Sexual Offences and Domestic Violence Bill which is currently in the final stages of public commentary. In addition, the regulations to the CPWA are yet to be finalised and adopted. A number of sectors are engaged in an ongoing process of review

¹ Examples of criminal matters: Masinga v Director of Public Prosecutions and Others, High Court Case no 21/07 [2011] SZHC 58 Judgment Date: 29 April 2011; R V Mndzebele, Case No: 213/2007 [2009] SZHC 247 Judgment Date: 25 Nov 2009

Civil matters: Swaziland National Ex-Miners Workers Association and Another V the Minister of Education and Others, Case No: 335/09 [2009] SZHC 104 Judgment date: 16 March 2009

Matters on appeal: Masinga v Rex, Supreme Court Case no: 09/2011 [2012] SZHC 60 Judgment Date: 30 November 2012

² African Child Policy Forum. 2013. The African Report on Child Wellbeing. Addis Abbaba

of its laws, as well as developing procedures to ensure their compliance with the National Children's Policy and CPWA.

13. The most systemic challenge the State party has experienced in furthering government-wide compliance, across its ministries, with sectoral duties to protect and promote the rights of children as protected by the CRC and ACRWC, is the delay in the design and implementation of sectoral policies, laws and regulations aligned to the CPWA which domesticates these treaties. This delay is in turn attributable to the delayed adoption of the CPWA, its supporting regulations and the delay in operationalising effective coordination mechanisms to support the roll out of the country-wide child rights plan of action.
14. A comprehensive National Plan of Action for Children (NPA) for the period 2011-2015 was developed to support government-wide planning and evaluation as measured against national child rights priorities. This plan replaced and strengthened the previous plan of action of 2006 – 2011 which only catered for orphans and other children made vulnerable by HIV and AIDS. The revised NPA thus addressed the concerns raised by the UN Committee in **concluding observations 11 and 12** at the previous lack of a comprehensive plan covering all aspects of the CRC.
15. Whilst the later plan is more comprehensive than its predecessor, it has, with the adoption of the CPWA and other policies and laws, as well as the passing of time, become dated and does not provide coordinated guidance for sectoral operationalisation and evaluation of the CPWA.
16. A revised national plan of action must, along with Regulations to the CPWA, still be adopted to support the coordinated government-wide planning and implementation of services to realise children rights protected by the CRC and ACRWC and domesticated through the CPWA. These steps have been prioritised by the management staff recently appointed to the Children's Department for the coming financial year.

1.2 Budget allocations for implementation of the CRC and the ACRWC

17. Given that the implementation of the ACRWC, the CRC and its optional protocols is a government-wide responsibility, all ministries are responsible for developing and resourcing appropriate child-focussed programmes.
18. Current budgeting processes integrate child rights programming within broader ministerial plans and strategies. As such, it is not possible to identify the budgets allocated to specific child-focussed programmes. However, a good proxy for determining the levels of the country's commitments to children, as used by the African Child Policy Forum's Child Wellbeing Index, is the budget expenditure on sectors providing services and benefits to children.
19. The GoS's continued commitment to children's rights and its positive response to the UN's **concluding observations 15 and 16** to increase budgetary allocations for children are evidenced by the trends in the sustained increased in the budgets of the ministries responsible for programmes realising and protecting children's rights.

20. The GoS has, despite increasing economic pressure and challenges, sustained growth in the budgets of ministries that are responsible for key children's services. The past decade has been marked by a number of economic challenges, including high levels of poverty, dependence on declining revenues from the Southern African Customs Union, high levels of inequality, a severe drought, a depreciating currency and concomitant increase in the price of commodities, and decreasing export earnings brought about by a sluggish local and international economy. These have resulted in a decrease in Gross Domestic Product growth rates which were adjusted down from 2.5 to 1.7 percent in 2015.³ Despite these pressures, the GoS has managed to increase its budgets to, for example, the health and education sectors. The education budget increased from E 2.1 billion in 2012/13 to 2.9 billion in 2015/16. The health budget increased from E 1.1 billion in 2012/13 to E 1.8 billion in 2015/16.⁴ Government's investments in social assistance programmes has grown substantially in the past decade to reach 2.2 percent of GDP in 2010/11 which is higher than the 1 – 2 percent average of most developing countries.⁵
21. In 2013, Swaziland was commended by the African Report on Child Wellbeing for its sustained investments of public resources in children's programmes. It was ranked 7th in the Index of Provision of Basic Needs because of its comparably high levels commitment of resources to children's programmes in areas such as health and education, and relatively good performance in utilisation of the allocated resources to bring about positive changes in child wellbeing outcomes.
22. In addition to sustaining increased budgetary allocations, the GoS has undertaken a number of measures to improve the efficiency and effectiveness in the use of public funds. In the past, challenges such as low productivity in the civil services, inadequate public finance management and corruption have diminished the returns on our investments in children. The GoS has taken robust measures to address these issues and will continue in the coming financial year and medium term, to further pursue, for example:
- Staff inspections, wage bill monitoring and management;
 - Roll out a government-wide Performance Management System;
 - Implement the Payroll and Skills Audit recommendations;
 - Implement the new Public Finance Management Law;
 - Implement an Integrated Financial Management Information System;
 - Strengthen budget oversight;
 - Allocate more resources to the Anti-Corruption Commission;
 - Strengthen the justice system.⁶

³ Minister of Finance. 2016. Budget Speech. gov.sz/images/doc2016.pdf

⁴ Ministry of Finance provided data for the development of this report. 2016

⁵ The World Bank. 2012. Swaziland: Using Public Transfers to Reduce Extreme Poverty

⁶ Minister of Finance. 2016. Budget Speech. gov.sz/images/doc2016.pdf

23. To assist in the implementation of the ACRWC and the CRC, the GoS receives technical and financial support from a number of development partners, including the UN family (UNICEF, UNAIDS, UNFPA and the UNDP), the European Union, USAID, the World Bank, World Vision, Save the Children, and others.
24. There is scope for growth in the support provided, given the continuing deficits and challenges the country faces in dealing with the effects of HIV/AIDS on children and families, poverty and inequality.

1.3 Measures to promote positive and discourage customs inconsistent with CRC and the ACRWC

25. Swaziland has a dual legal system with two distinct court systems: traditional courts (known as Swazi National Courts) and common law courts. The court system includes the Supreme Court, a High Court, and “such specialised, subordinate and Swazi courts or tribunals exercising a judicial function as Parliament may by law establish”.⁷
26. In addition, traditionally, the family plays a key role in the resolution of disputes and “is an important centre for mediating and settling conflicts”. The family is often the site of resolution of conflicts between parents and children, inheritance conflict, and child maintenance issues.⁸
27. Most citizens make more use of traditional dispute mechanisms, especially in rural areas where the common law courts are not as accessible. The GoS recognises the value that customary dispute resolution mechanisms offer, and that there are many aspects of customary law that protect children’s rights. At the same time, it recognises that some customary laws and practices are out of synch with international and regional child rights laws. It has sought to ensure alignment between customary and international child rights responsibilities through the Constitutional and legislative regulation of customary law. It has done this by embedding and making protective and positive customary laws and practices part of the child rights statutory framework, and by outlawing customary laws that do not comply with the Constitution or laws, such as the CPWA that domesticate the ACRWC and the CRC.
28. Both the Constitution and the CPWA recognise the validity of customary law, subject however to the laws being consistent with the Constitution and the country’s legislation. Section 252 of the Constitution recognises customary, except where any such laws are inconsistent with the Constitution or a statute. Furthermore, under the Swazi Courts Act of 1950, where customary law is “repugnant to natural justice”, it shall be void. The CPWA recognises and protects the rights of children to refuse harmful cultural and religious practices. Section 15 provides that a “child has the right to refuse or to be compelled to undergo or uphold any customary practices that are likely to negatively affect the child’s life, health, welfare, dignity or physical, emotional, psychological, mental or intellectual development”.

⁷ International Commission of Jurists. <http://www.icj.org/cijlcountryprofiles/swaziland/swaziland-introduction/swaziland-court-structure/>

⁸ Child Rights International Network (CRIN). 2015. Access to justice for children in Swaziland. crin.org/sites/default/files/swazialnd_access_to_justice_-_updated_sep_2015pdf

29. At the same time, positive customary practices that are protective of children and promotive of their rights are recognised, respected and promoted through the CPWA. It provides that “Nothing in this Act is intended to prevent, discourage or displace the application of informal and traditional regimes that are more promotive or protective of the rights of children except where those regimes are contrary to the best interest of the children”. Furthermore, the Act recognises and institutionalises protective customary practices such as the practice of extended family / kinship care. Furthermore, the practice of communal care of children is part of the child protection system as a result of the duty placed on all family members, traditional and community members and persons with a duty of care over the child, to report any cases of suspected child abuse, neglect, or abandonment to a social worker or police officer (sections 32 – 36 of the CWPA). Similarly, the CPWA embeds traditional dispute resolution mechanisms into the child justice system. The CPWA recognises and formalises *Umphakatsi* Child Justice Committees, comprised of the chief and community members in rural areas, which are responsible for all restorative justice processes involving children in conflict with the law. In addition, the Act promotes the use of restorative justice for child offenders and these include family group conference and victim-offender mediation which are based on traditional structures.

1.4 Human Rights Institution

30. The GoS established an independent Commission on Human Rights and Public Administration in 2009. In addition to its responsibilities for monitoring compliance with international and legal human rights (including children’s rights) responsibilities, it is mandated by the Constitution to receive complaints and address all violations of children rights. The GoS has, through this measure, addressed the UN’s **concluding observations 13 and 14** calling for an independent body to deal with complaints against children.
31. The Commission is empowered to receive individual complaints, including complaints related to child rights violations. Whilst there is no child-specific reporting mechanisms, the Commission receives approximately two complaints regarding children per annum.
32. In addition to receiving complaints, the Commission plays an advocacy and monitoring role, and to this end, children’s issues are mainstreamed across its operations. For example:
- a. Children’s rights are integrated in other on-going programmes
 - b. The promotion and protection of children’s rights are integrated into the annual /quarterly work plan
 - c. Training on children’s rights is conducted as part of the Commission’s training on Human Rights.
33. The primary challenge faced by the Commission is the lack of adequate human resources. The structure has one commissioner, four deputy commissioners, executive secretaries, and a legal advisor. The secretariat was only put in place in September 2015 and the main focus has been on strengthening the institutional capacity to deliver on its extensive mandate, which includes human rights, public administration and integrity. The impact of the lack of capacity in the Commission on protecting children’s rights has been aggravated by the delays in establishing the Children’s Department.

34. Efforts are underway to strengthen the Commission through the development and adoption of enabling legislation to empower the Commission Secretariat with the necessary tools to deliver on its programs.

1.5 Coordination of children's policies

35. The Deputy Prime Ministers Office (DPMO) is responsible for coordinating the development and implementation of the NPA as the vehicle for realisation of the State party's responsibilities under the ACRWC and the CRC.
36. Initially a National Children's Coordination Unit (NCCU) was established within the DPMO's office. It was a representative body made up of members from responsible ministries and civil society. It was tasked with coordinating all child related programmes in the country. Its operations and monitoring and evaluation (M&E) functions were carried out through technical working groups on specific issues, such as legal issues, health and education, as well as a M&E working group. The structure was decentralised down to local level through various structures, including an Orphans and Vulnerable Children (OVC) sub-committee, which advanced the development of child-rights programming at a local level.
37. The coordination structure and function has since been strengthened and systematised into government operations. The NCCU was dissolved in 2014. In recognition of the important work being done under this project, the State party established a dedicated Children's Department within the DPMO to replace the NCCU as a coordination mechanism. In so doing, the GoS has addressed the UN Committee's **concluding observations 9 and 10** calling for the strengthening of the child rights coordination structure. Whilst there have been delays in setting up the Department, it has, in this financial year been allocated a dedicated budget of E 1.3 million. Progress is being made in addressing the previous delays in recruitment of suitably qualified persons. At the time of writing this report, key leadership roles, that is the positions of director and a deputy director, have been filled, with further key appointments to be finalised by the end of the current financial year.
38. The functions of the Children's Department will include:
- a. Revising the NPA and developing regulations and supporting the coordinated alignment of sectoral policies and laws with the CPWA.
 - b. Monitoring progress in the implementation of the National Plan of Action and CPWA, as well as the ACRWC and the CRC, and coordinating the development of State party reports on progress made.
 - c. Follow-up on concluding observations published by the ACRWC and the CRC committees.
 - d. Facilitating cooperation and collaboration between government and civil society in the implementation and monitoring of the State's responsibilities in terms of the ACRWC and the CRC.
39. The national child rights policies and coordination mechanisms make provision for the systematic representation and participation of civil society organisations in the planning, implementation and monitoring of children's rights. Thus, **concluding observations 21 and**

22 encouraging the systematic engagement of civil society in promoting children's rights, have been addressed.

1.6 Steps taken to disseminate and make the Charter known

40. The GoS has taken robust and systemic measures to ensure the dissemination of information about the ACRWC and the CRC, as well as the country's reports and UN Committee's concluding observations, and in so doing has addressed **concluding observations 19 and 20** calling for strengthened dissemination and training efforts.
41. Acting through the NCCU, and from here on forward, acting through the Children's Department, the GoS has developed and distributed information, education and communication (IEC) materials, such as posters and radio broadcasts in both official languages, on the rights, principles and provision of the ACRWC and the CRC. For example, popular versions of the CPWA, which advances the rights in the ACRWC and the CRC, have been developed and distributed in collaboration with civil society.
42. Moreover, various sectors, such as health and education, have embedded information about the treaties and rights into their routine programmatic interventions, and have developed and implemented training programmes of staff members responsible for implementation. For example, various child and youth clubs, such as clinic teen clubs coordinated by the Ministry of Health and partners, makes posters available, and integrates discussions of rights into the various adolescent initiatives.⁹
43. In addition, acting through the NCCU, and more recently the Children's Department, all ministries, departments and NGOs working in the area of children's rights have received information and committed to take appropriate measures to address the Committees concluding observations. The receipt of information and the advancement of the rights of children, by all role players, including civil society has been strengthened through the organised participation of civil society in the NCCU, and in moving forward, through the coordination institutions to be established by the Children's Department. A concrete example of the more organised involvement of civil society, and in reply to **concluding observations 21 and 22** calling for the systemic involvement of civil society, has been the consistent inclusion of civil society organisations in the various, planning, drafting and validation workshops that have been held in the development of core child rights laws, such as the CPWA, and in preparation of this report.
44. The distribution, integration of information and training of government staff on the treaties and children's rights has gained impetus since the adoption of the CPWA. The government ministries and departments responsible for the implementation of the Act, such as Health, Education and Training, and Justice and Constitutional Affairs, have engaged in systematic preparation and training of their staff to ensure implementation. Given that the Act is grounded in the ACRWC and the CRC, this has served to drive systematic training on the treaties as required in terms of **concluding observation 20**. The following personnel have been trained on the CPWA:
 - Magistrates

⁹ Interview, Ministry of Health, Sexual and Reproductive Health Coordinator

- Prosecutors
- Intermediaries
- Social Workers
- Police Officers
- Teachers
- Health personnel.

Further details on specific sectoral training and dissemination initiatives are documented under the specific sections of the report dealing with the different rights protected by the CRC and the ACRWC.

1.7 Regulation of business activities

45. The GoS regulates business activities to limit the potential harm that associated practices may cause to children. Notable in this regard are the various laws and programmes in place governing child labour practices. These are reported on in detail in Part 9 of the report. Furthermore, the GoS, through the Environmental Management Act, 2002 and the Air Pollution Control Regulations, 2010, regulate and monitor the quality of air and prohibit the emission of harmful toxins by commercial and industrial entities.

Part 2: Definition of the child

2.1 The age of majority

46. The State Party is pleased to report that it has, as called for by the UN Committee's **concluding observation 24**, adopted a clear definition of a child consistent with article 2 of the ACRWC and article 1 of the CRC. The National Children's Protection and Welfare Act, 2012 (CPWA) defines a child as any person below the age of 18.
47. In 2015, the child population numbered just less than half a million (487,662) making up 44 percent of the country's population. The child population as a proportion of the total population has declined over the past decade, largely as a result of the impact of HIV and AIDS. Given the successful ARV programme in the country, it is expected that the child population will increase in the years to come.¹⁰ The majority of children (83 percent) live in rural areas. (See annexure A for further details).

2.2 The age of marriage

48. The minimum age of marriage in law is deemed to be 18 years and above for both boys and girls. Whilst the Marriage Bill reported on in the previous report in 2006 has not, as urged by the UN Committee in **concluding observations number 23 and 24**, been passed into law at this point, the legal framework protecting children against marriage has been strengthened through a number of measures, notably the passing of the CPWA.

¹⁰ Swaziland Statistical Office (CSO) and UNICEF. 2013. Swaziland Child Poverty Study.

According to the CPWA, any child has the right to refuse to uphold any custom or traditional practice which is likely to negatively affect them. As such child marriages are outlawed in terms of the new child protection framework.

49. Despite the protection provided by the CPWA, child marriages are still concluded. In 2014, 9 percent of girls were married before the age of 18 years.¹¹ This suggests that there is a need for advocacy to support effective implementation of the CPWA in the next cycle of the country's child rights programming and planning.

Part 3: General principles

3.1 Non-discrimination

50. The State party is pleased to report that it has taken a number of legislative, programmatic and advocacy measures to give effect to the right of all children to freedom from discrimination. Specifically, it has addressed the UN Committee's **concluding observations 25, 26 and 27** requiring the revision of laws to ensure equal enjoyment of rights by all children, notably for children belonging to the most vulnerable groups, girls in education and measures pursuant to the Declaration and Programme of Action adopted at the World Conference against Racism, Racial Discrimination, Xenophobia and related intolerance, taking into account General Comment No.1 on the aims of education.
51. Swaziland has a number of groups of children that are made additionally vulnerable by prevailing socio-economic circumstances and orphanhood. High levels of poverty and inequality, muted economic growth and development, high HIV-prevalence and poor access to basic services intersect to create groups of vulnerable children who do not enjoy equal access to the services and opportunities necessary to secure their rights to equality, survival and to develop to their full potential.

Children living in poverty: Using a consumption-based measure, poverty levels declined from 69 percent to 63 percent between 2001 and 2010. Inequality has however increased, as evidenced by the decline in the Gini coefficient for per equivalent household consumption from 51.1 percent in 2001 to 49.5 percent in 2010. Child poverty levels also fell from 74 to 70 percent in the same time period (dropping in numbers from 366,631 to 341,334), but remain higher than poverty levels among the general population. Children accounted for 53 percent of the poor in 2010 and constitute the majority of people living in extreme poverty (57 percent).¹²

Poverty often co-occurs with other forms of vulnerability to increase the depth and negative impact on children.

Orphans and child-headed households: More than one tenth of the child population are either single or double orphans – a factor which is largely driven by the high levels of HIV prevalence in the country. In 2013, more than a quarter (26%) of people aged 15 – 49 years were HIV positive (Swaziland Statistical Office (CSO) and UNICEF Swaziland, 2013). Single orphans are, on average, poorer than other children. In addition, children living in child-

¹¹ Swaziland Population Projections 2007 – 2030

¹² Swaziland Statistical Office (CSO) and UNICEF. 2013. Swaziland Child Poverty Study.

only households, or household headed by elderly are poorer than those with non-elderly adults and children. However, there are very few of the former types of households, with only 2.9 percent of children living in households with elderly caregivers and 0.5 percent in child-only households.¹³

Children in rural areas: Similarly, geographically marginalised children in rural areas are at greater risk of poverty and other causes of vulnerability. 91 percent of the country's poor children and 96 percent of its extremely poor children live in rural areas where compromised access to a host of social services such as clean water, sanitation and electricity aggravate the impact of poverty on their well-being and development. Children in rural areas have less access to safe water, sanitation, electricity and housing than in urban areas. In addition, 88 percent of orphans live in rural areas.¹⁴

Children with disabilities: People with disabilities, including children, bear a disproportionate burden of poverty and inequality. Income poverty combines with poorer access to housing, basic services and access to information and community assets to compound the vulnerability of children with disabilities. 84 percent of People with Disabilities are economically inactive and they experience routine social isolation and exclusion.¹⁵ The GoS's National Disability Plan of Action, 2015 – 2020, recognises that poverty is both a cause and consequence of disability and that children born into poverty are at a greater risk of developmental delays and disabilities because of poor nutrition, lack of access to health care and education.

52. The Government has undertaken systematic legal reform to ensure that all children, especially those made additionally vulnerable by their circumstances, enjoy equal protection of the law and are not, either in law, or as a matter of practice, discriminated against. Notably, the CPWA expressly outlaws all forms of discrimination on grounds specified in the ACWRC and the CRC, including ethnicity, religious beliefs, gender, geographical location or disability. The adoption of the Act addresses **concluding observation 26 (a)** calling for the revision of legislation to ensure that all children within its territory enjoy all rights set out in the Convention without discrimination on any grounds. However, the GoS recognises that outlawing discrimination is not enough on its own to address the de facto societal discrimination among vulnerable children noted in **concluding observation 25**.

53. Swaziland has recognised the vulnerability of children for many years and has invested substantially in targeted educational, advocacy and social security safety net policies, strategies and programmes to identify and address the needs and risks faced by children made vulnerable by poverty, gender, geography, as well as disability and HIV and AIDS.

It has taken a number of steps, including those reported in the remainder of this paragraph, which have prioritised and targeted the provision of social services to most vulnerable groups of children, and in so doing has addressed **concluding observations 26**

¹³ Swaziland Statistical Office (CSO) and UNICEF. 2013. Swaziland Child Poverty Study.

¹⁴ Swaziland Statistical Office (CSO) and UNICEF. 2013. Swaziland Child Poverty Study.

¹⁵ Government of Swaziland. 2011. Swaziland Disability Profile, 2011

(b) – (d) calling for measures targeting social services for children belonging to the most vulnerable groups:

- a. Approximately 2.2 percent of the country's GDP has been invested in social protection programmes for children and their families living in poverty. These include, for example, a range of cash transfers, in-kind transfers and community-based and social care services, one of which is a cash transfer programme for children specifically, and the remainder are primarily focussed on supporting education costs for orphans and vulnerable children.¹⁶
- b. Educational support is provided to children living in poverty in the form of free primary education as well as a school nutrition programme.
- c. Children with disabilities are provided with a range of social security, educational and health support measures, all of which are captured in a government-wide Disability Policy and plan of action.
- d. Girl children are supported in their access to education as well as programmes run by various NGOs, such as SWAAGA's girl's empowerment programme that is implemented within schools.
- e. The Golden Girls initiative is a mentorship program that identifies women in leadership positions to provide mentorship to girls in schools. They mentor the girls through interventions such as job shadowing, and engage in advocacy for advancing gender-specific sustainable development goals and gender equality more broadly.
- f. Programmes such as the successful antiretroviral therapy programme which has achieved a coverage rate of 83 percent has cut the adult death rate and subsequently reduced levels of orphaning. Consequently, the historical orphan bulge which Swaziland has had to deal with is reducing annually as children age out and fewer new orphans are added to the group.

The preceding list is merely a sample, and a more comprehensive description of all programmes targeting the most vulnerable children is provided under the various content-specific sections of this report.

54. The GoS has embarked on a process to further strengthen the reach and effectiveness of social protection programmes for all vulnerable children in the country. The process started with a Child Poverty Study in partnership with UNICEF. The aim of the study was to chart an evidence-based, strategic way forward for the effective provision of social protection programmes for children to reduce their levels of vulnerability.¹⁷ The mapping of the vulnerable child population has been further supported by the development of a national information management system which will, initially, identify and record the details of all orphans and vulnerable children (OVC) on a centralised database, thus providing coherent information base and a management tool for the delivery of services to children in need. The longer-term intention is to roll the system out for all children as the basis for planning and delivery of a universal system of social assistance which is currently under consideration, and described in more detail in part 6 of the report.

¹⁶ Swaziland Statistical Office (CSO) and UNICEF. 2013. Swaziland Child Poverty Study.

¹⁷ Swaziland Statistical Office (CSO) and UNICEF. 2013. Swaziland Child Poverty Study.

3.2 The Best Interests of the Child

55. The GoS took cognisance of the Committee's **concluding observation 28** regarding the limited attention given to the principle of the best interests of the child in national legislation and policies and low levels of awareness and application of the principle in programmes and interventions. The best interests of the child is profiled as a guiding principle of the CPWA which requires that the "Act is to be administered under the principle that the welfare and best interests of a child are paramount" (section 3(1)).
56. This means that all subsequent sectoral policies, programmes and decisions developed to further the aims and objectives of the Act must advance the best interests of the child. To ensure that this indeed takes place, various training programmes for government ministries, departments and officials on the Act have included training on the best interests of the child. In so doing, the GoS has addressed **concluding observation 29** calling for the State party to take measures to raise awareness of the meaning and practical application of the best interests of the child.
57. In addition, various innovations, such as the education sector's Care and Support for Teaching and Learning Programme seek to give effect to the principle through the development of education programmes that place the child at the centre of all interventions.

3.3 The right to life, survival and development

58. The State party has taken various steps to ensure the right to life, survival and development for every child. Given that these rights depend on age-appropriate support throughout the life of the child, the measures cut across the full spectrum of services and programmes provided by the various sectors, and which are reported on in more detail under the content-specific sections of the report. Measures include, for example:
- a. Health systems strengthening interventions to improve the survival and healthy development of young children and ensure the survival and health of adolescents through sexual and reproductive health services, as well as behavior change and educational campaigns to prevent risky behaviors such as substance abuse and early sexual debut (reported on in more detail in part 7 on Disability, basic health and welfare services).
 - b. Early childhood care and development services, including parenting support and early education programmes, reported on in more detail in Parts 6 and 8 on the Family Environment and Education rights of children.
 - c. Measures to address the risks of additionally vulnerable groups of children to survive and develop, such as children with a disability and children living in poverty (reported on in more detail in Part 7 of the report).
59. Capital punishment is not applied to children in Swaziland and no children are subjected to extra judicial killings.
60. There is little evidence that child suicide and infanticide are a significant problem in the country. Social services and outreach programmes by government and NGOs provide

various forms of psycho-social support for parents and young people and, through these programmes address risks underlying cases of suicide and infanticide. Infanticide is dealt with criminally and on conviction, perpetrators are imprisoned.

3.4 Respect for the views of the child

61. The GoS is committed to the principle of respecting the view of the child. Section 3 (d) of the CPWA expressly recognizes the right of children to be heard and to participate in matters affecting them.
62. The right to be heard and participate in all decisions, the challenges limiting the right and government's responses to these as well as its response to **concluding observations 30 and 31** which call for measures to ensure children have an adequate opportunity to express their views, are described in more detail in the following paragraphs.

3.5 Provision of information to children and promotion of their participation

63. The CPWA guarantees the right of children to hold and express their views freely and have their opinions taken into account in any matter affecting them. This right is given effect through various processes and platforms made available by government departments as well as NGOs facilitating children's participation in decisions that affect their lives. Platforms include:
 - a. Peer groups and school-based clubs with a focus on AIDS, the environment, and other issues
 - b. Junior child protectors
 - c. Student representative structures at secondary schools such as the prefect system and the student representative councils
 - d. Education programmes such as the School Health and Population Education;
 - e. Global Entrepreneurship Week in schools
 - f. Young Heroes programme run by the National Emergency Response Council on HIV/AIDS and partners. It offers support to child headed households and orphans and engages young people as sponsors and fundraisers
 - g. Clinic Teen Clubs supported by the Ministry of Health, Education and Youth and development partners are hosted at clinics and provide peer support and access to information to enable children to make healthy choices and decisions, as well as participate in discussions on policy and legal developments that impact them. They are particularly strong in rural areas.
 - h. Girl Empowerment Clubs run by Swaziland Action Group Against Abuse (SWAGAA)
 - i. Scouts and Girl Guides
 - j. Super Buddies Children's Clubs.
64. The GoS and its partners have also established formalised processes for engagement with children to inform the development of policies, laws and programmes that impact on their rights. For example:

- a. A national Children’s Parliament is held annually. A representative number of children are invited to a youth parliament within the house of assembly to debate issues that are faced by children within the country.
 - b. Within all national dialogues there are provisions for youth and children to engage on issues that affect them. For example, children were consulted across the country during the development of the CPWA.
65. The GoS further recognises and advances the rights of all children to access information to make informed choices in their decision-making and to advance their health, development and well-being. Particular attention is paid to making information accessible to children through the use of child-friendly formats and different media platforms.
- a. For example, Swaziland has a child-to-child radio programme – *Ses’khona* – which draws on peer educators to provide news and information on child rights issues. Print media is used routinely as well. For example, magazines such as Super Buddies are conceptualised and developed by children, with the support of the Ministry of Education and Training, development and communications partners. A further example is the radio programme known as the World’s Largest lesson developed in partnership between the MoET and UNICEF which sought to sensitize learners about the SDGs.
 - b. Information, Education and Communication (IEC) materials, such as posters and information brochures are often printed and placed in strategic places like clinics, hospitals and police stations enabling the general public and the children access to information about their rights.
 - c. In addition, local platforms are routinely used to share information. For example, child rights celebratory events, community dialogues and the media are harnessed to convey information on services and proceedings of value to children and their families. Drama is used by organisations such as SWAGAA, the Swaziland Theatre for Children and Young People, the Ministry of Education and Training and UNICEF to share accessible information on pertinent rights-issues with children.
66. Various measures have been taken to make information available to additionally marginalised children, such as children in rural areas and children with disabilities. Libraries and computer laboratories facilitate access to information in communities and schools. Across the country, 337 schools have computer laboratories and 286 have libraries. These are supplemented with 4 regional libraries, one in each of the 4 regions in the country.¹⁸
67. Various interventions have sought to improve access to information for children with disabilities. For example, schools provide information to children with disabilities and their families on services and support available to them; regional and international commemorative days celebrating the rights of people with disabilities are used to raise awareness and share information on the various services available through IEC materials and guest speakers at public events; the national television broadcaster has a sign language interpreter for all its bulletins; and certain key national documents have been transcribed to braille for ease of use by children and people without sight.

¹⁸ MoET. 2014. Annual Education Census Report

68. Key challenges the country faces in advancing the rights of children to freely express themselves and access relevant and appropriate information include limited resources to sustain programmes at scale. Thus for example, programmes such as *Ses'khona*, have been discontinued because of lack of resources. A further challenge is commonly held traditional views of children which places them in a position of obedience and limits their engagement in adult decisions and thus serve to exclude them from household and policy level decision making. The GoS engages in ongoing advocacy to change perceptions and practices related to children's participation and works with partners to ensure the pooling and maximum use of resources to support children's information and participation rights.
69. Children's criminal and court proceedings are regulated by the CPWA to create protective, enabling and supportive spaces conducive to their informed participation and willingness to participate in the various matter affecting them.

Section 137 of the Act requires that the Children's Court proceedings be conducted in an informal manner to encourage the maximum participation of the child, his parent and guardian and other child witnesses. Further, the Act requires the removal of any person from the court room that may discourage a child's participation; that children are required to be allowed to communicate in their own language, with the assistance of an interpreter where necessary; and in the case of a child with a speech or hearing impairment, a sign language interpreter must be engaged to assist the child (Section 137).

70. In addition, in the case of children in conflict with the law, the CPWA prescribes a number of procedures to ensure that the child is informed, in a manner he or she can understand, of the procedures he or she is going through, the reason for the procedures, as well as his or her rights. For example, an arresting officer and social worker tasked with conducting a social assessment of an arrested or detained child must explain to the child in a language they understand, the purpose of the arrest and assessment and the rights of the child. In addition, the social worker must interview the child as part of the assessment to ensure his or her views are taken into account in the final determination. Similarly, at the commencement of any proceedings involving a child, the presiding officer of a Children's Court must explain the child's rights in a language he or she can understand.

Part 4: Civil rights and freedoms

4.1 Name, nationality, identity and registration at birth

71. Children's rights to a name and nationality are protected by the Constitution. They are further protected through the Children's Protection and Welfare Act, 2012 (CPWA). Sections 5 and 6 recognise, not only that a child has a right from birth to a decent name and to acquire nationality, but also that he or she has the right to be registered within three months of birth.
72. The Constitution provides that a child can gain citizenship from either parent subject to them following the prescribed procedures. However, a child born to a married couple does

not automatically acquire nationality from his or her mother, but the father. The GoS has not made any changes as yet to the law, as required in terms of the UN Committee's **concluding observation numbers 32 and 33** to ensure that children can derive their nationality, not only from their father, but also their mothers unless the child is born outside of marriage and is not adopted or claimed by the father. The issue will however be reviewed during the drafting the imminent new bill on citizenship.

73. The Ministry of Home Affairs is responsible for the development and maintenance of birth registration systems and the national population register. It has, with the support of a number of partners, initiated a number of systemic innovations and programmes to improve the rate of birth registration in the country. As a result, rates of registration have increased substantially. In 2006/7, the births of less than 30 percent of children under the age of 5 years were registered. This increased by more than 20 percentage points to reach 53.5 percent in 2014.¹⁹ (Please see annex A for further data on birth registration rates).
74. Swaziland has confronted the challenges associated with registration of children in geographically marginalised areas, particularly children in rural areas, through the decentralisation of its services. In so doing, the State party has addressed **concluding observations 34 and 35** calling for stronger measures to ensure all children born within the territory are registered, especially in rural areas. In 2006/7, less than 20 percent of young children in rural areas had a birth certificate. To remedy the situation, the Government expanded its footprint to provide birth registration services in the areas where people live. Decentralisation started in 2005 with the support of UNICEF which funded a project providing registration services in traditional areas through community centres. This was later escalated and services were provided through schools and hospitals, immediately once the babies were born. The hospital project started with 9, and increased to 11 facilities. UNICEF supported the setting up of systems and provided financial support, and the intention was that the GoS would, in the longer term, create permanent registration posts at the hospitals. Unfortunately, lack of resources has prevented the planned systematisation of the hospital registration process within the Ministry of Home Affairs and the roll out of the initiative lost momentum. The hospital registration initiative has also addressed cost barriers. Where children's births are registered within 60 days, a nominal fee of E 60 is charged. If the birth is registered outside of the 60 day period, a fee of E25.00 is charged.
75. Despite these innovations, the rate of registration is still not at optimal levels (at 53.5 percent in 2014). Low registration rates are attributable to a number of challenges, including the following:
 - a. A number of parent still do not have their identity documents which are required for the registration of their children's births. The negative impact of this is further compounded by the fact that many caregivers often do not see the value in getting an identity document or a birth certificate.

¹⁹ Swaziland Demographic and Health Survey, 2006/7 and MICS 2010 and 2014

- b. There are still cases of parents who prefer to obtain a South African citizenship and cannot then register their children as Swazi citizens because the law prohibits dual citizenship.
 - c. Birth registration is sometimes delayed due to customary naming practices which require family consultation or naming ceremonies before they can name and register the child's birth.
 - d. The registration of births remains a challenge for single mothers who, without the presence and written authorisation of the father, are forced to register the birth only under the mother's name.
 - e. Many certificates that have been issued in the past do not contain all essential information of the child.
76. In response to these challenges, the Ministry of Home Affairs has developed an advocacy and communications plan. It uses multiple media platforms to raise awareness and advocate the value of identification documents and birth certificates, children's rights and parental responsibilities, and the availability of mobile and outreach services.
77. Two underlying challenges which limit the efficacy of the various initiatives are the persistent lack of resources and the non-alignment of the current civil registration laws and procedures and the CPWA. The Ministry will, in the coming financial years, engage in a systematic review and alignment of a new Births, Marriages and Deaths Act and procedures with the CPWA.

4.2 Freedom of expression

78. In Swaziland, the right to access information and the right to freedom of expression constitute a composite package of rights; the programmatic responses to these rights is similarly composite in nature. Please therefore refer to the discussion on the right to access information in part 3 above.

4.3 Freedom of thought, conscience, religion, association and peaceful assembly

79. The Constitution and the CPWA recognise and protect the rights of all, including children to freedom of thought, conscience and religion, association and peaceful assembly.

4.4 Protection of privacy and protection from harmful material

80. The CPWA protects the privacy of children in all legal proceedings. Section 137 (2) of the Act requires that all proceedings conducted in the Children's Court be held in camera and the privacy of child victims and witnesses, subject to Section 144, be protected. Section 144 of the Act further prohibits the presence of any person not necessary to the proceedings, or whose presence is not authorised by the court from attending Children's or other court proceedings dealing with issues in terms of the CPWA. It further prohibits and criminalises the publication of any information or the identity of a child involved in court proceedings contemplated under the Act.
81. In terms of the Crimes Act and the Obscene Publications Act, it is a criminal offence to publish harmful information that is sexual in nature or designed to promote violence. The

Swaziland Communication Commission is tasked with monitoring all publications for prohibited content.

4.5 Protection against child abuse, torture, neglect, and social integration

82. The GoS has taken a number of steps to develop a strong, evidence-based child protection system which is responsive to Swaziland's specific set of risk and protective factors impacting on children's rights to protection from child abuse, neglect and torture.
83. Spurred on by the release of the UN Secretary General's report on violence against children published in 2006, the State party took a number of steps to strengthen its child protection framework and systems. A national study, the first-ever population-based survey on violence against children, was undertaken in 2007. The purpose was to identify gaps and build a sound evidence base for effective policy development. The study provided both quantitative and qualitative information on the epidemiology of violence against children in the country, and provided insight into the gaps, as well as information on suitable solutions to strengthen the system. A number of innovations were implemented in response to the report. Then in 2010, a further review was undertaken to take stock of the achievements, challenges and lessons learned from the early implementation of the study recommendations.²⁰ The study revealed that significant progress had been made in strengthening the child protection framework, but that there is still much work to be done.
84. The 2007 study confirmed that children in Swaziland, especially girls, are at a heightened risk of abuse. It further showed, given the scale and underlying causes and consequences of the scourge, that violence, abuse and neglect of children is a complicated and multi-faceted problem requiring an ecological solution covering prevention, behaviour change, social and family support, therapeutic, health and legal services for children, their families and the communities they live in.
85. The State party responded to the report findings with an appropriately comprehensive and multi-sectoral suite of interventions which sought to strengthen the enabling legal framework and secure the delivery of a package of preventative, supportive, and therapeutic services. The accumulative outcome of the system's strengthening initiative has addressed the UN Committee's **concluding observation number 44** calling for a comprehensive policy for the prevention and combat of child abuse and neglect in the family.
86. A collective and better-coordinated national response for the prevention and combating of violence, abuse and neglect of children was catalysed through an inclusive, consultative process of dissemination of the 2007 study results. In 2008 multiple workshops were held with a number of ministries and departments within government, NGOs and development partners to share the study results and engage on the future direction of programming so as to better protect children against violence.
87. Pursuant to the study and consultations, various measures were taken to secure a more integrated and comprehensive package of services for victims. These are described in the following paragraphs of the report.

²⁰ UNICEF Swaziland. 2013. Swaziland's response to violence against children 2012.

88. The legal framework has been strengthened to secure the rights of children to protection against abuse and neglect. Key legislative innovations include the adoption of the National Children Policy 2009, the Education Sector Policy of 2011 and the Child Protection Welfare Act of 2012. The soon to be adopted Sexual Offences and Domestic Violence Bill will further entrench the protection of children.
89. The DPMO engaged in advocacy and administrative restructuring to consolidate the country's efforts to combat violence against children. The DPMO incorporated three departments, previously housed in different ministries, to improve the status and power, and consolidate the work of three entities to strengthen the protection of children against violence. These are the Gender and Family Unit (previously within the Ministry of Home Affairs and now under the DPMO as the Department of Gender and Family Issues); the Department of Social Welfare (formerly within the Ministry of Health) and the National Children's Coordination Unit (NCCU) (which ceased operating 4 years ago). These shifts raised the prominence of both the Gender Unit and the Social Welfare Department / NCCU and provided testimony to the Government of Swaziland's commitment to protecting children, especially the girl child.
90. A National Surveillance System on violence was also established for the purposes of collating and consolidating data on cases of violence and the development of an annual National Surveillance Report. The results of this reporting process yield a holistic picture of violence against children, disaggregated by age, type of offence and regional prevalence, as described in the statistical annexure to this report.
91. Coordination of the multi-sectoral responses has been secured through a number of structures, including committees, stakeholder groups and task forces. For example, the National Abuse Network for Surveillance; the National Referral Mechanism and Guidelines Group; and the Interagency Task Force on Human Trafficking.
92. The services provided to protect children against abuse and neglect are provided by a range of role players, cutting across the various government departments and NGOs. The services provided cut across the full prevention through to therapeutic continuum and are described in the following paragraphs.
93. ***A strong community-based platform of child protection services*** has grown around the various country-wide initiatives responding to the vulnerability of orphans and other children made vulnerable by HIV and AIDS. Spearheaded by NGOs, a cadre of capacitated community-based workers delivering programmes which include child protection services has been built up over the years. Notable in this regard are the cadre of community volunteer workers known as *Lihlombe Lekukhalela (LLs)* and the Neighbourhood Care Points (NCPs). The LLs or Child Protectors have become a formal part of the Ministry of Tinkhundla Administration and Development's "Safety Nets for Child Protection" programme. The NCPs, which started as Social Centres for HIV/AIDS support and care, are placed at the centre of chiefdoms and track and provide services to OVC. There are about 800 functional centres across the country and child protection is a key pillar in their conceptual design (UNICEF Swaziland, 2013). The centres provide a range of protection services, including for example, the identification and referral of child abuse cases to the

police, social welfare and health sectors; the provision of psychosocial counselling. Building on the successes of the LLs, urban-based “peer focal points” have been established in all 12 cities. Services are additionally provided by Rural Health Motivators whose duties include giving health talks-support those enrolled for treatment, condom distribution, referrals, and advising communities on issues such as environmental sanitation, breastfeeding and general prevention of diseases.

94. **Advocacy and public information campaigns** around violence against children have been developed and rolled out with the support of UNICEF and its partners. They target a number of the leading drivers of child violence and lack of access to child protection services, as well as raise awareness on prevention and referrals in cases of abuse. For example:
- a. **Dedicated protection campaigns** such as the 365 Days of Activism have been implemented collectively by the private sector, NGOs and the Gender Unit. Using community mobilisation, print and electronic media, the participants have raised awareness of the rights of children and women to protection, the harm caused by gender based violence (GBV) and the various services available to support victims.
 - b. **Print media** is used by various departments and NGOs, including the Royal Swazi Police and the Social Welfare Department, to raise awareness of what constitutes abuse and what to do when one is abused. The country’s newspapers support the fight against child abuse by reporting on cases and transgressions. Moreover, the Swaziland Chapter of the Media Institute of South Africa provide training to the media to enable child-rights sensitive reporting. The Institute also tracks violence-related media, and in one month, “at least a dozen articles related to abuse and violence in homes, schools and communities were featured in local papers – thus moving important journalism into the public’s hands”.²¹
 - c. **Ses’khona and Wize-up**, Swaziland’s first child-to-child radio and television programmes provide news and information on child rights issues, including abuse, psychosocial support and information about legal developments.
 - d. **Rights commemorations:** The GoS, working through the NCCU and its partners, has used international and regional commemorative days, such as the Day of the African Child, to maximise the reach and impact of its communications as well as mobilise community support. Using the Day of the African Child, and the International Day of the Girl Child, the NCCU and partners were able to reach 10,000 people through dialogues, community and media campaigns.
95. Children have access to various forms of alternative care in cases of abuse and neglect. The steps taken to make these available, as well as improve the quality of care provided are reported in more details in Part 5 of this report under the heading of Family Environment and Alternative care.
96. Swaziland has developed a number of prevention laws, strategies and programmes. The 2007 study on violence against children recommended the implementation of sound,

²¹ UNICEF Swaziland. 2013. Swaziland's response to violence against children 2012

evidence-based prevention strategies, specifically looking to best practices in neighbouring African countries. Swaziland has implemented, and supports a number of the recommended interventions, and has, in so doing, responded to **concluding observation 45(a)** which calls for systematised prevention measures, including public education campaigns.

97. As previously reported under part 1, the GoS has taken measures to prevent harmful customary practices. In terms of section 15 of the CPWA, a child may refuse to participate in any harmful customary practice. In addition, various advocacy and behaviour change initiatives, such as those described above, and those described below under the prevention of corporal punishment, are run by NGOs and the Ministry of Education to prevent practices that impact negatively on children's rights, such as their health, education and right to play. These include, for example, the use of corporal punishment, child labour and child marriages.
98. The GoS has legislated, and in so doing, universalized a prevention interventions grounded in the customary practice of communal care for children. The CPWA imposes a duty on family members, community members, as well as community leaders, health care, educational and other professionals that engage with children, to report all cases of suspected abuse and neglect to the police or social workers. In addition, the Girls and Women Protection Act of 1920 makes it a criminal offence to engage in sexual relations with a girl below 16 years of age irrespective of her consent or otherwise.
99. National media and commemorative campaigns, such as those described in the preceding paragraphs, are used as national platforms to prevent violence against, and abuse of children. For example, the annual 16 Days of Activism national media campaign targets the prevention of Gender Based Violence, including against children and aims to catalyse national dialogue around the causes and mechanisms to change violent behaviours. The Day of the African Child celebrations have been used over the years to emphasise the message that child abuse will not be tolerated in the country.
100. There are currently a number of toll free lines for reporting child abuse. One is run by the Ministry of Education, allowing children to report abuse by their teachers. A trafficking hotline is also available. The GoS intends strengthening its response to **concluding observation 45(b) and (e)** which calls for improved and accessible reporting mechanisms, by consolidating the reporting lines into one national hotline for the prevention and reporting of child abuse. Once the national hotline is established, the GoS will have in place a more systematic mechanism for the reporting of abuse and neglect to the police and social workers for prosecution of cases and the provision of care and protection for children.
101. A number of community mobilisation, advocacy and behaviour-change programmes have been developed and implemented with the support of government. These target the key drivers of violence in the country and are modelled on regionally comparable proven methodologies. For example, SWAGAA runs Girls Empowerment Clubs in schools which have "moved girls from victims to active agents of prevention and change in schools" as well as women's self-help groups which provide various forms of support that reduce

women's vulnerability to violence. The Male Involvement Projects under the Swaziland Men Engage Network have implemented various initiatives aimed at changing traditional understandings of equality and gender. For example, it has trained 1000 Swazi men as male facilitators to recognize and report violence, and to address anger and communication and to build local capacity. It has also established boys clubs in schools and trained traditional leaders.

102. A significant challenge with prevention programmes is their limited reach, given that most are run by NGOs. The government is preparing to scale up its responses and has, with the support of UN partners, commissioned a study, which was launched in 2015, to identify the drivers of violence in Swaziland. The objective is to build an evidence base for the development of effective and responsive nation-wide behaviour-change and advocacy campaigns.
103. The MoET has, through its Care and Support for Teaching and Learning (CSTL) initiative, reported on in more detail in part 7 of this report, mainstreamed the provision of prevention interventions into the school system, through integration of messaging in the school curriculum, and through advocacy and behaviour-change programmes at schools across the country.
104. In addition to the suite of services provided for the prevention and treatment of abuse victims, which includes victims of sexual abuse, the GoS has criminalised sexual abuse and offenders are prosecuted under the common law, the CPWA, or the Girls and Women Protection Act, depending on the facts of the case.
105. In addition, the GoS has developed a range of measures to protect children against sexual exploitation. These include measures to prevent and protect children against child pornography, described in more detail in part 4, as well as trafficking interventions described in more detail in part 8 of this report.
106. The Constitution and various laws and policies of Swaziland protect children against torture, cruel or degrading treatment, including corporal punishment. Section 29(2) of the Constitution still permits "moderate chastisement" in relation to corporal punishment, which means that **concluding observation number 36** has not been complied with. However, various measures have been taken in furtherance of concluding observation number 37 which calls for the legal prohibition of corporal punishment. The measures in question moderate the use of corporal punishment and promote the use of positive parenting and discipline. Section 14 of CPWA provides that a child should be disciplined in accordance with his age, physical, psychological, emotional, and mental condition, and that no discipline is justifiable if the child is incapable of understanding the purpose of the discipline. In addition, the Education Sector Policy of 2011 protects children against the use of corporal punishment and promotes the use of positive discipline in schools.
107. The laws have been supplemented and supported with various advocacy and parenting support programmes to address high levels of family and community acceptance of the use of corporal punishment and lack of knowledge of children's rights. Through the stronger laws and advocacy initiatives, the GoS has sought to address **concluding observation 36**

which call for interventions to address acceptance of corporal punishment in the family, in schools and other settings.

108. Examples of advocacy and awareness raising initiatives include the following. The MoET, has with the support NGOS and UNICEF, organised a national dialogue on violence against children in and around schools. This dialogue saw teachers, parents, church and community representatives, children and government officials convene to discuss, and commit themselves to ending violence against children and make schools safer places for children. This national dialogue was preceded by a series of regional and community dialogues involving children, parents, community leaders and teachers where each of the stakeholders undertook to use available resources to contribute to the campaign to end abuse against children.
109. The MoET promotes the use of positive discipline in schools, with a high level support for the initiative from the Principal Secretary. A number of teachers have been trained in alternatives to corporal punishment.
110. The MoET has further advanced protection and promotion of positive discipline through the adoption and implementation of the SADC Care and Support for Teaching and Learning initiative by the MoET through its *Inqaba* Programme. The programme, which aims to makes all schools centres of comprehensive care and support for vulnerable children, promotes the use of positive discipline in schools.
111. Within communities the *Lihlombe Lekukhalela* community workers who work on child protection issues engage with families and convene meetings on the elimination of child abuse within their communities, including corporal punishment.
112. A Day of Prayer and Action is held annually by religious organisations which sign a pledge committing to end violence within their sphere of influence. This is important in a country that is largely Christian with the basis of corporal punishment founded in Biblical teachings.
113. A range of services are provided to secure the physical, psychological recovery and social integration of victims of violence.
114. The Government has, with the support of UNICEF and PEPFAR, piloted a One Stop Centre for victims of sexual abuse in Mbabane, and is in the process of rolling out centres in three further regions. The centres, which are located in hospitals, serve as a portal for accessing a comprehensive suite of services, including access to the police to lay charges, to social workers for psycho-social support, access to health care, and access to the justice system.
115. Social workers employed by the Department of Social Welfare offer psychosocial support to victims of abuse. Since 2009, upon the realisation that social workers and other professionals lack psychosocial knowledge and expertise, the Government partnered with the University of KwaZulu-Natal which offers a programme on psychosocial support for professionals working with children. The initiative has targeted caregivers at a community level. Through this intervention, the GoS has addressed **concluding observation 45(d)** which calls for the provision of recovery and social integration services to victims of abuse and neglect.

116. There are various police stations in the country servicing communities which provide protection to children and their families. There is a dedicated Domestic Violence and Children Protection Unit (DCS) within the Royal Police Service that specialises in the investigation of child abuse.
117. In addition, specialised Sexual Offence Units have been established within the Ministry of Justice which are responsible for the prosecution of abuse and neglect against children. They have close links with the DCS units. When cases are under investigation, they are expedited into the justice system and are immediately transferred from the DCS units to the specialised unit for prosecution. The staff of the Sexual Offences Unit are trained in the rights of child victims, the provision of psychosocial care, and the management of children in court to prevent secondary victimisation.
118. Since the adoption of the CPWA, training has been provided to the full range of professionals in the justice system, including magistrates, intermediaries, prosecutors, police and social workers. They have received basic training on the application of the Act, as well as the provisions of relevant treaties such as the CRC, the ACRWC, relevant Optional Protocols, and other relevant international instruments in the field of juvenile justice, including the Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime. Prosecutors have been trained on the leading of evidence through child witnesses. This intervention serves to address **concluding observation 45 (c)**.
119. The provision of training is an ongoing process and will be repeated, once the regulations to the CPWA have been adopted.
120. In addition, various manuals have been developed to provide hands-on support for implementation. For example, the Ministry of Justice and Constitutional Affairs has developed the *Prosecutor's Guide on the Children's Protection and Welfare Act*. A similar guide has been developed for the police. The booklets provide practical guidance for dealing with children in the justice system, including child victims. With the support of a number of NGOs, a summarised version of the CPWA was produced to ensure wide-spread understanding of its content.
121. Access to justice for victims has been improved through the introduction of the Children's Courts in terms of the CPWA. Every magistrate's court will be a Children's Court offering specialised support by trained personnel. In terms of the CPWA, children have a right to be legally represented. The country does not yet offer legal aid, but will be doing so when it adopts the Legal Aid Bill, and will in so doing more fully address **concluding observation 45(f)** calling for the establishment of free national legal aid for victims of abuse.
122. Swaziland continues to face a number of challenges with the implementation of laws and programmes for the protection of children against abuse and neglect. These include:
- a. Limited reporting of violations because of social and economic pressures. Swaziland will continue to address this issue through ongoing advocacy and sensitisation of the population on the laws protecting children.

- b. Lack of coordination of the response mechanism in particular at regional level between the various state agencies with responsibilities under the law. This will be addressed with the development of regulations and an implementation framework for the CPWA.
- c. Lack of therapeutic services which will be strengthened when the One Stop Centres are fully operational and rolled out in more regions.

Part 5: Family environment and alternative care

5.1 Parental guidance, and responsibilities and support for parents

123. The CPWA recognises the right of children to parental care. It provides that “a child has a right to know and live with his parents and family and grow up in a caring and peaceful environment” (section 8). It further recognises that both parents bear the primary and equal responsibility to raise their children and details their duties. It provides that both parents are jointly responsible for, inter alia, protecting the child from abuse and neglect, and to provide good guidance, care, assistance and maintenance to ensure the child survives and develops to their full potential, and to ensure that when they are absent, the child is cared for by a competent person (section 18(2)). The Act further recognises that the Government has a responsibility to support parents to fulfil their duties, and provide a judicially-based framework of alternative care aligned to the CRC. Through these measures, the GOS has responded to **concluding observation 41 (a)** requiring the development of a comprehensive policy addressing the needs of children without parental care.
124. The GoS has developed and adopted a comprehensive child protection policy and law - the Children Policy of 2009 and the Children Protection and Welfare Act of 2012 (the CPWA) – which give effect to the state’s responsibilities to secure children’s family environments and safe and alternative care when they are deprived of their parental care. Particular focus is placed on the provision of care to children in additionally vulnerable situations, such as children affected by HIV and AIDS. Moreover, the developing child protection and social security network in the country described in part 5 of the report, in the remainder of this part 6, and later in part 7 of the report, aim to secure improved levels of psychosocial and financial support to families and children at the local level. In so doing, the GoS has responded to **concluding observations 39, 40 and 41(b)** calling for the development of a comprehensive programme of support for vulnerable families.
125. The CPWA recognises that the Government is responsible for supporting parents where necessary to enable them to care for their children. Specifically, the CPWA obligates the Department of Social Welfare to:
- a. Provide or help provide, information for parents and other members of the community about the development of children and their needs; and
 - b. Provide or help provide, preventative and support services to strengthen or support families and to reduce the incidence of harm to children (section 22).
126. The support provided to parents has been strengthened in the past decade and includes the following:

- a. **Material and psychosocial support:** The GoS provides various forms of material and psychosocial support to parents and caregivers unable to meet the needs of their children because of poverty and related vulnerabilities. These are described in detail in Part 7 of the report.
 - b. **Parenting education and support:** A Parenting Manual is currently being supported by *Khulisa Umntfwana*, an organisation with the objective to empower parents on how best to raise their children properly whilst being sensitive to their cultural background. The challenge in moving forward, is to secure sufficient resources for the distribution of the manual.
 - c. **Childhood care and education services:** The GoS provides support for the provision of quality early childhood care and education services to support the early development of children, as well as provide safe care in parent's temporary absence.
127. The government recognises the importance of early childhood care and development for the protection of the rights, survival and development of the child as well as the country more holistically. It further recognises that too few children access quality early childhood development (ECD) programmes, and that it is particularly the poorest and most geographically marginalised that are excluded and/or access poor quality services. In addition, the GoS is concerned about the number of young children left in the care of other young children in their parent's absence.
128. In 2014, only 30 percent of children between the ages of 3 and 6 years attended an ECD centre, and only 40 percent of parents of children in the same age group regularly engaged in activities to promote their children's cognitive development.²² (). Mothers are far more likely than fathers to engage in developmentally promotive behaviours with their children. Only 2 percent of fathers, compared to 16 percent of mothers engaged in developmentally promotive play with their young children in 2014. In the same year, more than 15 per cent (16, 5 %) of children under the age of 5 years were left in the care of young children under the age of 10 years.
129. The GoS has taken a number of steps to remedy these inadequacies and improve the availability of, access to and quality of early childhood care and education (ECCE) services, as well as increase demand and encourage parents to enrol their young children in ECD programmes.
130. Working with partners such as *Bantwana*, the GoS has strengthened the regulatory framework governing the provisioning, resourcing and quality of ECCE services. It has, inter alia:
- a. Formalised ECCE and recognises it as part of the basic education system through its integration in the Education Sector and Training Policy and Plan (since 2009). This has been supported by a growing budget allocation to support pre-primary education. In 2000/2001, the pre-primary budget was very small at E 438 515.00, amounting to 0.1 percent of the recurrent budget. This increased dramatically to over 3 million in 2010

²² Swaziland Multiple Indicator Cluster Survey (MICS5) 2014.

(3 070 096.00, and further to 3 182 856.00 in 2012/13 amounting to 0.2 percent of the recurrent budget.²³

- b. Expanded the availability of ECCE programmes to reach the poorest and most marginalised children through:
 - a. the provision of training and support to Neighbourhood Care Points (NCPs), of which there are approximately 1,400 across the country, to provide care and support for young children under the age of 6 years, including early childhood education; and
 - b. The extension of ECCE services to residential care facilities.
- c. Developed national ECD standards – the *Swaziland Early Learning and Development Standards* and a formal ECD syllabus to be used as guides by ECD centres across the country.
- d. Developed a Teacher’s Handbook for ECCE.
- e. Promoted the establishment of gardens in pre-schools and promoted referral linkages between pre-schools and the health system.
- f. Promoted the engagement of parents, local government and traditional leaders in community sensitization about the importance of ECD.

131. The various measures taken by the GoS have made a positive impact. Access to ECCE services increased from just over twenty per cent in 2009 to 30 per cent in 2014.²⁴ However, there is still work to be done and the GoS has turned its attention to addressing the following challenges in the next development cycle:

- a. Although the Swaziland Early Learning and Development Standards (SELDS) have been developed, they are not yet universally applied and expansion of coverage is limited by resources challenges.
- b. There are still a substantial number of ECCE practitioners that are not qualified, and the problem is rooted in the lack of qualified lecturers to train practitioners.
- c. Limited regulatory and registration mechanisms mean little control over the mushrooming of ECCE centres, and this contributes to inequities in the spread of available services.
- d. The limited implementation of the standards, limited resources and low levels of qualified practitioners impacts negatively on the quality of services provided.
- e. The GoS is faced with limited funds and transport to monitor ECE centres.
- f. Neighbourhood care points are not yet monitored by government for Early Childhood Development quality assurance.

5.2 Separation from parents, periodic review, and family reunification

132. The GoS has developed the comprehensive CPWA to address the needs of children without parental care which is aligned to the ACRWC and the CRC. In so doing, the GoS has responded to the concerns raised in **concluding observation 41** regarding the lack of a

²³ MoET. 2016. Education budget analysis 2000 - 2014

²⁴ Swaziland Multiple Indicator Cluster Survey (MICS5) 2014, 2014

comprehensive legal and regulatory framework to protect children separated from their parents. It ensures that the needs and rights of children without parental care are met.

133. The CPWA makes provision for removal of a child who does not have a parent to provide care, or whose parent is unwilling to provide care, and their placement in alternative care. However, the Act prescribes this only as a measure of last resort and only where ordered by a court of law after due consideration of the circumstances of the child by a social worker. Moreover, any such removal is subject to the return of the child to the family wherever this is possible. The Act further recognises the value of traditional or informal forms of alternative care, such as kinships care, and provides statutory protection of a family's choice to care for children through these mechanisms rather than formal residential care. Section 3(3) of the Act expressly states that nothing in the Act is intended to prevent, discourage or displace the application of informal or traditional regimes that are more promotive or protective of the child's rights, except where these arrangements are not in the best interests of the child.
134. The Act recognises various vulnerable groups of children as being in need of care and protection. Children at risk of abuse or neglect or exploitation, an orphaned or abandoned child, and a child affected by HIV and AIDS may be found, by a court of law, to be in need of care and protection (section 23), and once so found, may be placed in an alternative care arrangement or facility, including foster or residential care. The Act however seeks to promote the retention of the child in the family with the provision of appropriate parenting, material and psychosocial support, as well as appropriate monitoring of the child's situation. In so doing it has addressed the concerns raised in **concluding observation 41(d)** that the child protection system promotes and support family-type forms of alternative care in order to reduce the use of residential care. Where children are removed, the overseeing social worker is duty-bound to work towards reunification of the child and family.
135. The GoS has sought to ensure better quality care in residential facilities through the adoption and implementation of Alternative Care Guidelines that will, in the longer term, be converted into regulations under the CPWA. In developing these documents, the GoS has complied with the **concluding observations on alternative care, notably 41(g)** requiring compliance with the outcomes of the Committees day of general discussion on children without parental care (2005) in the development of its policies and activities.
136. Once children are place in alternative care, there is ongoing monitoring and assessments of the quality of care they receive. Once placed, social workers monitor and file reports on the conditions and progress made by children removed from their parents. However, the limited number of social workers means that not all centres are monitored.
137. In addition to the monitoring by social workers, the GoS has established a confidential complaint mechanism through the Social Welfare Department. Guardians of children placed in residential care facilities, as well as children themselves, are advised of their right to lodge a complaint with the department in the event they are not satisfied with the RCCF concerned. In so doing, the GoS has addressed **concluding observation 41(f)** which requires the establishment of a confidential complaints mechanism.

5.3 Recovery of maintenance

138. The CPWA recognises that parents are equally responsible for raising their children. This responsibility translates into a duty on both parents to pay maintenance to the custodial parent. Where a parent fails to pay maintenance, the Act makes provision for the Children's Court to investigate and order the defaulting parent to pay. The court can ensure compliance through a variety of means including incarceration, attachment of property and garnishee orders.

5.4 Adoption and periodic review of placement

139. The CPWA establishes a closely-regulated adoption system in the country which gives effect to the provision of The Hague Convention on Inter Country Adoption which Swaziland has ratified, as well as secures protection of children adopted through intra-country proceedings. In so doing, the GoS has addressed the Committees **concluding observation number 43**.

140. Under section 55, the Act establishes an adoption Committee as well as a Register on Prospective Adoptive Parents and Adoptable Children to increase the supply of suitable and vetted adoptive parents and ensure safe placements that are in the best interests of the child. The Act further provides for the registration and regulation of all adoptive agencies. However, the implementation of this mechanism is on hold until such time as appropriate regulation are promulgated under the Act.

141. Various measures are in place to regulate and secure the best interests of the child in inter-country adoptions. The CPWA 2012 (section 65) spells out the conditions for the adoption of children, especially in the case of inter-country adoptions, and includes for example the requirements that the adopting parents should have lived in Swaziland for at least one year and have fostered the child under the supervision of a social worker. However, there have been no inter-country adoptions for the past five years.

142. Whilst progress has been made at a legislative level, the GoS recognises that it has further work to do to translate the law into universally compliant practices. At present it faces a number of challenges, including the following:

- a. A shortage of social workers to monitor compliance and engage in ongoing and routine support for the adopted families.
- b. Delays in drafting of regulations under the CPWA to give operational effect to the law on adoptions.

The Department of Social Welfare has embarked on a recruitment campaign to increase the number of social workers in its employ.²⁵

5.6 Protection from abuse, neglect, exploitation and social integration

139. The national child protection system to guard children against all forms of abuse, neglect and violence is described in full in part 4.2 of the report.

²⁵ Interview, Director Social Welfare Department

140. Various measures have been put in place to protect children against sexual and economic exploitation. These anti-trafficking and child labour interventions are described in more detail in part 8 of the report.

Part 6: Health and welfare

6.1 Survival and development

141. The GoS recognises and protects the right of children to survive and develop to their full potential through, inter alia, its maternal and child health, and early childhood development (ECD) policies and programmes.
142. Swaziland faces a number of challenges which mitigate against these rights. These include, one of the highest HIV and AIDS prevalence rates in the world, as well as high levels of socio-economic vulnerability and limited access to services determinative of the health and survival of children.
143. The GoS has invested substantially in its health system. As noted in part one of the report, investments in the health sector have increased consistently to reach E 1.8 billion in the 2015/16 financial year. The GoS has thus addressed **concluding observations 51 and 52** which call for increased financial resources to support the provisioning of basic health services and nutritional support.
144. As a result of increased investments and the roll out of child developmental and health programmes targeting the leading causes of child mortality and morbidity, the GoS succeeded in substantially improving the survival rates of children in the country. Infant mortality rates dropped from 79 per 1,000 live births down to 67 between 2010 and 2014, and the under-five mortality rate dropped from 104 to 67 per 1,000 live births in the same period of time.²⁶
145. The five leading causes of child mortality in Swaziland are:
- a. HIV and AIDS (accounts for 49 per cent of child deaths)
 - b. Pneumonia (accounts for 12 per cent)
 - c. Preterm birth complications (9 per cent)
 - d. Diarrhoea (8 per cent)
 - e. Other infections (7 per cent).²⁷
146. Underlying these direct causes are a variety of interrelated social, economic and related factors that contribute to ill health and mortality, including poverty, lack of access to essential services, and lack of education.
147. Over the past decade, the GoS has developed, implemented and scaled up a range of policies and programmes to address the leading causes of child mortality and morbidity,

²⁶ Swaziland Multiple Indicator Cluster Survey 2014

²⁷ Swaziland Multiple Indicator Cluster Survey 2014

and other key public health concerns impacting on the rights of children to survive and develop to their full potential and to health care services. Alongside the programmatic innovations, it has also engaged in system's strengthening processes to build the capacity of the health system to sustain delivery of quality programmes into the future.

148. The design and delivery of health programmes and services is governed by a multi-faceted regulatory framework which emphasises promotive and preventative primary health care services, but also provides for secondary and tertiary general and specialist health care services.
149. Key policies include:
- a. Swaziland National Health Policy
 - b. Children Policy
 - c. Standard Treatment and Guidelines
 - d. Sexual and Reproductive Health Policy
 - e. Swaziland Nutrition Draft Policy.
150. **Health promotion and prevention services for children include the following primary health care services:**
- a. **Antenatal and post-natal programme:** There is a free and strong antenatal care programme in hospitals and clinics in the country. Antenatal care is almost universally available in Swaziland, with 98% of pregnant women attending these services at least once. Although the rate for four visits drops down to 76%. The rate of childbirths attended by skilled personnel in the country is also high, with 82% of women delivering in health facilities. Swaziland has made commendable progress in recent years. PMTCT services are integrated within maternal, new-born and child health services to ensure that they identify and care for as many HIV-positive women and children as possible. Based on WHO's 2010 guidelines on the use of antiretroviral for treating pregnant women and preventing HIV infection in infants, the country has made more effective drug regimens available that reduce the risk of mother-to-child transmission to less than 5%. In addition, all HIV-exposed infants are tested at six weeks of age.
 - b. **Expanded Programme on Immunisation (EPI):** Children are provided with an expanded programme of immunisations which covers the full range of preventable childhood illnesses. In 2014, 75 percent of children were receiving the full schedule of vaccinations provided through the EPI programme. At this stage the vaccine for cervical cancer is not yet included, but the plan is to introduce it in 2017, subject to the availability of funds.²⁸
 - c. **Integrated Management of Childhood Illnesses (IMCI):** This programme is responsible for training health care workers to be child-friendly and capacitate them to deal with

²⁸ Interview, Ministry of Health, EPI Manager. Mbabane

common child diseases. The programme responds to two disease categories, namely respiratory diseases and diarrhoeal diseases.

- d. **Special Health Days:** Child health days are selected annually and booster efforts are implemented to accelerate immunisation coverage. These are followed up by integrated campaigns every three years to reduce the pool of susceptible children. The integrated campaigns make use of media and awareness raising campaigns and provide integrated services such as immunisation and deworming.
 - e. **HIV and AIDS:** The GoS has introduced a successful PMTCT and ART programme which has significantly reduced the transmission of HIV from mothers to their infants to less than 5 percent, and increased the life expectancy of people infected with HIV.
 - f. **Treatment of diseases such as Malaria.** The GoS has made significant progress in the eradication of malaria. It achieved a 74% reduction between 2000 and 2012 with a 42% decline from 2011 to 2012.
 - g. **Food and nutritional support:** The Ministry of Health is the lead ministry for the promotion of the nutritional wellbeing of the general population, including children. It has taken a number of steps in response to the persistent challenges of malnutrition faced by the children of Swaziland. Stunting prevalence among children has decreased, in the case of moderate and severe stunting, from 29 to 25.5 percent, and in the case of severe, from 10 to 7.2 percent between 2007 and 2014. Despite these decreases, the rates remain of grave concern to country and various measures, notably those promoting breastfeeding, have been implemented to reverse the situation.
151. The country has a dedicated Nutrition Council and programmes are governed by a number of core policies. These include National guidelines for Infant and Young Child Feeding; National guidelines for the Integrated Management of Acute Malnutrition; and National guidelines on Nutrition and HIV for service providers.
152. The aim of the country's nutrition policies is to improve the nutrition and health status of the nation, with a focus on vulnerable groups, by providing effective, comprehensive, decentralized, coordinated, sustainable and enabling environment for the provision of food and nutrition services. The key intervention areas are:
- a. Infant and Young Child Feeding
 - b. Integrated Community based Growth Monitoring and promotion
 - c. Integrated Management of Acute Malnutrition in Children and Adults
 - d. Nutrition & HIV
 - e. Prevention and Control of Micronutrients deficiencies; and
 - f. Nutrition Surveillance.

153. There is a strong focus on improving breastfeeding rates in the country. Funds allocated to the EPI programme are shared with the Nutrition Council which receives additional support from UNICEF to advance its mandate. The Nutrition Council is responsible for the implementation of the mother and baby-friendly hospital initiative in support of early initiation and continued breastfeeding, as well as monitoring children's growth in health facilities and community. It also provides supplementary diet packs for children between the ages of 2 and 23 months suffering from acute malnutrition.
154. Progress is being made in the roll out of the programmes. Six hospitals and four health centres have been designated baby friendly. There has been an increase in the proportion of infant under six months who are exclusively breastfed (from 44 to 64 percent between 2010 and 2014) and who receive breastmilk as their primary form of nutrition (from 59 to 70 percent in the same time period).²⁹
155. The GoS also runs a school feeding programme. Nutritious meals are provided to all children including those with disabilities in all government schools.
156. Various programmes, such as the Distribution of Food (World Food Programme) and the Water Harvesting and Sanitation Programme supported by UNICEF prevent and treat disease and malnutrition through the provision of food and water and sanitation services.
157. Working together with its partners, the GoS has made progress in improving access to water and sanitation services. Household access to improved drinking water increased from 69.8 to 72 percent, and to sanitation from 11 to 17 percent between 2007 and 2014.³⁰
158. Together, this cluster of nutrition and related interventions have addressed **concluding observations 52 (b) and (c)** calling for measures to secure children's adequate nutrition and hygiene.
159. **A number of interventions have been implemented to ensure that services reach especially marginalised communities and these include:**
- a. **Outreach services:** The Ministry of Health provides outreach services through community-based mobile services. The services are provided by mobile / itinerant staff through established infrastructure in communities on a monthly basis. A full suite of promotive and preventative services are offered through the mobile facility.³¹
 - b. **School health programme:** School health services, including deworming and nutritional support are provided for children aged 6 years and older.
160. Various mental health services are provided, including occupational and other forms of therapy and psychiatric tertiary services. A number of non-communicable disease programmes are coordinated through the non-communicable disease programme within the ministry of health.

²⁹ Swaziland Multiple Indicator Cluster Survey 2014, Key Findings

³⁰ Swaziland Multiple Indicator Cluster Survey 2014, Key Findings

³¹ Interview: Ministry of Health, EPI manager. Mbabane

161. **The GoS is engaged in ongoing systems strengthening initiatives.** A notable intervention has been the strengthening of its information management system. It has introduced a Client Management Information System which is linked to the Home Affairs' data base. Each patient that enters the system is given a unique identifier which allows universal access across the system to the patient's medical information. In addition, it allows for the live capturing of data at facility level, which up until recently was all captured manually in books or registers, rather than as data to populate a system. The information is now captured as data and routinely consolidated and analysed by health management structures at different levels of the system. The system makes provision for capturing data for children up until the age of 5 years, and this will allow for routine collection and analysis of core child health indicators, such as immunisations, common causes of childhood mortality and morbidity. At present the system does not make provision for collecting adolescent health data. The system has recently been rolled out with computers having been bought for 4 sites, with the intention to scale up to all sites in 2018. The backend data collection and analysis systems are already in place.
162. Adolescents in Swaziland face a number of sexual and reproductive (SRH)-related health risks and challenges. Early sexual debut is common, as is inter-generational sex, often with multiple partners, as well as risky sexual and other behaviours, such as low rates of condom use and substance abuse. For example, 50 percent of girls have engaged in their first sexual engagement by the age of 17 years and 7 percent by the age of fifteen years.³² Factors such as poverty and educational exclusion aggravate the risks faced by adolescents of risky behaviours, and this in turn has driven the high HIV prevalence, especially among young girls in the country.
163. The issue of sexual and reproductive health and reductions in HIV prevalence among young people has called for a multi-faceted and comprehensive solution addressing the various drivers of risky behaviours and poor outcomes for young people.
164. The GoS has responded to the complexity and interrelated nature of the problem through the development of dual comprehensive sexual and reproductive health and HIV and AIDS policies and programmes, and has in so doing, responded to **concluding observation 54**.
165. A Sexual and Reproductive Health policy has been developed that informs the management of sexual reproductive health programmes. In terms of the policy, every clinic and hospital should provide a family planning programme for the general population, including for adolescents. However, the services are not specialised for the latter group. Access to comprehensive family planning information and services remains one of the SRH challenges in Swaziland. The contraceptive prevalence is 65%,³³ and the unmet need for family planning is 13% among married women, while it is 65.8% among pregnant women living with HIV.³⁴ The Ministry of Health is implementing interventions aimed at scaling up access to sexual and reproductive health services, primarily through the integration of family planning in all service delivery areas, especially in ART centres.

³² Nsemukila G. 2014. A report card of adolescents in Swaziland.

³³ MICS, 2010

³⁴ 12th Sero-surveillance, 2010

166. A National Strategic Framework 2009-2014 (NSF) for responses to HIV and AIDS has been developed under the guidance of the National Emergency Response Council on HIV/AIDS. The Framework aims to improve and expand effective prevention, treatment and care to all Swazis including adolescent children and the youth. This framework pushes for greater reliance on evidence informed planning and the mainstreaming of strategies for social and behaviour change as catalysts for more effective prevention. In so doing, the GoS has responded to **concluding observations 54(a) – (d)**.
167. Prevention is critical to Swaziland’s ability to gain control of the epidemic. Prevention within the NSF is positioned to “reduce incidence rates to levels at which the epidemic starts declining.” The NSF also seeks to increase life expectancy and increase the capacity of vulnerable households to cope with the impact of HIV.
168. The results sought for prevention through this plan are to:
- a. reduce HIV incidence among females aged 15-19 from 10.1% to 8% in 2014.
 - b. reduce HIV incidence among males aged 15-19 from 1.9% to 1.5% in 2014.
169. The Life Skills Curriculum in schools provides sexual and reproductive health information and youth clubs has been established in most public schools. The integration of HIV education in the education curriculum has, alongside the various other education campaigns targeting adolescents, yielded positive results. Knowledge among adolescents of HIV and AIDS is high – with 99.8 percent of girls, and 98.6 of boys aged 15 – 19 having knowledge of HIV and AIDS in 2007. Moreover, 86 percent of young people knew, in 2007, that condom use can prevent HIV and AIDS (Nsemukila, 2014). Notably, the levels of knowledge are lower among young people not in school.
170. Despite the high levels of knowledge, the levels of condom use among young people is not as high. The reasons given by the young people themselves as to why this is the case include the lack of access to non-discriminatory and adolescent-friendly health services.³⁵
171. Youth friendly clinics have been established to make health care more accessible to adolescents. Initially the youth friendly clinics were established independently as standalone clinics. This was however changed as it was seen as discriminatory. Since the initial roll out in 2003, the approach has thus changed to an integrated one, in terms of which all health facilities are set to become youth friendly through the training of staff. The goal is to train 80 percent of all health facility staff. Achieving this target is made challenging because of high staff turnover, meaning that the rates are in a state of constant flux. Through the youth friendly facility initiative and the Teen clubs (describe below), the GOS has addressed **concluding observations 54(b) and (c) and 55, and 56**.
172. In addition to the training of staff, Teen Clubs that are attached to health care facilities have been established. The objectives of the Teen Clubs are multiple and include improving accessibility to health care facilities, increasing knowledge of risky behaviours and changing behaviours.

³⁵ Nsemukila G. 2014. A report card of adolescents in Swaziland

The Teen Clubs are managed by a collaborative Technical Working Group drawn from the Ministries of Health, Education and Youth. The Technical Working Group and the clubs focus on using these spaces in a coordinated manner to deliver comprehensive services that promote overall health and wellbeing of adolescents, including the sexual and reproductive health and well-being.

The Teen Clubs serve to inform adolescents and promote their access to treatment, information and sexual and reproductive health services in alignment with the provisions of the CPWA which protects the rights of children to access sexual and reproductive health services without parental consent from the age of 12 years.

6.2 Children with disabilities

173. The GoS has, in response to the concerns raised by the UN Committee in **concluding observations 48 and 49** about the levels of discrimination against children with disabilities and their lack of access to services, adopted a number of policies and laws, strategies and programmes. The accumulative effect of these, listed below, is to strengthen the enabling framework and provide government-wide guidance for sectoral planning, budgeting and evaluations so as to mainstream the recognition, realisation of and protection of all rights of children with disabilities.
174. Swaziland ratified the Convention on the Rights of Persons with Disabilities in 2012 and has domesticated it through, inter alia, the following policies and laws:
 - a. National Disability Policy, 2013
 - b. Swaziland National Disability Plan of Action (NDPA) 2015 – 2020
 - c. Disability Bill, 2013
 - d. Children Protection and Welfare Act, 2012
 - e. The National Early Identification and intervention strategy, 2016.
175. The National Disability Policy, Plan of Action and the Disability Bill collectively seek to mainstream disability in all stages of planning, implementation and monitoring of all government's sectoral policies, laws and programmes. They further seek to promote inclusive planning based on a social, rather than a medical model of disability which will result in, not only the recognition and protection of children's fundamental rights, but will also ensure they are empowered to exercise their rights and enjoy equal participation in the communities in which they live.
176. The National Early Identification and intervention strategy, 2016 aims to ensure that children are identified in order to access required services for optimisation of development and access to services.
177. The goals and objectives of the country's National Disability Policy are to be implemented through NDPA. It was developed through a consultative process which included Persons with Disabilities, NGOs in the sector, government and development partners. Its purpose is to of the NDPA is to secure implementation, at all sectoral levels, of concrete programmes for realisation of the national legal responsibilities and goals and objectives for people with

disabilities. A focus of the Plan is to improve access for Persons with Disabilities to all public and community services and facilities.

178. The NDPA is grounded in the recognition that the realisation of responsibilities to people with disabilities depends on the adoption of multi-sectoral initiatives that address the multiple intersecting factors that make children with disabilities additional vulnerable. Moreover, it recognises that effective protection of their rights requires more than the adoption of policies and laws, but the reorientation of society and its members to ensure meaningful inclusivity and reasonable accommodation of children with disabilities. As such, the plan is organised across 7 thematic areas, including:
- a. Advocacy and awareness-raising: With the aim of raising awareness and combating stigma, prejudices and harmful practices
 - b. Social protection: To ensure the provision of adequate material support to caregivers of children with disabilities to secure an adequate standard of living
 - c. Education and Training: To ensure equal access to meaningful, age appropriate education at all levels, from early childhood through to higher education
 - d. Health: To ensure universal access to public health services
 - e. Skills development and the labour market: To ensure equal participation in the economy
 - f. Infrastructure and the environment: To remove all infrastructural, environmental, physical, social and cultural barriers to full participation in community life
179. Concrete measures that have been taken to operationalise the plan include the following:
- a. Coordination machinery has been established to support government-wide mainstreaming. A National Disability Unit has been established within the Department of Social Welfare within the Deputy Prime Ministers Office. It is responsible for the coordination of all disability programmes in the country. The Unit plays an important role in maintaining good working relationships with the various NGO's active in the sector. This is an important function, given that many of the services for children with disabilities are provided through NGO programmes, and it is thus critical that the programmes in question further national disability priorities and responsibilities. The Unit has faced a number of challenges and these have limited its ability to coordinate and oversee the implementation of the plan. Challenges are primarily resource-related, with too few permanent staff with the required levels of expertise.
 - b. The Unit will be strengthened, in terms of its mandate and capacity, once the Persons with Disabilities Bill, 2015 is passed. The Bill has been prepared and is "in the final stages of endorsement by Parliament". The Bill will establish a stronger coordination body with statutory authority to be named the National Disability Advisory Council Persons with Disabilities (NDAC). It will enjoy representation from government and non-government role players in the sector as well as organisation for people living with disabilities and will have its own directorate and staff. It will be responsible for coordinating, monitoring the impact of programmes developed and implemented in

terms of the National Policy for People with Disabilities and its Action Plan, as well as advocacy and training to support realisation of the goals and objectives of the policy and plan.

- c. In addition to its coordination role, the Disability Unit is responsible for delivery of a number of disability outreach services which it provides in collaboration with a number of partners. The services include: physiotherapy, occupational therapy, eye care services, ear care services, orthopaedic services, dental services, social welfare services, social mobilization and identity documentation. In addition, the Unit plays an advocacy and training role and is responsible for implementing the disability policy.
 - d. The implementation of the Policy and Plan is also set to be strengthened once the Disability Bill is adopted as it proposes the establishment of a dedicated Directorate for Persons with Disabilities within the DPMO's office.
 - e. Monitoring the impact of disability programmes is frustrated by the lack of resources and technical expertise, as well as population-level surveys of people with disabilities. The GoS recognises the urgency of improving this situation. It has therefore made provision, in terms of the Disability Bill, for a clear monitoring and impact evaluation role of the NDAC. In addition, the Bill makes provision for the establishment of an Office of the Registrar which will be responsible for registering all Persons with disabilities; voluntary organisations and institutions.
180. The overarching objective of the Disability Policy and Plan is to achieve "disability equality" through mainstreaming of disability by all government departments and partners. Mainstreaming is mandatory in terms of the Policy and "requires that all central and local Government Authorities, consider the disability dimension in all policy development and take measures to ensure that Persons with Disabilities have equal access to all public services and facilities".³⁶
181. At present a number of sectoral policies and programmes protect and promote the realisation of the rights of children with disabilities.
- a. The education sector has a number of policies, strategies and processes in place to include children with disabilities in education. These are documented in detail in Part 7 of this report.
 - b. Children with disabilities are entitled to all basic public health care services which are described in more detail in this report under the sub-heading of health care services above. In addition, they are entitled to an assessment of their needs by social workers and medical practitioners to determine the disability and its severity. Based on the assessment, children should be provided with health care services such as occupational and speech therapy and medication and assistive devices such as creams, zinc and castor oil, sunglasses, hats and reading glasses free of charge. It is however the case that access to the services is very limited by resource and coverage constraints.

³⁶ National Disability Plan of Action, page 24

- c. The GoS intends, with the adoption of the Disability Bill, to provide the caregivers of children with disabilities with a basic social assistance grant (E 240).
 - d. Historically, the physical environment in Swaziland has posed significant barriers to the full participation of people with disabilities. The Municipal Councils and the Ministry of Works are required to ensure that all new public building plans accommodate people with disabilities by conforming to principles of universal design. Municipal councils are duty-bound to ensure equality of access to community facilities, and in this regard audio traffic lights have been installed in some locations, barriers on footpaths have been removed to enable wheelchair access and bevelled curbs have been built.
182. Despite these measures, many children with disabilities continue to experience high levels of deprivation and inequality because of the limited scope and coverage of the programmes, limited human and financial resources, inadequate assistive and adaptive technology, inadequate access to early childhood education and development and schooling, and an inadequate regulatory framework. The GoS recognises these inadequacies and has, through the NDPA prioritised the following measures, and seeks to achieve, inter alia, the following outcomes within the framework of the plan, to address these gaps:
- a. Strengthen the inclusive regulatory, resourcing and implementation framework to secure equality of access to early, primary, secondary and further education, health care, public housing, transport and public services and facilities
 - b. National laws are reviewed and supported with education and advocacy to ensure that all levels of society - from family through to government departments understand, and can respond appropriately to the rights and needs of persons with disabilities.
 - c. Social assistance for people with disabilities is strengthened to provide people with disabilities not in employment with a “disability support allowance”.
 - d. The majority of children with disabilities access schooling and enjoy an inclusive and enabling learning environment and experience.
 - e. Strengthen the quality assurance of services provided to people with disabilities through registration and regulation of services as measured against clear quality standards.

6.3 Social security and child-care services

183. The GoS recognises that parents bear the primary responsibility for providing the conditions of living to ensure their children’s survival and development. It further recognises that, given the social and economic adversities in the country, many parents need material assistance to enable them to provide an adequate standard of living.
184. In recognition of its responsibilities, the GoS has invested substantial public funds to develop and deliver a number of social transfer programmes. With the support of key development partners, including the World Bank and UNICEF, the Government has

reviewed its programme of social assistance to identify how it may be strengthened to improve the impact and efficiency of the country's investments.

185. As noted previously in part 3 of this report, Swaziland faces a number of intersecting social and economic challenges which reinforce the levels of poverty and vulnerability of the country's marginalised children and their families. These include high levels of poverty, inequality, HIV and AIDS and poor access to services and infrastructure. Children, especially those living in rural areas, bear a disproportionate burden of poverty. Moreover, children living in poverty have limited access to services essential to breaking intergenerational poverty traps, such as food and nutrition and education. Poverty is both a cause of this limited access and, in turn and a consequence of limited access.
186. The GoS has developed and implemented a number of cash and in-kind transfers, social care services, labour programmes and community-based programmes to support vulnerable families in meeting their responsibilities to their children. The programmes are provided by multiple ministries or departments within ministries, including the Department of Social Welfare (DWS) within the Deputy Prime Minister's Office (DPMO); the National Emergency Response Council on HIV and AIDS (NERCHA); the Ministry of Education and Training (MoET); the Ministry of Health and the National Disaster Management Agency (NDMA). In so doing, the GoS has addressed **concluding observations 57 and 58 (a)**.
187. The GoS, acting through these structures, at a cost of US\$82.4 million in 2010/11, provided a range of social assistance programmes which benefited children and their caregivers. These include:
- a. Cash Transfers:**
- Old Age Grant (OAG): The OAG was introduced in 2005 to support the growing population of older persons responsible for the care of the orphans.³⁷
 - Public Assistance.
 - Other DSW Grants
 - Young Heroes Programme (YHP): The YHP is a cash grant for double orphans administered by the NERCHA. It is funded by local and foreign development partners. In December 2011 there were 887 beneficiaries in 497 households.³⁸ In addition to the cash transfer, beneficiaries receive HIV testing and care.
- b. In-kind transfers**
- OVC Education Grant covers a portion of school fees: The OVC grant was introduced in 2003 and in 2012 covered approximately 118,000 children.³⁹ In 2015/16, the number of beneficiaries had dropped to 53,564.⁴⁰

³⁷ The World Bank. 2012. Swaziland: Using Public Transfers to Reduce Extreme Poverty

³⁸ Swaziland Statistical Office (CSO) and UNICEF Swaziland. 2013. Child poverty study

³⁹ The World Bank. 2012. Swaziland: Using Public Transfers to Reduce Extreme Poverty

⁴⁰ Inception report: Technical assistance for the development of a social protection system in Swaziland, July 2016

- School feeding: The MoET provides a universal school feeding programme which consists of mealie meal, oil and pulses.
- Neighbourhood Care Points (NCPs): Since 2001, NCPs have been established to provide food to pre-school children. In 2011, there were approximately 438 NCPs operating in the country.⁴¹ The initiative is funded by development partners such as the World Food Programme, UNICEF and World Vision. With the retraction of WFP's presence in the country, there was a decline in the support for, and numbers of NCPs. In 2012, approximately 55,000 children were being fed by NCPs which amounts to approximately 40 percent of children under the age of five years.⁴²
- Food distribution: Food insecure households can access food aid in the form of maize meal, cooking oil and pulses.⁴³
- Supplementary food support: Malnourished persons on ART, TB and PMTCT programmes are provided with additional high protein and energy food by the Ministry of Health.
- Health fee waivers: Health fee waivers are available for people living in extreme poverty and the elderly. Qualifying beneficiaries receive free medical care at facilities.
- Phalala Fund: Patients requiring specialised medical care that is not available in Swaziland may receive specialised medical treatment and care abroad through the Phalala Fund run by the MoH.
- Agricultural Input subsidies: Agricultural support is provided to subsistence farmers.
- Public Assistance: Until the recent suspension of the programme, material support has been provided, in the form of food, clothing and other supplies, to extremely poor households and person with disabilities.

188. Government's investments in social assistance programmes has grown substantially in the past decade to reach 2.2 percent of GDP in 2010/11 which is higher than the 1 – 2 percent average of most developing countries. The ratio of investments in different programmes varies:

- E 131.6 million (US\$18.6 million) in 2010/11 (23 percent of the total safety net investment).
- In-kind transfers received US\$57 million or about 69 percent of the total safety net investment.
- Other programmes received 8 percent.⁴⁴

⁴¹ Swaziland Statistical Office (CSO) and UNICEF Swaziland. 2013. Child poverty study

⁴² Swaziland Statistical Office (CSO) and UNICEF Swaziland. 2013. Child poverty study

⁴³ Inception report: Technical assistance for the development of a social protection system in Swaziland, July 2016

⁴⁴ The World Bank. 2012. Swaziland: Using Public Transfers to Reduce Extreme Poverty

189. Despite the size of investments and variety of social assistance programmes, a substantial number of poor and vulnerable children have remained unprotected. This is because of policy gaps. For example, there is no programme of assistance for extremely poor households with children and school-based programmes, such as the school feeding programme, only reach children in school. Many of the most vulnerable and extremely poor children remain out of school and as such, do not benefit from these programmes.
190. Whilst the OAG constitutes the largest social protection programme in Swaziland, the impact on reducing poverty and improving the livelihoods of children is limited for a number of reasons.
1. It only benefits children living with elderly caregivers. 83 percent of the elderly do not live with orphans, and 56 percent of very poor children and 55 percent of poor children do not live with elderly caregivers. Thus the OAG is not well-targeted, and does not reach all vulnerable children
 2. A significant share goes to non-poor households
 3. Irregularity of disbursements.⁴⁵
191. In the case of the OVC education grant there are challenges with tracking students and inconsistencies in policy with some children having to pay a portion of fees and others, not. It only reaches about 40 percent of poor children, it covers only a portion of official fees and does not cover out-of-pocket expenses, and as a result, education costs remain a key access barrier.⁴⁶
192. The cost of administration of the social security programmes is higher than in other countries, and the efficiencies low because of multiple disbursement mechanisms which minimise the economies of scale. In addition, the design, targeting mechanisms and unsustainable programmatic, rather than recurrent funding models supporting social protection in Swaziland minimise the coverage and impact on the lives of vulnerable children and their families.⁴⁷
193. Many of the challenges and limitations of Swaziland’s safety nets for vulnerable children were identified through a study conducted by the World Bank (2012). These findings prompted a further joint Child Poverty study by Swaziland’s Statistical Office and UNICEF Swaziland in 2013. The objective of the study was to assess the extent of child poverty in Swaziland, the adequacy of the current social protection programme to effectively alleviate deprivation, to identify challenges and make recommendations for strengthening the safety net to meet legal responsibilities and the needs of children and their families.
194. The key recommendation emerging from the study was that the GoS should consolidate its many fragmented social protection programmes into a comprehensive and efficient, publicly funded programme of social assistance which prioritises vulnerable children. The GoS has taken the recommendations seriously and is in the process, with the technical and

⁴⁵ The World Bank. 2012. Swaziland: Using Public Transfers to Reduce Extreme Poverty

⁴⁶ The World Bank. 2012. Swaziland: Using Public Transfers to Reduce Extreme Poverty

⁴⁷ The World Bank. 2012. Swaziland: Using Public Transfers to Reduce Extreme Poverty

financial support of the European Union, of laying the evidentiary and administrative foundations for developing and rolling out a consolidated programme of social assistance aligned with the ILO Social Protection Floor as well as the AU Social Policy Framework for Africa. Consultants have been appointed and an inception report developed for the initiation of an inclusive and consultative process to develop a programme which will:

- a. Guarantee universal coverage of all persons requiring social assistance.
- b. Secure coordination across all the various ministries, departments and agencies currently providing assistance; and
- c. Secure efficiency in the use of social assistance resources to deliver effective programmes of support that provide material assistance to all in need.⁴⁸

Part 7: Education, leisure and cultural activities

7.1 Education, including vocational training and guidance

195. Education is recognised as both a right and development imperative by the GoS. The Constitution (section 29), the Children’s Protection and Welfare Act (CPWA) and various education policies, strategies and programmes recognise, respect and promote the right of all children to education. Moreover, education is recognised by the country’s Poverty Reduction Strategy and Action Programme (PRSAP), as being at the heart of national development, as the “new game changer driving economic growth and development... the new currency by which the nation maintains economic competitiveness and prosperity. [It] is the key to eliminating gender inequality, reducing poverty and creating sustainable development in the country.” Education, specifically access to quality education for all is the key strategy for building the human capital foundations of the country’s Poverty Reduction Strategy and Action Programme (PRSAP).
196. Education measures taken by the GoS serve to advance the optimal and holistic development of the child throughout his or her life cycle. This means that measures are in place to support access to, and the quality of education for all children from the early childhood education, through to tertiary levels.
197. The GoS has consistently prioritised and sought, in the face of often difficult financial circumstances, to increase its investments in the education sector. In the 2015/16 financial year, the education sector received E 2.9 billion, amounting to 22 percent of the total budget.
198. Educational investments have been put towards various innovations and interventions aimed at giving effect to the 4A’s of education as described and prescribed by the UN Committee on Economic, Social and Cultural Rights (General Comment No 13). That is to say, to improve the availability of education (through the systemic development of an enabling and supportive policy framework aligned to governing treaties and laws and

⁴⁸ Inception report: Technical assistance for the development of a social protection system in Swaziland, July 2016

provisioning of services); to improve the accessibility and adaptability of education (through measures to ensure inclusion of all children, including the most vulnerable and marginalised); and to improve the acceptability of education (through measures to ensure high quality teaching and learning outcomes).

7.2 The availability of, and access to education

199. Swaziland has a well-established education system which is governed by a comprehensive regulatory framework, administrative and physical infrastructure, teaching and learning resources and quality control systems necessary to ensure universal availability of basic education for all children in the country.
200. In 2009, the Ministry of Education and Training (MoET), with the support of the World Bank and the European Union undertook a comprehensive Education Sector Review. The purpose of the review was to lay the foundations for an evidence-based restructuring of the education system so as to ensure it is able to support the country's national education and development responsibilities and objectives – notably improved access and quality to support accelerated growth and reduced poverty. The review led to the development of two key documents which provide a revised strategic and visionary framework for the provision of education in accordance with the Government's legal and developmental responsibilities. These are:
1. The Education Sector Strategic Plan (ESSP) of 2010.
 2. The Education and Training Sector Policy of 2011.
201. The education sector has, since the adoption of these documents, implemented a number of reforms with the objective of providing an equitable and inclusive education system that affords all Swazi citizens access to quality early childhood education, free quality primary education, followed by opportunities of life-long education and training.
202. The government has developed an action plan to facilitate the implementation of the ESSP and the sector policy – the National Education and Training Improvement Programme (NETIP).
203. The reforms have sought to improve the availability of, and access to pre-primary, primary and secondary schools. The availability of education has improved through various system's strengthening initiatives, including the strengthening of the enabling policy environment, institutional capacity and monitoring and evaluation functions at the central level, and implementation capacity at a school and regional level.
204. Policy innovations have been supported by sustained increases in financial resources invested in education. Swaziland has invested about 6 percent of its GDP in education and on average, 17 percent of the government budget has, over the past five years, been dedicated to education, with the proportion increasing to 20 percent in the 2015/16 financial year.⁴⁹

⁴⁹ The Swaziland Education for all Review Report, 2000 - 2015

205. Swaziland has succeeded in universalising primary education, largely driven by the introduction of the Free Primary Education (FPE) Programme through the FPE Act. The Act and programme were in response to the constitutional imperative, as well as the evidence that the costs of education was the leading barrier to participation in education for children in the country. The FPE programme was rolled out progressively, starting in 2010 in Grades 1 and 2. The FPE Act adjusted the entry-age for school from 6 to range from 6 – 9 years to allow for older children who could not afford fees to enrol at school. In so doing, the GoS has addressed **concluding observation 60 (c)**.
206. The FPE programme was supported with the provision of FPE grants and other materials such as exercise and text books. By 2015/16, the net enrolment ratio (NER) at primary school level had increased to 96 percent and the completion rate increased from about 60 percent in 2006 to 85 percent in 2014.⁵⁰ In addition, to meet the growing demand and equalise access in rural areas, the Government prioritised the construction of schools in rural areas in order to cut distances travelled to school. This advantaged especially rural girls who had difficulty in walking long distances to schools.
207. The increased enrolments at primary level served to drive increases at secondary level to reach 33 percent in 2015/16. However, enrolments in senior secondary levels remain low, with less than 20 percent of children starting school moving on to complete this phase of high school.⁵¹ (Annual Education Census (AEC) Report, 2014).
208. Improving accessibility has not been limited to schools. The GoS has focussed on expanding availability and access, as well as quality at early childhood education and at technical and vocational levels.
209. The GoS recognises early childhood education as central to human development and integrated it into the formal basic education system through the Education and Training Sector (EDSEC) policy in 2011. The EDSEC policy goal is to expand equitable access to early learning through public provisioning of the service which has remained largely privately provided, and to ensure that all 3 – 6 year olds attend an early education programme. The GoS has pursued a number of strategies to achieve these goals and has made significant progress. For example:
- a. A registration drive was launched in 2008 so as to support all early learning centres to improve the quality of services provided.
 - b. The Ministry developed and adopted the Swaziland Early Learning and Development Standards (SELDS) in 2013/14 to guide the development of quality and age-appropriate early learning programmes.
 - c. The Ministry is also training teachers on the SELDS.
 - d. The Takalani sesame programme was implemented in ECD centres and also aired on television.
 - e. An ECD network was launched by the DPMO in 2014.
 - f. Development of the Early Identification strategy to support children with disabilities.

⁵⁰ Annual Education Census (AEC) Report, 2014

⁵¹ Annual Education Census (AEC) Report, 2014

- g. The early learning inspectorate within the ministry has been strengthened and provides ongoing professional and curriculum guidance and oversight to centres.
 - h. The backlog of unqualified teachers has been addressed through the development of a standardised programme of training by the Go. The Open Society Institute for Southern Africa has partnered with the GoS to sponsor the cost of training. In 2015, 180 students were enrolled and in 2016, the first group of students will graduate.
 - i. Early learning practitioners have been trained on psycho-social support through the University of KwaZulu-Natal.
 - j. A series of campaigns were run across all four regions raising parental and public awareness of the importance of, and the demand for early learning services.
210. Moreover, the GoS adopted the Technical and Vocational Education and Training and Skills Development (TVETSD) policy in 2010 and the Higher Education Act in 2012 to improve the availability of, and access to post-school education. In so doing, it has addressed **concluding observation 60(d)**.
211. The implementation of the TVETSD policy has been slow because of the lack of an institutional vehicle to drive it. There are few institutions that provide training at this level. In addition, it is hampered by limited coordination and is lacking a quality assurance framework. There are currently 70 TVET institutions. The lack of institutional support makes it difficult to collect and analyse data and there is a weak alignment between the TVET system and labour market requirements. The GoS will be addressing these issues systemically through the establishment of a National Qualifications Department and by putting in place a National Qualifications Framework.
212. In addition to the Free Education Policy and OVC Education Grant, the GoS has adopted additional policies and laws aimed at increasing the accessibility of education through the inclusion of marginalised children, and in so doing, has further addressed **concluding observation 60 (a) and (c)**. These include:
- a. The Special Education Policy Statement of 2009 and implementation of the Special Education Needs programme which seek to mainstream inclusion across the education sector. There are special and inclusive schools for children with disability. Within the Ministry of Education there is a Special Needs Unit dedicated to the promotion of inclusive education. A significant number of teachers have been trained on inclusive education. Tertiary colleges have introduced training courses on special education.
 - b. The adoption of the SADC Care and Support for Teaching and Learning policy framework and the transformation of education and school systems through the national *Inqaba* initiative to ensure inclusion of the most marginalised through provision of education and social support. The *Inqaba approach* to education is grounded in 7 pillars, ranging from protection and safety of children, through to the provisioning of quality teaching and learning. The package of services is aligned to the most common education barriers children face in the country and is secured through a School-Community partnership which enables the sharing of resources and expertise to support children.

- c. Various initiatives to improve access and the retention of girls have been implemented with a view to eliminating gender disparities in primary and secondary education. The laws of Swaziland prohibit discrimination against girls. Schools' admission policies and practices respect the law and do not exclude girls. They are nonetheless at greater risk of exclusion and dropping out because of practical circumstances such as poverty, risk of physical and sexual violence on route to school and within schools. Other social issues such as pregnancy and early marriages and high HIV and AIDS prevalence amongst girls serve to exclude them from school (The Swaziland Education for all Review Report, 2000 - 2015, 2015). The education sector has responded through programmes such as FPE, the *Inqaba* initiative which focusses on remedying gender-based barriers such as poor access to sanitation and safety, and the post-pregnancy policy which allows children to return to school once they have had a child. A Gender Unit was also established to mainstream issues of gender into all sectoral policies and programmes and various policies, such as the National Gender Policy support gender equality.
 - d. The HIV/AIDS Policy in Education
 - e. The National school feeding programme.
 - f. The non-formal education programme which makes education available to children that have not enrolled at the prescribed age and are too old to start Grade 1 (The Swaziland Education for all Review Report, 2000 - 2015, 2015).
213. These initiatives have improved access to education, especially for the most marginalised. For example:
- a. In 2015, the first recipients of the Free Primary Education Programme graduated to secondary school
 - b. The school feeding programme has been scaled up to reach 95 percent of all public primary schools
 - c. Early childhood care and education (ECCE) enrolments have increased from 29 to 40 percent between 2014/15 and 2015/16
 - d. Access to tertiary education has also increased from 6 to 9 percent
 - e. TVET and other post-school colleges have increased their enrolments and graduates. For example, enrolment at the Ngwane Teacher Training College increased by 100 percent and the Manzini Industrial Training Centre graduated its first group of part time motor mechanic students
 - f. Swaziland is close to achieving gender parity in primary schools with a NER for girls of 98 percent
 - g. More than 50,000 OVCs were enrolled in primary schools in 2014
 - h. There has been an increase in the number of learners with Special Education Needs in primary schools from 3 319 in 2013 to 6 680 in 2014
 - i. The *Inqaba* initiative has made a positive difference in terms of access, retention and quality of education for marginalised children. It has contributed to creating school environments that are safe, protective and supportive.⁵²

⁵² Annual Education Census (AEC) Report, 2014

214. There are nonetheless ongoing challenges in terms the availability of, and access to education. These include:
- a. Limited and inequitable access to early childhood education and secondary education. This is aggravated by the lack of a comprehensive ECD policy.
 - b. Whilst gender parity has been achieved in enrolments, discrepancies continue to favour boys in rural areas, fewer girls participate in tertiary and vocational training, and fewer girls take subject such as maths and science.⁵³
 - c. Inadequate infrastructure, especially furniture, with rural schools particularly poorly resourced.⁵⁴ Poor learning environments in rural schools have led to a high level of migration to urban schools where overcrowding is now a common problem.⁵⁵
 - d. Shortage of qualified early childhood practitioners, primary school teachers, and skilled teachers in key subjects such as maths and science.⁵⁶
 - e. Schools are still not adequately equipped to identify and support orphaned and vulnerable children (OVC) and children with special education needs, and there is still uncertainty as to the definition of these terms.⁵⁷
 - f. Despite the FPE programme, schools continue to charge “top-up” fees which tend to push vulnerable children out of the system.⁵⁸
 - g. High repetition rates which lead to resource inefficiencies. In 2012, there were about 40 000 learners repeating primary school classes, representing about 16 percent of the total enrolment.⁵⁹
215. Measures that will be taken to address these challenges include a joint project between the Education Information Management System (EMIS) and SADC to improve the collection and analysis of data for OVCs and children with special education needs. The collected data will be used to identify and provide appropriate support to children.
216. Further practical measures include infrastructure expansion plans. Proposals for the construction of additional secondary schools, through external grant funding are at advanced levels. The Ministry continues to execute programmes aimed at providing infrastructure, teaching and learning materials, student grant support for OVC and other educational amenities at secondary and higher education levels.
217. For the first time in the history of the country, a project for the construction of 12 fully-fledged secondary schools by the Government of Japan, through the Japanese International Cooperation Agency (JICA) has been approved. This is an initiative by the Ministry through the Planning Unit, to try and address the huge gaps in enrolment and availability of space between primary and secondary education. It is a program aimed at assisting the

⁵³ The Swaziland Education for all Review Report, 2000 - 2015

⁵⁴ Annual Education Census (AEC) Report, 2014

⁵⁵ The Swaziland Education for all Review Report, 2000 - 2015

⁵⁶ The Swaziland Education for all Review Report, 2000 - 2015

⁵⁷ Annual Education Census (AEC) Report, 2014

⁵⁸ The Swaziland Education for all Review Report, 2000 - 2015

⁵⁹ The Swaziland Education for all Review Report, 2000 - 2015

Government of Swaziland meet the ever rising demand for secondary education space, taking into account other interventions such as the FPE programme.

7.3 The aims (and quality) of education

218. The GoS recognises that the delivery of quality, relevant education that meets the aims of education as set out General Comment 1 (2001), that is to say, that secures the holistic development of children and promotes the realisation of their full complement of rights, is key, not only to its responsibilities under the ACRCW and CRC, but also to sustain rights-based economic development.
219. The MoET has therefore invested substantially in programmes aimed at improving the quality and relevance of education. The measures taken have been designed to address a number of the leading determinants of quality and relevance, including the quality of teachers and the teaching they do; infrastructure and teaching and learning resource materials; technology and electronic teaching and learning modalities; the curriculum; quality management and improvements systems; as well as the quality of leadership and planning for efficient use of resources at schools to meet local needs. Notably, the measures adopted have sought to remedy inequities in educational opportunities and outcomes for marginalised groups of children. Through these comprehensive measures, the GoS has addressed **concluding observation 60 (b)** which called for measures to improve the quality of education in Swaziland, particularly by training teachers, improving the curriculum and better equipping schools with learning materials .
220. Teachers are key to quality. The GoS continues to provide schools with qualified teachers and to mount in-service courses to keep teachers up to date with the latest approaches in teaching. Recognizing the increasing demand for primary school teachers, the Ministry has increased enrolments at Ngwane Teachers College (a primary school teachers' college) to sizeable proportions. Furthermore, the Ministry has also introduced a Primary Teachers' Diploma (PTD) at William Pitcher Teachers College in order to expedite the training of teachers at primary school level.
221. The Ministry has also continued with the provision of learning materials (textbooks and stationery- primary schools), infrastructure, furniture and equipment to schools. Infrastructure and teaching and learning resource interventions include the following:
- a. The provision of schools infrastructure such as classrooms, computer laboratories and science laboratories. Planning for, and the provision of these resources has a rural bias with the intention of addressing rural and related inequities in education opportunities and outcomes.
 - b. The Ministry wants to make sure that schools that were previously disadvantaged and lacked the requisite infrastructure and facilities to attract qualified teachers are given more attention. This move will also ensure that all schools, regardless of their location, are fully utilized and that the country benefits from the current favourable averages in teacher-pupil ratios.

- c. In collaboration with the Ministry of Natural Resources and Energy, and the Ministry of Public Works and Transport, the Ministry of Education continues to provide electricity to schools in the rural areas with the view to improve pupils' learning outcomes and education relevance through the introduction of amongst others computer studies, and technical and vocational subjects.
 - d. Box libraries are provided by the Support to Education and Training (SET) programme to all primary schools in the country. These will help improve children's reading and writing skills and further improve the quality of teaching and learning at this level and at higher levels of education.
222. In addition, the GoS has taken a structural approach to improving the provision of education and the efficient use of resources through public finance management, planning and management strengthening programmes implemented with the support of development partners. For example, the Schools Accounting Regulations and Procedures and the Schools Committee Constitution have been reviewed to strengthen planning and accountability at implementation level. In addition, the concept of School Development Plans and School Performance Reports, currently implemented in all schools benefiting from the Capitation Grant scheme, will be expanded to cover all schools so as to enhance management and performance levels in the schools.
223. The GoS faces a number of ongoing challenges in improving the quality of education.
- a. The education and training sector faced budget constraints following the global economic crisis of 2008/9. Whilst the prioritisation of education has led to the GoS maintaining its increases in the education budget, the increases have not been as large as required to drive educational transformations, and is placed under ever-increasing pressure as enrolments continue to increase.⁶⁰ The ongoing budgetary pressures and the ongoing pressure to fund the growing secondary and post-secondary education levels make it difficult to maintain a balance in the allocation of funds, with primary and secondary education receiving the larger share, and early childhood education and technical and vocational education remaining under-funded. For example, the early education share of the MoET's budget is less than 1 percent, and remains largely privately funded.⁶¹ This creates limits on the ability of the system to increase availability, enrolments, and quality at these levels.
 - b. Despite the progress, the provision of quality early education, which is central to ensuring sustained quality education outcomes, remains a challenge. It is beset by systemic challenges, including lack of technical expertise in government, lack of trained teachers, inadequate resources, poor infrastructure, and the lack of coordination of ECD initiatives because there is no ECD policy in place yet. Some aspects fall under other ministries, such as health and coordination is difficult. Cost is a key barrier and food is not available at many centres. There is no formal system for the identification and provision of support for learners with disabilities.

⁶⁰ The Swaziland Education for all Review Report, 2000 - 2015

⁶¹ The Swaziland Education for all Review Report, 2000 - 2015

224. The GoS is cognisant of these challenges and has a clear plan of action to remedy the problems, including:
- Plans for the development of a national integrated ECD policy and supporting administrative infrastructure to facilitate coordination, registration and quality control of services.
 - The development of an ECD syllabus.
 - A focus on birth registration which is key to accessing the education grant.
 - Continued training of teachers.
 - Introduction of a Grade zero class in every public school from 2017 which will become part of the state-funded education programme. This will be accompanied by stronger systems to identify and support young learners with disabilities.

7.4 Human rights and civic education

225. The GOS has introduced a life skills programme, broadened the curricula at general level, and realigned the programmes at post-school level. The Life Skills programme is a stand-alone, non-examinable and age-appropriate learning course that integrates life skills, adolescent sexual and reproductive health, HIV and AIDS, health promotion and career guidance into the school curriculum. In addition, a national Guidance and Counselling Curriculum has been piloted in 24 schools which provides a comprehensive teaching package including HIV, Gender, Life Skills, Career Guidance, Psycho-social support, and health and hygiene.

Part 8: Special protection measures

8.1 Children outside their country of origin

226. The GoS has taken a number of measures to recognise, protect and promote the rights of children from other countries in Swaziland, including children seeking refugee protection, unaccompanied asylum-seeking children, internally displaced children, migrant children and children affected by migration.
227. Legislative protection is afforded through a combination of the Immigration Act, the Children's Protection and Welfare Act 2012, the People Trafficking and People Smuggling Act 2009, and the Guidelines on Alternative Care 2010.
228. The Government has established a halfway house in the Manzini region, over and above the children's homes found in all four regions of the country. Displaced children receive care and protection through the support of social workers, the police and the courts and are, in terms of the CPWA, placed in these homes pending their reunification with their parents.

8.2 Children in conflict with the law, child victims and witnesses

229. The GoS has significantly strengthened the legal protection of children in the justice system, whether they are in conflict with the law or are involved as victims or child witnesses. In so doing it has addressed **concluding observation 67** which centred on the Committee's concern about the lack of a legally compliant and functioning juvenile justice

system. The juvenile justice system has been substantially strengthened through the adoption of Children's Protection and Welfare Act 2012 which establishes a child-friendly system regulated by procedures and standards aligned to articles 37(b), 40 and 39 of the CRC and the various UN prescribed rules stipulated in **concluding observation 68**.

230. The CPWA increases the age of criminal responsibility to 12 years (section 79(1)) and limits the prosecution of children between the ages of 12 and 14 years through the creation of a rebuttable presumption of criminal incapacity. Section 79(2 – 4) provides that a child of the latter age is presumed to lack criminal capacity and may only be prosecuted once it is proven beyond a reasonable doubt to the presiding magistrate that the child possesses the capacity to appreciate the difference between right and wrong and has the ability to act in accordance with that appreciation. Where there is any doubt about the age of the child, the Act requires that an age-assessment be conducted by a social worker, supported by professionals such as medical officers.
231. No child below the prescribed age of criminal capacity may be arrested or detained. However, once they come into contact with the system and are found to lack capacity, they receive a range of supportive services, including counselling or therapeutic services.
232. In the case of a child that is arrested or detained, the Act provides a number of layers of protection.
 - a. Police officers arresting a child are required to follow a number of protective procedures. In terms of the CPWA, he or she must have due regard to the dignity and well-being of the child, and only use such force as may be reasonably necessary and proportional in the circumstance to overcome any resistance (section 93). In addition, the Act allows for the use alternatives to arrest to secure the attendance of the child at preliminary procedures and inquiries, including issuing a written notification to the child and guardian to appear for assessment at a designated time and place (section 94).
 - b. Once the child is arrested, the police officer is obliged to bring the child to a social worker within 48 hours for a social assessment and inform the child in a language he or she understands of the allegations against him and his rights.
 - c. A social worker must conduct a social assessment, the objective of which is to determine the viability of alternative pathways, including diversion, release of the child into the care of the parent or guardian, or the placement of the child in a place of safety, as well as transfer or diversion of the matter to the Children's Court.
233. The Act stipulates that detention of a child in police custody before the child appears at the assessment may only be used as a measure of last resort, and where they are so detained, their detention is subject to prescribed conditions. These include:
 - a. Being housed in a separate cell from adults, and boys and girls to be housed separately
 - b. Being held in conditions and treated in an age-appropriate manner
 - c. Ensuring minimal risk of harm

- d. Providing them with food, medical treatment, access to parents and reading materials, and adequate clothing and bedding.
234. No child may be held for longer than 48 hours before appearing before a magistrate for a preliminary inquiry. A preliminary inquiry must be held by a magistrate to determine if a social worker has conducted a social assessment, if the matter can be diverted, to refer to a prosecutor for charges to be instituted, or to transfer the matter to the Children’s Court.
235. Part IX of the Act, which deals with restorative justice and diversion, embeds and regulates a number of traditional justice remedies and procedures into the statutory child justice system. These provide an opportunity for parental and community involvement in dealing with children in conflict with the law in a manner that is protective of children’s right; their diversion from the formal justice system; the provision of therapeutic services, and mechanisms for children to take responsibility for their action and make amends to their victims. Part IX makes provision for, inter alia:
- a. The establishment of the **Umphakatsi** Child Justice Committee which is responsible for all restorative justice processes. It is comprised of the chief and community members in rural areas, and in urban areas, the Department of Social Welfare.
 - b. Restorative justice processes that include a family group conference, victim-offender mediation and any other restorative justice process.
236. The Act makes extensive provision for diversion of children out of the formal justice system. The purpose of diversion, in terms of the Act is to, inter alia:
- a. Encourage the child to be accountable for the harm they cause
 - b. Promote the reintegration of the child into the family and community
 - c. Prevent stigmatisation and victimisation of the child through contact with the criminal justice system.
237. Specialised Children’s Courts have been established in terms of the Act to create a safe, enabling and supportive space for children’s participation in the justice system, whether as offenders, victims or witnesses.
238. Every Magistrate’s court is a Children’s Court and has the jurisdiction to hear and determine criminal, child protection and civil matters in accordance with the CPWA. The Chief Justice is required to designate magistrates to preside over Children’s Court proceedings, and the courts shall, as far as possible, be staffed by specially trained personnel. A court other than a Children’s Court is only authorised to try cases involving children where the child is accused of murder or an unlawful sexual act or where the sentence exceeds the jurisdiction of the Children’s Court.
239. In terms of the CPWA and the Criminal Procedure and Evidence Act, the procedures required to be followed in the Children’s Court and the rules governing children’s evidence in all matters are different, specifically so as to enable children’s full participation, protection and respect for their well-being and dignity. For example:

- a. The presiding officer may actively participate in eliciting evidence if it is in the best interests of the child
- b. As noted in Part 4 of the report , proceedings are required to be held in camera and there are limits on the publication of information disclosed in Children’s Courts
- c. In the case of children in conflict with the law, no restraints may be used
- d. The presiding officer may protect a child from hostile cross-examination
- e. Children’s evidence may be given via video and using intermediaries.

240. A range of practical measures have been taken to implement the CPWA.

- a. **Training:** Since the adoption of the CPWA, training has been provided to the full range of professionals in the justice system, including magistrates, intermediaries, prosecutors, police and social workers. They have received basic training on the application of the Act, as well as the provisions of relevant treaties such ACRWC and the CRC, relevant Optional Protocols, and other relevant international instruments in the field of juvenile justice, including the Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime. Prosecutors have been trained on the leading of evidence through child witnesses.

The provision of training is an ongoing process and will be repeated, once the regulations to the Act have been adopted.

- b. **Guidelines:** In addition, various manuals have been developed to provide hands-on support for implementation. For example, the Ministry of Justice and Constitutional Affairs has developed the *Prosecutor’s Guide on the Children’s Protection and Welfare Act*. A similar guide has been developed for the police. The booklets provide practical guidance for processing children in conflict with the law in compliance with the prescribed laws. They are a particularly important transitional tool given that the guideline or regulations to the Act have not yet been developed.⁶²
- c. **Equipment and infrastructure:** CCTV cameras have been installed in a number of court rooms and specialised interview rooms have been built for child victims and witnesses
- d. **Physical and psychological recovery and social reintegration:** In addition to the diversion and restorative justice services provided in terms of the CPWA, the Department of Correctional Services provides a number of rehabilitation programmes for children and youth in conflict with the law. If children are sentenced to correctional facilities, they are provided with education and reform programmes to prepare them for reintegration into their families and communities.

241. Implementation of the measures prescribed by the has been limited by a number of challenges, including the following:⁶³

- a. Insufficient resources, including financial, infrastructure and human resources.
- b. Inadequate child-appropriate facilities to house children in conflict with the law. There is currently only one appropriate facility in Malkerns and it does not have enough space to accommodate children, especially in the pre-trial period, thus many children

⁶² Interview, DPPs – Sexual Offences Unit

⁶³ Interview, DPPs – Sexual Offences Unit

remain in the custody of the police after their arrest, and before they are tried. The Act does make provision for diversion which will alleviate the problem. However, the implementation of the Act has been delayed by the promulgation of supporting regulations.

- c. There are not enough child-friendly court rooms. For example, there is only one child-friendly court in the High Court and it is not always available, as it is also used for adult trials.
 - d. There is no dedicated pool of intermediaries. They are drawn from a pool of nurses and social workers who are already stretched with their routine responsibilities and who do not have specialist qualifications.
242. Children's access to justice and protection of the laws aligned to the CRC, ACRWC and the Constitution is also, at times, limited by a number of additional factors, including the following:
- a. Lack of physical access to courts, especially for people living in rural areas where there are no common law courts, and only traditional courts.
 - b. Language is often a barrier and is compounded by lack of access to interpreters.
 - c. The decision of to transfer jurisdiction over all rape cases from magistrate's to High Courts, motivated by the need for greater legal rigour and the imposition of harsher sentences, has had unforeseen consequences that prejudice children. The distances and delays involved have made the justice system more inaccessible, and the lack of child-friendly court facilities in the High Courts limits the participation of children in proceedings.
 - d. There is no statutory legal aid system and most people cannot afford lawyers. The Legal Aid Bill is in development and makes provision for state-paid legal representation of children in conflict with the law and the draft regulations to the CPWA allow for the use of pro-bono legal services for children.⁶⁴

8.3 Children in street situations

243. Children living on the street are regarded as being in need of care and protection. It is the responsibility of social workers in the employ of the Social Welfare Department to investigate their circumstances and refer them into the formal child protection system. Data is not readily available, but experience shows that children living on the streets is not a particularly common occurrence in the country.

8.4 Children in situations of exploitation and abuse

244. In the case of commercial exploitation, the GoS has ratified the ILO Minimum Age Convention and the Convention on the Elimination of the Worst Forms of Child Labour.
245. The Ministry of Labour has enacted a number of laws, policies and programmes to protect children from exploitative labour practices. The legislative framework is made up of Section 29 of the Constitution which protects children from engaging in work that

⁶⁴ Interview, DPPs – Sexual Offences Unit

constitutes a threat to their health, education or development; the Employment Act of 1980, the CPWA and the People Trafficking and People Smuggling Act of 2009. They accumulatively prescribe a minimum working age of 15 years and protect children against harmful forms of labour. A Child Labour Programme of Action has been developed. It is a multi-sectoral policy document which provides a common framework for the prevention of child labour and provision of support to children involved in child labour.

246. There is a dedicated child labour unit within the Ministry, and in 2015, three investigators were allocated to implement child labour programmes. The Ministry has further appointed a task team on child labour and is considering a proposal to employ regional child labour officers to investigate and report to the national child labour unit.
247. The Ministry has educated employers and employees on child labour laws in the country.
248. Please refer to parts 4 and 5 of the report for information on the protection of children against sexual exploitation and abuse, including protection against harmful social and cultural practices.

8.5 Protection against the sale, abduction and trafficking of children

249. The GoS has taken a number of steps to prevent the illicit transfer, sale, abduction and trafficking of children, notably through its regulation of inter-country adoptions and trafficking laws, programmes and institutions.
250. Swaziland faces a higher prevalence of trafficking of children, especially girls, than many other countries, largely because of the high numbers of orphans and other children made vulnerable by the HIV and AIDS pandemic. Swazi girls, especially orphans are at risk of sex trafficking and domestic servitude and traffickers often use Swaziland as a transit country for the transportation of foreign victims to South Africa.
251. The GoS takes this threat very seriously and has taken a number of steps to protect children and their families.
252. It has strengthened the legal protection provided by two key laws. In addition to the provisions in the CPWA which domesticate The Hague Convention, the People Trafficking and People Smuggling (Prohibition) Act was adopted in 2009. It protects children against illicit transfer and trafficking. The CPWA and the People Trafficking and Smuggling Act criminalise any transfer of a child for consideration and prescribes penalties of up to 20 years for trafficking of adults, and an even higher penalty of 25 years for trafficking children.
253. In addition to criminal proceedings, various civil remedies and protections are available to protect children. A child that is a victim of illicit transfer or trafficking is considered to be a child in need of care and protection in terms of the CPWA and is as such entitled to the full suite of child protection services provided for by the Act. The Children's Court may also issue a Recovery Order for a child who has been illegally removed or transferred directing

that any person concerned produce the child, or authorising the removal of a child from the custody of any person (section 78).

254. Given the trans-national nature of the problem, the GoS has joined hands with other Member States of the Southern African Development Community (SADC) to develop victim identification guidelines as well as a national referral mechanism. It has piloted a data collection and reporting system to guide victim assistance and investigations, and provides assistance to victims, including family reunification services and material support in the way of food and clothing, shelter and counselling.
255. The institutional, protective and prosecution machinery supporting the implementation of the trafficking laws has been strengthened through the establishment of a Protection of People Trafficking and People Smuggling Secretariat within the Prime Minister's office. The secretariat has a Report Centre Commander which receives reports of trafficking via telephonic complaints, walk-ins and referrals. It is open to the public on weekdays from 8am to 4.45 pm. The centre follows up on cases, conducts inquiries and preliminary interviews, and refers cases to the appropriate authorities.
256. The secretariat and centre are responsible for the prevention of trafficking in children and the return of children to their families. Moreover, the secretariat is generally responsible for guiding and overseeing implementation of national multi-sectoral efforts, as well as engage in advocacy to profile the dangers of trafficking and recourse available to victims.
257. The Royal Swazi Police have designated officers, appropriately trained in trafficking, in all police stations and all police stations, which are open 24 hours a day, serve as sites of reporting.
258. The secretariat has provided training to the police and labour inspectorate on the governing laws and procedures, including victim identification and protection, as well as training to improve communication and cooperation between officials. The Government has also built a strong working relationship with Mozambique and South Africa's authorities to deal with cross-border trafficking issues.
259. Training has been provided to further relevant responsible role players. All three border posts have been visited and training provided to the officers on trafficking, with a focus on child trafficking. In addition, informal crossings have been visited and training and sensitisation on trafficking provided to the public and the Umbulfo Defence Force which patrols the informal crossings.
260. The Secretariat has engaged in a number of advocacy and communications campaigns to prevent trafficking. In 2015, the Government made full use of World Day against Trafficking in Persons and international trade fairs to target the provision of information to traditional leaders, students, young women and parents on preventing child trafficking and how to report suspected cases. In addition, the secretariat has a border campaign which involves raising awareness of the issue along the borders.
261. A toll free anti-trafficking hotline has been established for anonymous reporting of suspected cases of trafficking. It is open to the public on weekdays from 8am to 4.45 pm.

During holidays, weekends and after-hours, the hotline receives reports through an inbox and links urgent calls to the national police hotline.

262. A Protection Officers Portfolio has been established within the secretariat and is responsible for coordination of victim care, protection and assistance.
263. Resource constraints, both within government and NGOs providing prevention and protections services have limited the levels of implementation of trafficking laws, investigations and prosecutions under the trafficking laws (the number of prosecutions dropped from 9 to 2 between 2014 and 2015), and the provision of support.⁶⁵
264. The secretariat has a number of plans in place to address the challenges. These include:
 - a. Strengthening capacity through ongoing training
 - b. Dissemination of Victim Guidelines and the National Referral Mechanism
 - c. Collaboration with international partners, facilitated through the American Embassy, to identify and respond to bottlenecks.

8.6 Protection of children against drug and other forms of substance abuse

265. Section 16 of CPWA guarantees the right of all children to be protected from the use of harmful drugs and alcohol use and abuse and from being involved in the production, trafficking or distribution of these substances.
266. The law further prohibits the sale of alcohol to persons under 18 years.
267. Various educational and behaviour-change initiatives are run by the GoS in partnership with development partners and NGOs which raise awareness and seek to prevent the use and abuse of harmful substances by youth. For example, peer education and advocacy is provided through the Clinic Teen Clubs and education is integrated into the school curriculum. At high school level, a standalone Life Skills curriculum has been introduced which covers a range of behavioural issues, including substance abuse.

8.7 Protection of children with incarcerated parents

268. There are social workers in all the correctional services, who take care of children with incarcerated parents.
269. Only children who are born whilst the mother is in custody are kept in the facility for a maximum period of 24 months. The parents are provided with support for their children in the form of diapers and baby milk. Thereafter the child is removed even if the mother has not completed her custodial sentence. Social workers assess the situation at home, and where there is a suitable relative, the child is placed in the home. In cases where there is no close relative the child is taken into alternative care.

⁶⁵ US Department of State. 2016. Trafficking in Persons Report 2016. state.gov/j/tip/rls/tiprpt/2016/index.htm

8.8 Protection of orphans and other children made vulnerable by HIV and AIDS

270. The GoS has taken various cross-cutting measures to protect orphans and children made vulnerable by HIV and AIDS. These are described in parts 3, 5,6 and 7 of this report.

Part 9: Responsibilities of the child

271. The GoS recognises that children are bearers, not only of rights, but responsibilities too. The responsibilities of children are recognised by the CPWA.

272. In addition, various laws and procedures seek to give concrete effect to the realisation of the responsibilities by embedding appropriate procedures into the child rights legal framework. For example, the child justice system, as regulated in terms of the CPWA makes provision for restorative justice and diversion mechanisms for children in conflict with the law. The rationale and purpose of the relevant provisions are to foster a sense of responsibility and afford children an opportunity to account for their actions to their families, communities and victims.

273. Various measures have been put in place to support the realisation of children's responsibilities. These include:

- a. The establishment of children's clubs within religious congregations, schools, NCPs, and Gogo Centres.
- b. Peer groups are established at schools and in association with health clinics which support children's fulfilment of their responsibilities to each other.
- c. At community level there are local structures responsible for children's matters. These forums provide a space for enabling children to know and fulfil their responsibilities.
- d. Most children are encouraged to respect and advance their cultural and social heritage through participation in recreational activities that include sport, educational debates or essay competitions. Participation in cultural activities such as the Umhlanga Reed Dance and *Lusekwane* are also key to fostering a sense of ownership by children of their culture.

Annexure A: Statistical information supporting the State Party Report

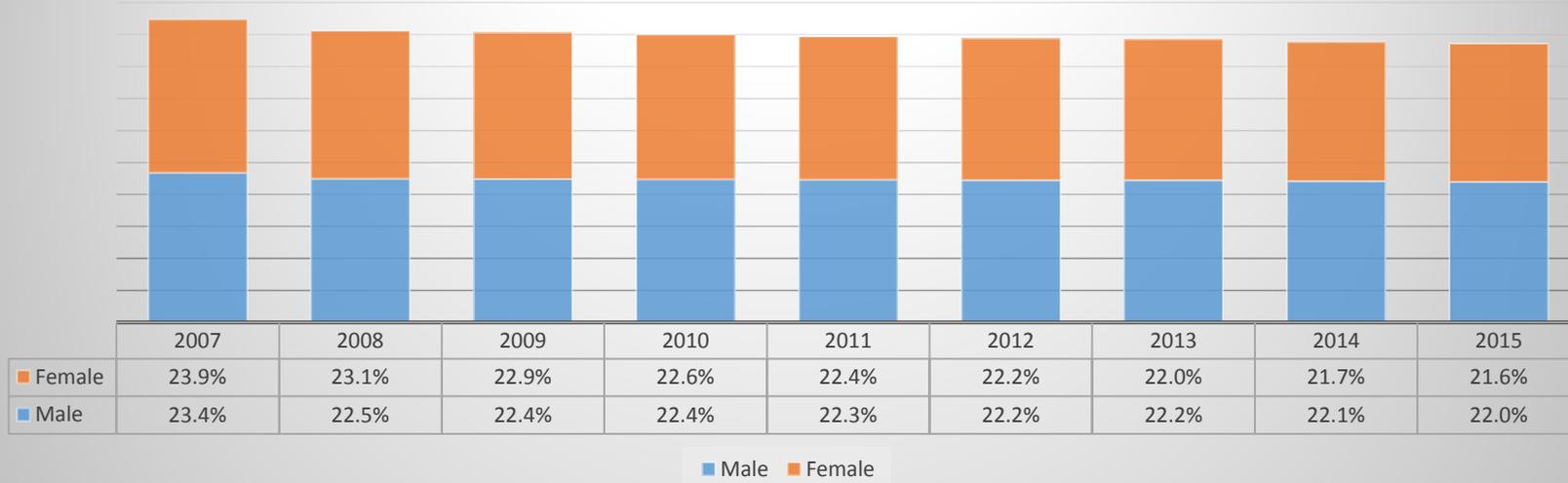
Part two: Definition of the child

The number and proportion of children under 18 years of age living in Swaziland

Indicator	Year																	
	2007		2008		2009		2010		2011		2012		2013		2014		2015	
	Population	Percentage																
Sex																		
Male	238308	23.4%	231958	22.5%	234051	22.4%	236125	22.4%	238172	22.3%	240189	22.2%	242208	22.2%	244261	22.1%	246370	22.0%
Female	243637	23.9%	238428	23.1%	238646	22.9%	238930	22.6%	239250	22.4%	239600	22.2%	240022	22.0%	240576	21.7%	241292	21.6%
Total	481945	47.3%	470386	45.6%	472697	45.3%	475055	45.0%	477422	44.7%	479789	44.4%	482230	44.2%	484837	43.8%	487662	43.6%
Place of Residence																		
Urban	78953	7.8%	82191	8.0%	81442	7.8%	80842	7.7%	80452	7.5%	80350	7.4%	80532	7.4%	81015	7.3%	81795	7.3%
Rural	402992	39.6%	388195	37.6%	391255	37.5%	394213	37.3%	396970	37.2%	399439	37.0%	401698	36.8%	403822	36.5%	403867	36.1%
Total	481945	47.3%	470386	45.6%	472697	45.3%	475055	45.0%	477422	44.7%	479789	44.4%	482230	44.2%	484837	43.8%	485662	43.4%

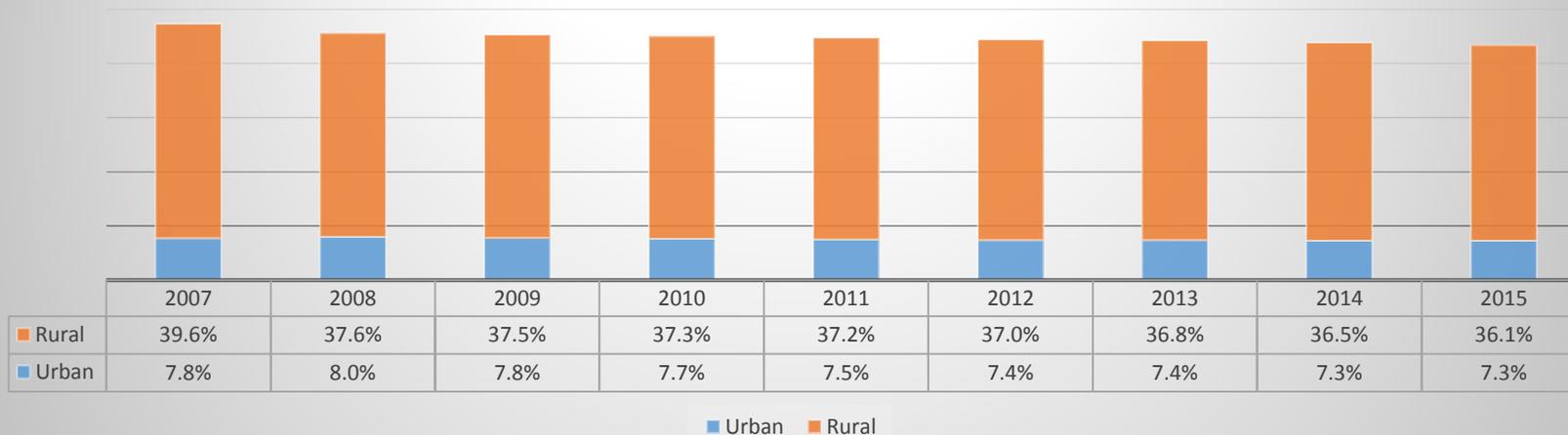
Source: Swaziland Population Projections 2007-2030

Proportion of Children Under 18 Years by Sex



Source: Swaziland Population Projections 2007-2030

Proportion of Children Under 18 Years by Place of Residence



Source: Swaziland Population Projections 2007 - 2030

The number and proportion of married children (under 18 years).

Indicators	Year	
	2010	2014
	Percent	Percent
Marriage before 15 years (Percentage of people who were first married or in union before age 15)		
Male	0.4	0.2
Female	2.3	1.3
Marriage before age 18 (Percentage of people age 20-49 years who were first married or in union before age18)		
Male	1.7	2
Female	10.9	8.8

Young people age 15-19 years currently married or in union (Percentage of young people age 15-19 years who are married or in union)		
Male	0	0
Female	4.3	4

Source : 2010 and 2014 Multiple Indicator Cluster Survey Comparative Report

Part three: General principles

Right to life, survival and development

Please provide data, disaggregated, by age, geography, gender, disability and poverty status, on the death of children under 18 years of age:

- (a) As a result of extrajudicial, summary or arbitrary executions;
- (b) As a result of capital punishment;
- (c) Due to illnesses, including HIV/AIDS, malaria, tuberculosis, polio, hepatitis and acute respiratory infections (please ensure data is provided on the leading causes of child death)
- (d) As a result of traffic or other accidents;
- (e) As the result of crime and other forms of violence;
- (f) Due to suicide.

Respect for the views of the child

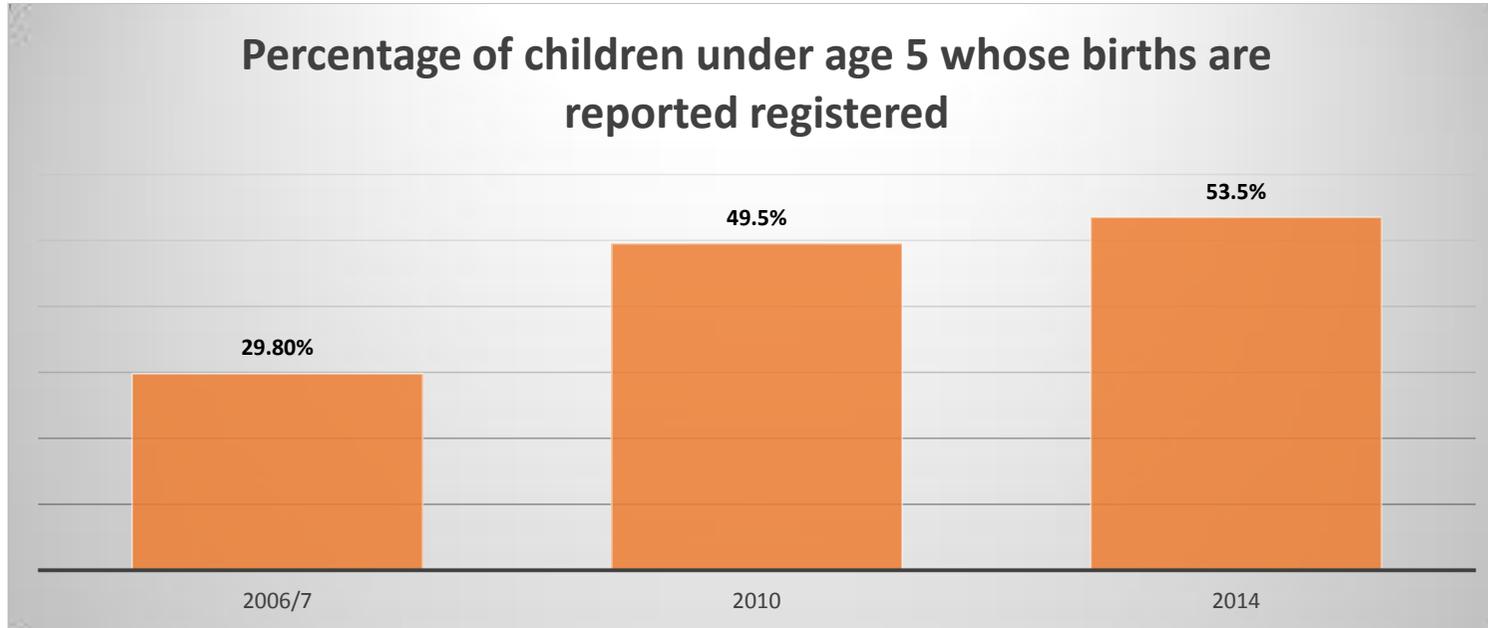
Please provide data on the number of:

- (a) Child and youth organizations or associations and the number of members that they represent;
- (b) Schools with independent student councils;

(c) Children who have been heard in judicial and administrative proceedings, including information on their age.

Part four: Civil rights and freedoms

Birth registration rates



Source: Swaziland Demographic and Health Survey 2006/7, MICS 2010 and MICS 2014

	2006/7				2010				2014
	Had a birth certificate (%)	Did not have a birth certificate (%)	Total registered (%)	Number of Children	Had a birth certificate (%)	Did not have a birth certificate (%)	Total registered (%)	Number of children	Total registered (%)
Sex									

Male	19.9	9.9	29.8	1600	30.5	19.7	50.2	1265	
Female	20.1	9.7	29.8	1618	29	19.7	48.8	1382	
Region									
Hhohho	24.9	10.1	35	835	32.9	18.3	51.2	655	
Manzini	22.2	8.3	30.5	966	32.1	22.8	54.9	787	
Shiselweni	16.5	11.5	28	779	26.9	15.1	42	683	
Lubombo	14.5	9.8	24.3	638	26	22.8	48.8	523	
Residence									
Urban	29.2	8.9	38.1	555	39.8	21.7	61.5	527	
Rural	18.1	10	28.1	2664	27.3	19.2	46.5	2120	
Age									
0-11 Months					32	25	41	524	
12-23 Months	11.7	10	21.6	1265	23.3	20.6	43.9	521	
24-35 Months					29.2	19.7	48.9	534	
36-47 Months					35.5	16.6	52.1	533	
48-59 Months	25.4	9.8	35.1	1953	44.4	16.7	61.1	536	
Wealth index quintiles									
Poorest	8.9	8.9	17.7	745	18.9	19.8	38.7	646	
Second	13.9	10.8	24.7	754	21.1	21.2	42.3	557	
Middle	21.4	10.1	31.5	627	28.1	18.1	46.2	544	
Fourth	22.1	10.8	32.8	601	32.7	22.8	55.5	486	
Richest	41.8	8.4	50.2	491	57.1	16.1	73.2	411	
Total	20	9.8	29.8	3219	29.8	19.7	49.5	2647	53.5

Source: Swaziland Demographic and Health Survey 2006/7, MICS 2010 and MICS 2014

Children's Access to Libraries and Computer Labs

Region	Number of schools with library	Number of regional Libraries	Number of schools with computer labs
Hhohho	72	1	91
Lubombo	67	1	85
Manzini	98	1	104
Shiselweni	49	1	57
National total	286	4	337

Source: 2014 Annual Education Census Report

Cases of violence, abuse and neglect reported through the national networked surveillance system in 2015

Disaggregated by age	
0-5	353
6-11	579
12-17	1353
18 – 24	1609
25 plus	2889
Total cases reported in 2016:	7590
Disaggregated by gender - victims	
Female	5776
Male	1058
Other	127
Nature of offence	
Physical	2066
Sexual	1366
Emotional abuse	2 735
Financial	888
Neglect	633
Other	41
Gender of perpetrators	

Males	5432
Female	1380

Source: Department of Social Welfare, 2016 national surveillance data

- (d) The number and percentage of reported violations above which have resulted in either a court decision or other types of follow-up;
- (e) The number and percentage of children who received special care in terms of recovery and social reintegration;
- (f) The number of programmes implemented for the prevention of institutional violence and the amount of training provided to staff of institutions on this issue.

Part five: Family environment and alternative care

Family support

Please provide data, disaggregated as relevant on:

- (a) The number of services and programmes aimed at rendering appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and the number and percentage of children and families that benefit from these services and programmes;
- (b) The number of available childcare services and facilities and the percentage of children and families that have access to those services.

Children without parental care

With reference to children separated from their parents, please provide data, disaggregated by age, gender, geography, disability and poverty, on:

- (a) The number of children without parental care disaggregated by cause (i.e. armed conflict, poverty, abandonment as a result of discrimination, etc.);
- (b) The number of children separated from their parents as a result of court decisions (inter alia, in relation to situations of parental abuse or neglect, detention, imprisonment, labour migration, exile or deportation);

- (c) The number of institutions for such children disaggregated by region, the number of places available in the institutions, the ratio of caregivers to children and the number of foster homes;
- (d) The number and percentage of children separated from their parents who are living in institutions or in foster homes, as well as the duration of placement and frequency of its review;
- (e) The number and percentage of children reunited with their parents after a placement;
- (f) The number of children in domestic, intercountry and kafala adoption programmes disaggregated by age and, where relevant, information on the country of origin and country of adoption of the children concerned.

Family reunification

Please provide data, appropriately disaggregated by gender, age, and national and ethnic origin, on the number of children who entered or left the country for the purpose of family reunification, including the number of unaccompanied refugee and asylum-seeking children.

Illicit transfer and non-return

Please provide data, appropriately disaggregated including by national origin, place of residence and family status, on:

- (a) The number of children abducted from and into the State party;
- (b) The number of perpetrators arrested and the percentage of those sanctioned in (criminal) courts.

Children with incarcerated parents

Please provide data on the number of children with incarcerated parents and children living in prison with their mothers and the average age of those children.

Part six: Health and welfare

Learners in Senior Secondary Schools with Special Education Needs by Sex, Status and Region

Gender	SEN Need	Hhohho	Lubombo	Manzini	Shiselweni	Grand Total
Female	Hearing impaired	60	9	46	20	135
	Learning Disability	19	5	10	9	43

	Other Impairment	33	4	26	4	67
	Physical Disability	7	1	7	5	20
	Visually Impaired	191	34	257	76	558
Female Total		310	53	346	114	823
Male	Hearing impaired	40	7	46	8	101
	Learning Disability	11	7	14	5	37
	Other Impairment	24	4	21	5	54
	Physical Disability	5		8	5	18
	Visually Impaired	138	20	142	37	337
Male Total		218	38	231	60	547
Grand Total		528	91	577	174	1370

Source: 2014 Annual Education Census Report

Learners in Secondary Schools with Special Education Needs by Sex, Status and Region

Gender	SEN Need	Hhohho	Lubombo	Manzini	Shiselweni	Grand Total
Female	Hearing impaired	66	57	119	42	284
	Learning Disability	26	35	26	17	104
	Other Impairment	84	35	114	20	253
	Physical Disability	18	5	20	3	46
	Visually Impaired	304	152	454	180	1090
Female Total		498	284	733	262	1777
Male	Hearing impaired	55	39	78	45	217
	Learning Disability	24	24	24	8	80
	Other Impairment	56	18	69	13	156
	Physical Disability	16	4	23	15	58
	Visually Impaired	212	92	308	126	738
Male Total		363	177	502	207	1249
Grand Total		861	461	1235	469	3026

Source: 2014 Annual Education Census Report

Learners in Primary Level with Special Education Needs by Sex, Status and Region

Gender	SEN Need	2013	2014	
Female	Hearing impaired		780	
	Learning Disability		680	
	Other Impairment		143	
	Physical Disability		165	
	Visually Impaired		1096	
Female Total				2864
Male	Hearing impaired			673
	Learning Disability			1058
	Other Impairment			152
	Physical Disability			272
	Visually Impaired		1049	
Male Total			3204	
Grand Total		3319	6068	

Source: 2014 Annual Education Census Report

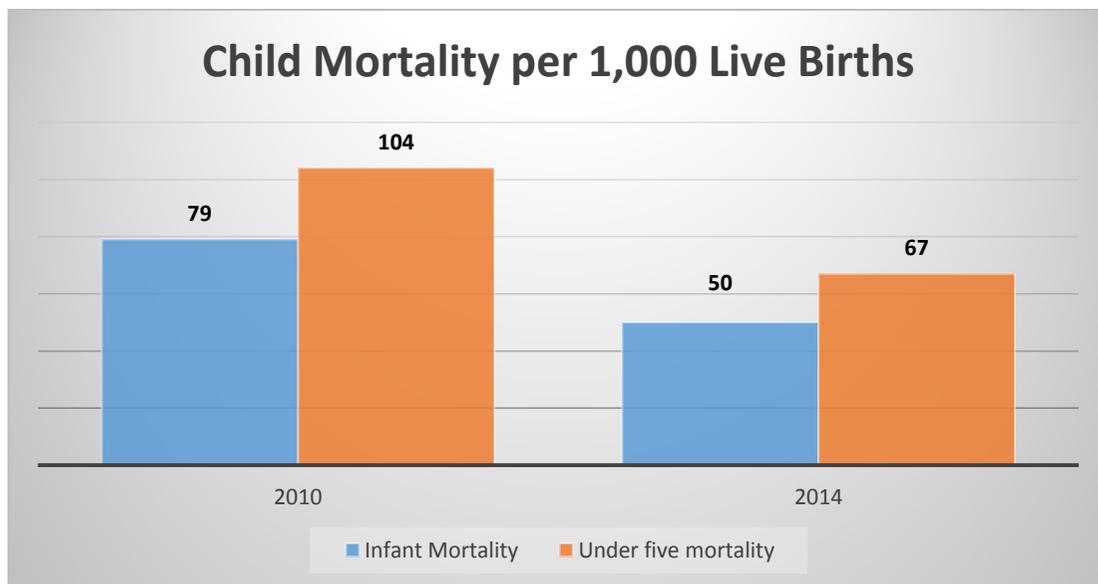
Please further provide data on the number and percentage of children with disabilities:

- (a) Whose parents receive special material, psychosocial or other assistance
- (b) Who are living in institutions, including institutions for children with mental disabilities, or outside their families, such as in foster care;

Infant and Under 5 Mortality Rates (per 1,000 live births)

Child Mortality	Year	
	2010	2014
Infant Mortality	79	50
Under five mortality	104	67

Source: 2010 and 2014 Swaziland MICS Comparative Report



Source: 2010 and 2014 Swaziland MICS Comparative Report

The proportion of children with low birth weight

Indicator	2007	2010	2014
Low birth weight infants (<2.5kg)	7.8%	8.7%	8.0%
Infants weighted at birth		91.3%	92.3%

Source: 2006/7 SDHS, 2010 and 2014 Swaziland MICS Comparative Report

The proportion of children with moderate and severe underweight, wasting and stunting

Table: Under Five Nutritional Status

Nutritional Status		2007 (%)	2010 (%)	2014 (%)
Underweight prevalence	Moderate and severe	5	5.8	5.8
	Severe	1	1.1	1.6
Stunting prevalence	Moderate and severe	29	30.9	25.5
	Severe	10	10	7.2
Wasting Prevalence	Moderate and severe	3	0.8	2
	Severe	1	0.4	0.4
Overweight prevalence	Moderate and severe	11	10.7	9
	Severe			

Source: 2006/7 SDHS, 2010 and 2014 MICS Reports

The percentage of households without access to hygienic sanitation facilities and access to safe drinking water

Indicator	2007	2010	2014
Use of improved drinking water	69.8%	67.3%	72.0%
Water treatment	11.2%	15.0%	16.8%
Use of improved sanitation facilities	49.4%	53.8%	53.0%

Source: 2006/7 SDHS, 2010 and 2014 MICS Reports

Proportion of Children fully immunized by the age of one

Vaccine	2007	2010	2014
Tuberculosis immunization (BCG)	97.0%	98.2%	98.4%
Polio immunization (OPV)	85.9%	85.0%	85.0%
diphtheria, pertussis, tetanus (Dpt3) and HepB3	90.2%	90.6%	91.6%
Measles	82.7%	97.8%	91.4%
Fully immunized (Vaccinations recommended in the national immunization schedule by their first birthday (measles by second birthday)	73.7% ⁶⁶	83.1%	75.0%

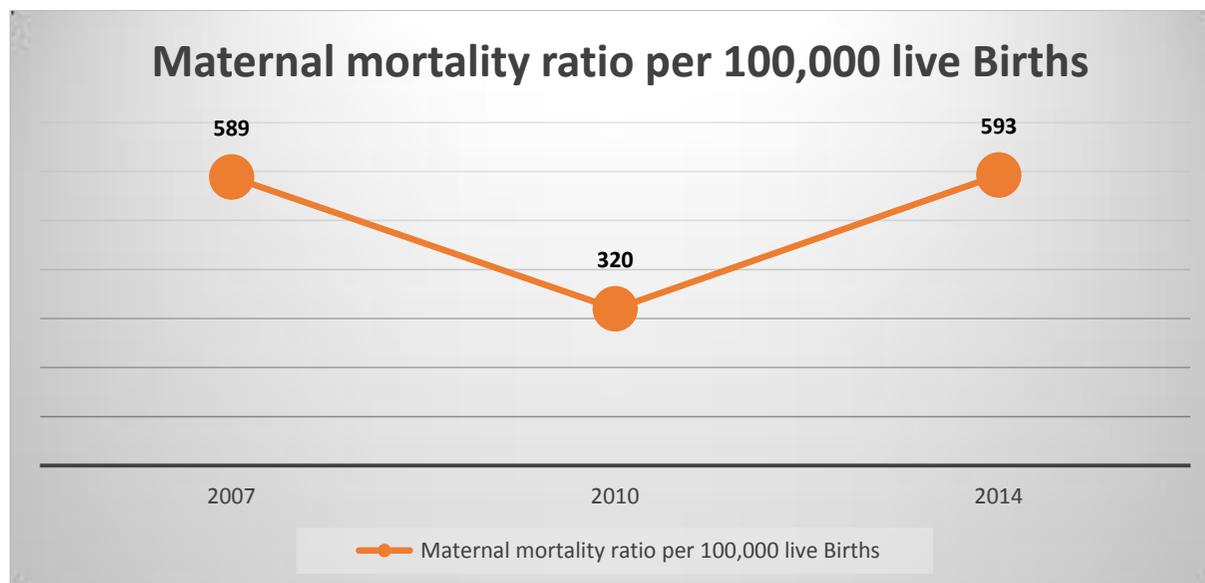
Source: 2006/7 SDHS, 2010 and 2014 MICS Reports

Maternal mortality rates

Indicator	2007	2010	2014
Maternal mortality ratio per 100,000 live Births	589	320	593

Source: 2012 and 2015 Swaziland MDG Progress Report

⁶⁶ BCG, measles, and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)



Source: 2012 and 2015 Swaziland MDG Progress Report

The proportion of pregnant women who have access to prenatal and postnatal health care

Indicator	2010	2014
Proportion with at least one ANC visit by a skilled professional	96.8%	98.5%
Proportion with at least four ANC visit by any provider	76.6%	76.1%
Percentage of women age 15-49 year with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	80.6%	90.0%
Percentage of women age 15-49 years with a live birth In the last 2 years who were attended by skilled health personnel during their most recent live birth	82.0%	88.3%

Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	80.4%	87.7%
Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	12.3%	11.6%

Source: 2010 and 2014 Swaziland MICS Comparative Report

Post-natal health checks

Indicator	2014
Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	90.2%
Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	90.1%
Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	87.2%

Source: 2014 Swaziland MICS Comparative Report

The proportion of mothers who practise exclusive breastfeeding

Indicator	2010	2014
Percentage of women with a live birth in the last 2 years who breast fed their last live -born child at anytime	90.9%	92.1%
Percentage of women with a live birth in the last 2 years who put their last new born to the breast within one hour of birth	54.5%	48.3%
Percentage of infants under 6 months of age who are exclusively breast fed	44.1%	63.8%
Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day	59.2%	70.2%
Percentage of children age 12-15 months who received breast milk during the previous day	60.0%	47.8%

Source: 2010 and 2014 Swaziland MICS Comparative Report

Number of Individuals newly enrolled on ART

Region	Age Category	2011	2012	2013	2014
Hhohho	Children (0-14)	494	307	259	234
	Adults (15 +)	3,316	3,514	3,536	3,675
Lubombo	Children (0-14)	298	267	263	260
	Adults (15 +)	2,422	2,336	2,468	3,069
Manzini	Children (0-14)	375	454	416	403
	Adults (15 +)	4,433	5,916	6,379	7,688
Shiselweni	Children (0-14)	218	206	228	199
	Adults (15 +)	2,628	2,438	2,830	3,046
Subtotal	Children (0-14)	1,385	1,234	1,166	1,096

	Adults (15 +)	12,799	14,204	15,213	17,478
Grand Total Newly Enrolled on ART		14,184	15,438	16,379	18,574

Source: Annual HIV Programs Report 2014

Cumulative number of People currently on ART

Region	Age Category	2011	2012	2013	2014
Hhohho	Children (0-14)	3,174	3,460	3,752	3,986
	Adults (15 +)	25,825	30,597	38,145	41,820
Lubombo	Children (0-14)	1,993	2,200	2,316	2,576
	Adults (15 +)	16,408	19,263	21,277	24,296
Manzini	Children (0-14)	1,941	2,355	2,531	2,934
	Adults (15 +)	25,993	33,876	41,293	48,981
Shiselweni	Children (0-14)	1,316	1,522	1,670	1,869
	Adults (15 +)	16,645	19,632	22,486	25,532
Subtotal	Children (0-14)	8,424	9,537	10,269	11,365
	Adults (15 +)	84,871	103,368	123,151	140,629
Grand Total Newly Enrolled on ART		93,295	112,905	133,420	151,994

Source: Annual HIV Programs Report 2014

Please provide the following additional data

- (a) The number/percentage of children infected and affected by HIV/AIDS;
- (b) The number/percentage of such children who receive assistance, counselling, care and support;
- (c) The number/percentage of such children living with relatives, in foster care, in institutions or on the streets;
- (d) The number of child-headed households as a result of HIV/AIDS.

Sexual debut and substance use

Indicator	Sex	2010	2014
Age-specific fertility rate for women age 15-19 years		89/1000	87/1000
Percentage of women age 20-24 years who had at least one live birth before age 18		22.1%	16.7%
Percentage of young people age 15-24 years who had sexual intercourse before age 15	Female	3.8%	3.0%
	Male	2.6%	2.8%
Percentage of sexually active young people age 15-24 years who had sex with a non-marital, non-cohabitating partner in the last 12 months	Female	67.0%	37.3%
	Male	93.1%	40.9%
Alcohol and Tobacco Use			
Percentage of people who smoked a whole cigarette before age 15	Female		0.2%
	Male		2.8%
Percentage of people who had at least one alcoholic drink before age 15	Female		1.5%
	Male		5.8%

Source: 2010 and 2014 Swaziland MICS Comparative Report

Part seven: Education, leisure and cultural activities

Please provide data, disaggregated by gender, geography, disability and poverty, on:

- (a) Literacy rates for children and adults;
- (b) Gross and net enrolment and attendance rates for primary and secondary schools and vocational training centres;
- (c) Retention, completion and transition rates, and the percentage of dropout from primary and secondary schools and vocational training centres;
- (d) The average teacher-pupil ratio, with an indication of any significant regional or rural/urban disparities, as well as the percentage of trained teachers;
- (e) The number of indigenous and minority children who receive State-funded education in their own language;

- (f) The percentage of children in the non-formal education system;
- (g) The percentage of children who attend preschool and other early childhood development education facilities;
- (h) The number/percentage of children in after-school care programmes;
- (i) The number of public playgrounds in communities, with an indication of whether rural or urban;
- (j) The number/percentage of children participating in organized leisure, sports, cultural and artistic activities, with an indication of whether they are in rural or urban areas.

Part eight: Special protection measures

1. Children outside their country of origin seeking refugee protection and internally displaced children

Please provide information, disaggregated by age, gender, disability, poverty and geography, as well as by country of origin, nationality and accompanied or unaccompanied status, on:

- (a) The number of internally displaced, asylum-seeking and refugee children;
- (b) The number and percentage of such children attending primary and secondary school, vocational training and having access to health and other services;
- (c) The number of children who have disappeared during or after the status of proceedings to determine their eligibility.

2. Economic exploitation of children, including child labour

Please provide data related to special protection measures, disaggregated as described above, on:

- (a) The number and percentage of children below the minimum legal age of employment who are involved in child labour, as defined by International Labour Organization Minimum Age Convention, 1973 (No. 138) and Worst Forms of Child Labour Convention, 1999 (No. 182), disaggregated by type of employment;

- (b) The number and percentage of such children with access to recovery and reintegration assistance, including free basic education and/or vocational training;
- (c) The number of children in street situations.

3. Sexual exploitation, abuse and trafficking

Please provide data, disaggregated as described above and by types of violation reported, on:

- (a) The number of children involved in sexual exploitation, including prostitution, pornography and trafficking;
- (b) The number of such children who have been provided with access to rehabilitation programmes;
- (c) The number of reported cases of sexual exploitation, sexual abuse and sale of children, abduction of children and violence against children during the reporting period;
- (d) The number and percentage of such cases that have resulted in sanctions, with information on the country of origin of the perpetrator and the nature of the penalties imposed;
- (e) The number of children trafficked for other purposes, including labour;
- (f) The number of border and law enforcement officials who have received training with a view to preventing the trafficking of children and ensuring respect for their dignity.

4. Children in conflict with the law, and administration of juvenile justice

Please provide data, disaggregated as described above, including by type of crime, on:

- (a) The number of persons under 18 years of age who have been arrested by the police due to an alleged conflict with the law;
- (b) The percentage of cases where legal or other assistance has been provided;
- (c) The number and percentage of persons under 18 years of age who have:
 - (i) Been referred to diversion programmes;

- (ii) Been found guilty of an offence by a court and have received suspended sentences or have received punishment other than deprivation of liberty;
 - (iii) Received alternative sanctions based on a restorative approach;
 - (iv) Participated in probation programmes;
- (d) The percentage of recidivism cases.

5. Children deprived of their liberty, including any form of detention, imprisonment or placement in custodial settings

Please provide data, disaggregated as described above, including by social status, origin and type of crime, on children in conflict with the law in respect of:

- (a) The number of persons under 18 years of age held in police stations or pre-trial detention after having been accused of committing a crime reported to the police, and the average length of their detention;
- (b) The number of institutions specifically for persons under 18 years of age alleged or accused of or recognized as having infringed the penal law;
- (c) The number of persons under 18 years of age in such institutions and the average length of stay;
- (d) The number of persons under 18 years of age detained in institutions where they are not separated from adults;
- (e) The number and percentage of persons under 18 years of age who have been found guilty of an offence by a court and have been sentenced to detention, and the average length of their detention;
- (f) The number of reported cases of abuse and maltreatment of persons under 18 years of age during their arrest and detention/imprisonment

6. Children in armed conflicts, including physical and psychological recovery and social reintegration

Please provide data, disaggregated as described above, on:

- (a) The number and percentage of persons under 18 who are recruited or who voluntarily enlist in the armed forces, and the proportion of those who participate in hostilities;
- (b) The number and percentage of children who have been demobilized from armed groups or forces and reintegrated into their communities, including the proportion of such children who have returned to school and been reunified with their families;
- (c) The number and percentage of child casualties due to armed conflict;
- (d) The number of children who receive humanitarian assistance;
- (e) The number of children who receive assistance for their physical and psychological recovery following their involvement in armed conflict.

