

Executive Summary

The 2013 situation analysis of children and women conducted as part the UNICEF-Government of Swaziland mid-term review (MTR) indicates that HIV/AIDS and Tuberculosis remain by far the most pressing challenges today. Compounding this situation is the high prevalence of gender-based violence. This notwithstanding, the HIV incidence rate among adults aged 18-49 is estimated as 2.38 per cent, comprising 1.7 per cent and 3.1 per cent amongst men and women, respectively. A UNICEF Swaziland child poverty study found that 70 per cent of children are poor compared to 63 per cent in the general population. Economic growth remained stagnant, averaging 1.7 per cent between 2012 and 2013, one of the lowest rates in Africa. At this rate the country cannot achieve its Vision 2020 and post-2015 goals.

Swaziland's financial position showed some recovery from the liquidity crisis of 2011, which posed a threat to social service delivery. The revenue flows from the Southern African Customs Union improved from Emalangeni 2.7 billion in 2011 to 7 billion in 2013. Despite this growth, including good domestic revenue performance, the country's spending patterns continue to strain the public purse; wage bills constitute 40 per cent of total expenditure.

In 2013 UNICEF's programme of cooperation emphasised HIV/AIDS and poverty as top development priorities, through a combination of strategic technical assistance, innovative modelling and sustained high-level advocacy to address inequalities.

UNICEF contributed to: increased uptake of ARV Prophylaxis for PMTCT among HIV-infected women and children; capacity building of health care workers in PMTCT and paediatric HIV service delivery, including nurse-led ART initiations; quality improvement for service delivery, contributing to an annual increase in the uptake of PMTCT services for both women and children. Most HIV-exposed new-borns received ARV prophylaxis at birth (90 per cent) and 75 per cent were initiated on cotrimoxazole at six-to-eight weeks of age. UNICEF and WHO supported an integrated Measles campaign, with coverage of 97 per cent for Measles, 95 per cent for polio and 89.3 per cent for Vitamin A supplementation. Through joint advocacy, a foundation for 'A Promise Renewed' (APR), Scaling Up Nutrition (SUN) and the MDG Accelerated Framework (MAF) was laid.

Development of costing tools for secondary schools was a major achievement in education. The tools helped to initiate a policy shift on top-up fees. The introduction of the Guidance and Counselling Syllabus in 24 pilot schools was major milestone for HIV prevention and will contribute to the commitment by the Government to the AIDS-Free Generation.

The "Child Protection and Welfare Act" (2012) came into effect in 2013. Joint advocacy with PEPFAR contributed to the passing of the "Sexual Offences and Domestic Violence Bill" by Parliament. With PEPFAR, UNICEF supported the opening of a comprehensive *One Stop Centre* to address SGBV.

Sustained advocacy saw Swaziland jump 36 places, to be the ninth most child-friendly country in Africa as reported by the African Child Policy Forum. In 2008, the ACPF placed Swaziland 45th out of 52 countries in its Child Friendliness Index.

Declining resources remained the major shortfall in 2013. While it is recognised that the middle-income categorisation of the country limits resource mobilisation, the key factor is governance. UNICEF strengthened its resource mobilisation capacity to address this challenge.

Country Situation as Affecting Children & Women

Swaziland's economic growth was sluggish and real GDP growth slowed to an estimated 1.3 per cent in 2011, compared with 1.87 per cent in 2010, and 3.5 per cent in 2007. In addition, the country remains heavily dependent on Southern African Customs Union (SACU) revenues [\[1\]](#), which account for over 60 per cent of total Government revenue.

Drawing closer to the 2015 MDG deadline, the UNICEF Swaziland Country Office updated the Situation Analysis (SitAn). The update benefited from the UNICEF Child Poverty Study (2013), which revealed that Swaziland has indicators similar to lower-income countries, despite being a lower-middle-income nation.

According to the report, 63 per cent of the population is poor; of these 70 per cent of children are living in poverty.

Five years on, HIV and AIDS remain by far the most pressing challenge in Swaziland today. As a result prevention, care and treatment have been mainstreamed in all UNICEF programmes.

Swaziland still has the highest national HIV prevalence rate in the world at 26 per cent. A third (31 per cent) of women are HIV positive, compared to a fifth (20 per cent) of men. HIV prevalence amongst adolescents (15–19) and youth (20–24) increased from 17.8 per cent and 18.8 per cent in 1994 to 20.4 per cent and 40.8 per cent in 2010, respectively. HIV prevalence among pregnant women rose from 3.9 per cent in 1992 to 37 per cent in 2012. The HIV epidemic has also created a severe tuberculosis (TB) co-epidemic, with an estimated TB incidence of 1,287/100,000 people. Less than 20 per cent of adolescents have been tested for HIV and received the test results. Preliminary HIV estimates for 2011 show a reduction in HIV-positive infants from 17 per cent in 2009 to 15 per cent, possibly because of more HIV-positive pregnant women receiving a complete course of ARV prophylaxis (86 per cent). There is, however, no data available on the proportion of 15-19-year-olds receiving treatment, despite the higher HIV prevalence among this group. With AIDS now the leading cause of mortality, orphan-hood increases with the age of the child whereas vulnerability [\[2\]](#) increases with age, reaching a peak at age nine and declining slightly by age 17. Below the age of one year, 2.1 per cent of children are orphans. This increases to nearly 41 per cent by age 17, which gives further evidence of the impact of PMTCT intervention programmes. Inequities in vulnerability exist between the poorest and the richest families in Swaziland – 36 per cent of the poorest children are considered vulnerable compared to 14 per cent of children from the wealthiest households.

Both under-five and infant mortality levels are highest in urban areas. This shows that the socio-economic circumstances of children in towns and cities, especially peri-urban areas, are deteriorating compared to rural areas. One of the major contributors to child death is lack of access to good quality water and sanitation. In Swaziland, 26 per cent of under-five deaths are a result of poor access to these critical services.

Stunting is higher in rural areas (33 per cent) than urban areas (23 per cent). It is especially high in Shiselweni region (38 per cent), among children whose mothers have no education (40 per cent) or primary education (38 per cent) and those from the poorest households (42 per cent). The cost of hunger study in Swaziland estimates that child under-nutrition generates health costs equivalent to 0.6 per cent of the total health budget, and that only three of every 10 children are getting proper health attention. Nearly one of 10 reported deaths of children is associated with under-nutrition. The findings also show that 18.9 per cent of all grade repetitions are associated with higher incidence of repetition among stunted children.

According to the Multiple Indicator Cluster Survey (MICS), one in three Swazi children aged 36–59 months attends early childhood care and education (ECCE). However, there are inequalities in attendance. The highest ECCE attendance rate is found in Lubombo region (49 per cent) and the lowest in Manzini (23 per cent). Although the Swaziland Early Learning Development Standards (SELDS) were finalised this year, a common curriculum and associated tools and teaching methodology, as well as a qualification process for ECCE teachers, need to be developed.

As six-year-olds transition into primary school, 15 per cent repeat in the first grade. This is because of low school readiness and because secondary school teachers are assigned to first grade teaching. Although Swaziland has achieved 93 per cent primary school enrolment, the equity challenge is to ensure that they all enrol at the appropriate age and complete within seven years with learning outcomes required for secondary education. Secondary school enrolment is low because there are not enough schools and some principals hold children back in lower classes until they feel children can succeed in the final primary examination. The consequence is high repetition in Grades 5 and 6 (16 per cent).

Despite free primary education, the cost of education is still a significant barrier to enrolment and completion. UNICEF supported the Ministry of Education and Training (MoET) to develop costing tools for both primary and secondary to provide an evidence base for making education affordable in Swaziland.

With the growing strain on communities, children are increasingly exposed to neglect, abuse and exploitation.

While 42.2 per cent of children aged 5–14 years are involved in child labour, 33 per cent of children have experienced sexual violence, with 75 per cent of perpetrators known to the victims. On violence against children and women, adolescents aged 15–19 years have the highest percentage of women (56.5 per cent) who believe a husband is justified in beating his wife or partner, compared to 29 per cent of women aged 30–34 years.

Further exposing children to trafficking and abuse are low rates of birth registration. Only half of all children have their births registered, with rural areas lagging behind urban areas (45.6 per cent and 61.5 per cent, respectively).

[1] The Southern African Customs Union is formed by Botswana, Lesotho, Namibia, South Africa, and Swaziland. The Union collected duties on local production and customs duties on members' imports from outside SACU, and the resulting revenues are allocated to member countries in quarterly instalments utilising a revenue-sharing formula.

[2] Vulnerable children are those whose parent is chronically ill, or an adult in the household was either dead or was chronically ill in the year prior to the survey.

Country Programme Analytical Overview

In 2013 UNICEF's programme of cooperation emphasised HIV/AIDS and poverty as top development priorities, through a combination of strategic technical assistance, innovative modelling and sustained high-level advocacy to address inequalities. In 2013, the Country Office, in partnership with the Government, conducted a Mid-Term Review of the programme as part of the UNDAF MTR processes. This process comprised the update of the SitAn of children and women; consultation with children and young people; in-depth reviews of the Country Programme and a strategic moment of reflection (SMR) with Regional Advisors, peer reviewers (Representatives from UNICEF Country Offices in neighbouring middle income states) and Government.

The joint MTR of the UNDAF and UNICEF programme concluded that the 2011–2015 UNICEF Country Programme is still relevant but could be modified strategically to: (i) focus on disparities; (ii) address remaining challenges in HIV and AIDS; (iii) enhance upstream policy and strategy development; (iv) invest in monitoring and evaluating results to better assess trends; (v) strengthen focus on WASH and nutrition and leverage resources for modelling of equity-focused programming in Manzini region, (vi) address unfinished business in MDG 2 by improving the quality of primary education and advocating for access to secondary school; (vii) address violence against children and HIV and sexual and reproductive health (SRH); and (viii) maintain modelling of innovative equity-focused interventions to inform upstream work and national scale-up, as well as leverage resources for children. One of the most important changes proposed revolved around five programmatic shifts: (i) invest in strengthening M&E systems with emphasis on data availability and accuracy to assess trends; (ii) increase focus on reaching the hard-to-reach children; (iii) emphasise convergence in programming and pooling resources for greater effectiveness and efficiency to maximise results for children; (iv) prioritise the development of an adolescent agenda across all sectors and; (v) modify results to respond to the priorities in the new UNICEF Strategic Plan and UN's comparative advantage in relation to available human and financial resources.

While it is important to maintain the existing focus to ensure implementation of the unfinished agenda, there are a number of emerging issues, such as gender and regional inequities, focus on adolescents, urbanisation (especially peri-urban) and the challenge of measurement for monitoring and evaluation.

The adjustments envisaged will focus on:

- a. Child Survival and Development: nutrition, HIV, WASH and adolescent SRH;
- b. Education: strengthening early childhood development and lower secondary education, and improving learning outcomes in primary and capacity to strengthen the Education SWAp;
- c. Child Protection: strengthening social protection for vulnerable children, the social welfare system and support the pilot cash transfer;
- d. Advocacy & Communication: Communication for Development (C4D) with emphasis on formative

research, demand creation and social and behaviour change. This calls for re-profiling of key skills for the communication team

e. M & E capacity will be strengthened to enhance regular and efficient tracking of results and trend analysis.

Humanitarian Assistance

Disaster and emergency triggers in Swaziland tend to be a combination of extreme weather conditions resulting in droughts, flash floods, wildfires, windstorms, hailstorms and the increased disease burden due to communicable diseases such as cholera, and multi-drug resistant and extensively drug-resistant tuberculosis (TB). In 2013, as part of emergency preparedness and response, UNICEF supported the following:

1. Inaugural Urban Vulnerability Assessment Committee (VAC) to complement the annual rural vulnerability assessment
2. Establishment of the Red Cross rapid SMS system for reporting emergencies
3. Urban rapid assessment in six communities in the Manzini region, which has the largest peri-urban population, with the Adventist Development and Relief Agency (ADRA)
4. Rehabilitation of 12 storm-damaged schools, teachers' houses and sanitation facilities, in partnership with World Vision
5. Establishment of sustainable water facility and ECCD centre at the Malindza Refugee Reception centre. Conducting a joint UN/Government of Swaziland Disaster Risk Reduction assessment with OCHA from South Africa. The assessment report will serve as a basis to develop the National Disaster Risk Reduction (DDR) Plan.

Effective Advocacy

Mostly met benchmarks

The advocacy agenda in 2013 was primarily focused on passing legislation and putting systems in place for implementation of legislation for children and calling on Government and communities to address social and cultural practices that are harmful to children. UNICEF continued to lobby Parliamentarians to pass the Sexual Offences and Domestic Violence Bill. The Bill was passed by both houses of Parliament and is currently awaiting the King's approval. Sustained advocacy saw Swaziland jump 36 places to be the ninth most child-friendly country in Africa as reported by the African Child Policy Forum. In its 2008 ranking, the ACPF placed Swaziland 45th out of 52 countries in its Child Friendliness Index.

Campaigns included the End Violence campaign, which was launched in August 2014, resulting in pledges by the Deputy Prime Minister, MoH, Ministry of Education, faith-based organizations (FBOs), chiefs, NGO children's consortium, media and the UN.

UNICEF participated in the Day of the African Child and the International Day of the Girl Child. The events highlighted the need to include children with disabilities in education, health and social services in general, while also addressing the need to have greater protection of the girl child and children living with disabilities from all forms of violence and abuse. The International Day of the Girl Child was a culmination of the placement of 100 girls in work places to expose them to the employment environment and leadership practices and mentorship.

UNICEF advocated for a secondary school curriculum that mainstreams HIV and AIDS into the school curriculum. The aim is to improve HIV knowledge, attitudes and practices of children and adolescents and help adolescents protect themselves from the risk of infection.

UNICEF participated in the high-level event with the theme of 'Building momentum towards ending the TB and TB/HIV co-epidemic in SADC: 1000 days to achieve international targets of 50 per cent reductions in TB mortality and TB/HIV deaths by 2015'. HIV continues to drive Africa's TB epidemic, with 60 per cent of TB deaths among people infected with HIV. At a high-level panel, UNICEF advocated for rapidly reducing TB rates among women and children with HIV. A package of new investments worth more than US\$120 million was launched at the event and the Swaziland Statement was signed, committing leaders to work together

toward accelerating the response to the two diseases and achieving the 2015 goals. The Ministry of Health was supported to prepare a Risk Communication Strategy. The rapid SMS system to enhance early warning was established. This system is linked to the MoH Emergency Preparedness and Response platform. Through joint advocacy, a foundation for APR, SUN and MAF was laid.

In the area of social protection, UNICEF prepared a Child Poverty Study, which formed the basis for ongoing advocacy for strengthening child-sensitive social protection. The findings of the study were used in the design of the pilot Cash Transfer programme.

Capacity Development

Partially met benchmarks

In 2013 the Office supported a number of capacity development initiatives:

--Provided technical and financial support to Government and implementing partners to train health care workers on the use of the new 2010 PMTCT guidelines, especially nurses who were trained and mentored to initiate children on ART. These nurses subsequently used their period of staff attachment to the Baylor Centre of Excellence to improve their practical knowledge on ART initiation.

--Supported a team of three technical staff from Sexual and Reproductive Health Unit (SRHU) to participate in the 2013 ESAR Regional Elimination of Mother-to-Child Transmission (EMTCT) stock-taking meeting in Ethiopia, where they prioritised the country's EMTCT activities for the year.

--Developed WASH capacity among teachers and learners on hand-washing practices.

Access to comprehensive/quality services for survivors of violence remains one of the major challenges in this country. To address this gap, UNICEF supported capacity building of state and non-state actors in children's rights, violence against children and women, designing and implementing social protection programmes, competency-based, child-friendly policing and justice for children.

With almost half of the child population in Swaziland classified as orphans and vulnerable children (OVC), UNICEF supported the Government to pilot a cash transfer scheme for OVC in four communities, targeting approximately 10,000 children. UNICEF support included capacity development in design and implementation of cash transfers programmes; virtual learning sessions on social protection were facilitated by the World Bank.

In collaboration with WHO, UNICEF supported the training of the MoH's Health Promotion Unit in planning, developing and implementing evidence-based C4D strategies. This process assisted the unit to map out the barriers and bottlenecks that prevent communities from utilising child health services. UNICEF and WHO provided technical support to develop a plan to ensure that communication is evidence-based and involves dialogue with targeted individuals and communities.

The Swaziland Early Learning and Development Standards, which guide child care workers on the target milestones for healthy child development, were finalised and piloted in partnership with PACT and the National Children's Coordination Unit.

Non-formal educators were trained in module-writing techniques to enable their participation in the formulation and development of modules 1, 2 and 3 for the Non-formal Primary Equivalency Curriculum. This curriculum will enable learners to transition from non-formal to formal education; the module approach will accelerate independent learning and facilitate assessments.

Guidance and counselling teachers in 24 pilot secondary schools were trained on the age-appropriate HIV curriculum, which will be expanded to all secondary schools in 2014. Senior inspectors from MoET were also trained to use the secondary school cost tool. The report of the study and the tool will improve understanding of bottlenecks resulting from the education fees that hinder access to education for thousands of children.

Communication for Development

Mostly met benchmarks

The 2013 C4D agenda focused on capacity development for key partners. UNICEF supported the development and completion of a Communication Strategy for Birth Registration, which will address the bottlenecks identified around birth registration countrywide. Lack of awareness on what constitutes violence and how to behave when witnessing it was identified as one of the major bottlenecks to preventing violence and bullying at schools. Media materials, such as short video clips, calling for the end of bullying in schools and providing information on the Ministry of Education Toll Free Line, were developed and placed on 110 public buses. This video clip will be shown for six months, with a potential for reaching approximately 30,000 viewers per month. Scaling-up, coordinating and strengthening a comprehensive awareness-raising strategy to combat violence remains as a priority for the years to come.

UNICEF and WHO assisted MoH to develop a communication plan and culturally appropriate communication materials on the benefits of immunisation. These materials were used during community dialogues aimed at mobilising families and communities to immunise their children. As a result of this process, communities that normally have fewer children immunised, mostly for religious reasons, had a majority of their children immunised during the Africa Vaccination Week in June. SMS's were also sent to parents reminding them of immunisation dates through a partnership with MTN. The high numbers of children immunised in 2013 is also attributed to door-to-door campaigns by rural health worker and the broadcast of vaccination dates on radio that is listened to by 80 per cent of the population. FBOs also spread messages at places of worship and offered the places of worship as centres for immunising children.

UNICEF and MoET are facilitating a workshop to develop IEC materials that raise awareness about violence and abuse in and around schools against children. The workshop is run by a local artist who is building the capacity of children and adolescent to design and dialogue about effective communication material that speaks to this age group and can effect behavioural change.

UNICEF contributed to increasing the proportion of 6-to-59 month-old children vaccinated against measles and those receiving Vitamin A supplements in low-performing regions. This was accomplished by supporting MoH to develop and fully implement a communication plan for the introduction of a new vaccine (PCV 13) and successfully implementing African Vaccination Week and the integrated measles campaign. C4D principles and strategies such community dialogues, immunisation IEC materials and key messages for health workers were used to create awareness and demand for child health services. The public was also targeted through radio messages, resulting in improved turn-out for the measles campaign. Use of SMS to remind families to take their children for vaccination was also very useful. With these inputs, MoH succeeded in immunising 97 per cent of targeted children against measles, 95 per cent against polio and 89.3 per cent of children were supplemented with Vitamin A. A routine immunisation coverage survey in June 2013 revealed that Swaziland is above 90 per cent for most immunisation coverage indicators.

Service Delivery

Partially met benchmarks

UNICEF worked with relevant ministries to improve access to and quality of services for rape survivors. An emerging violence response mechanism in Swaziland supported by UNICEF is the One Stop Centre in Mbabane that provides a comprehensive package of services to survivors. This survivor-centred approach is based on a set of principles designed to guide professionals in assisting victims of violence. The One Stop Centre concept is largely based on the South Africa Thuthuzela model. It includes all the key elements that address the immediate post-rape needs of the victims: health care, legal advice and support, psychosocial counselling and social welfare. UNICEF supports the Government and civil society organisations to provide, sustain and improve quality of such services. The biggest achievement in this regard was the solid basis for sustainability, since the Government of Swaziland has seconded all professionals working at the One Stop Centre. Moreover, UNICEF facilitated strengthening of the long-term partnership scheme between the South African and Swazi Governments around the issue of violence.

Although the main focus of the 2013 Education annual work plan was not in service delivery, UNICEF responded to overcrowded classrooms by providing 2,000 pieces of furniture. This equitable contribution was part of quality assurance support to the free primary education (FPE) programme for disadvantaged, rural and remote schools.

In the area of health and HIV programming UNICEF Supported scaling-up of modelled service delivery such as:

1. Quality Improvement/Quality Assurance (QI/QA) activities involving major Government health facilities with staff – initiated QI/QA projects leading to improved mother, neonatal and child health (MNCH) and HIV service delivery;
2. In collaboration with Population Services International (PSI), increased early infant male circumcision (EIMC) in eight major facilities applying lessons learnt and recommendations from the UNICEF-supported Swaziland Nazarene Health Institutions (SNHI) hospital-based EIMC programme, where more than 30 boys are circumcised on a monthly basis.

UNICEF continued to support community awareness-raising on the importance of MNCH services, leading to increased demand for MNCH/PMTCT and paediatric AIDS care services. The MNCH platform, if strengthened, is the main vehicle for delivery of various HIV prevention interventions. UNICEF supported increased decentralisation of access to HIV testing services for women and exposed infants in deprived communities and sustained in-country capacity to perform DNA/PCR testing for HIV.

UNICEF contributed to increasing the proportion of sick children who are receiving treatment for pneumonia, diarrhoea and acute malnutrition, through continued support to MoH in implementing the Child Health Project, which began in 2010. The project provides an integrated child health package to all children, with a focus on vulnerable children in hard-to-reach and underserved communities. The integrated child health package is delivered mainly through Child Health Days and other outreach services, with focus on management of childhood illnesses.

In the area of WASH, training in Participatory Hygiene and Sanitation Transformation (PHAST) to improve hygiene practices was provided to caregivers from 250 neighbourhood care points (NCPs) and teachers, children and school committee members in 76 targeted schools and communities in Lubombo and Shiselweni regions.

Strategic Partnerships

Mostly met benchmarks

In 2013 UNICEF continued to expand and consolidate partnerships for children. To strengthen civil registration and vital statistics, UNICEF supported the Ministry of Home Affairs to collaborate with the other relevant ministries on this issue in a multi-sectoral manner. Continued advocacy with the Ministry of Health resulted in sustained hospital-based birth registration.

UNICEF consolidated its partnership with faith-based organisations. Two major initiatives were undertaken with FBOs, namely the End Violence Campaign and A Promise Renewed.

A new partnership was forged with influential women in key leadership positions in the private sector, Government, NGO and politics, who were mobilised to partner with UNICEF in empowering adolescent girls to take charge of their lives. Through this partnership, in commemoration of the International Day of the Girl Child, these women were involved in hosting 100 girls who were exposed to the working environment.

To create space for effective child participation, UNICEF, in collaboration with Lusweti, also continued to strengthen partnerships with children and young people in the production and airing of the children's radio programmes. In addition, UNICEF partnered with the National Emergency Response Council on HIV and AIDS (NERCHA) to raise public awareness on HIV and AIDS.

In the area of education, life skills key partnerships were forged. A strategic partnership with Bantwana,

UNESCO and UNFPA led to the development of a new Guidance and Counselling curriculum, which also focuses on HIV prevention. In partnership with UNESCO and SEBENTA National Institute manuals for non-formal education were developed.

For PMTCT and paediatric care, UNICEF, in collaboration with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the International Centre for AIDS Care and Treatment Programmes (ICAP) and the Clinton Health Access Initiative (CHAI), actively participated in the PMTCT and paediatric HIV technical working groups. UNICEF is the lead agency on PMTCT in the Joint UN AIDS programme (JUTA) and co-convenes the inter-agency task team with WHO.

Furthermore, in March 2013 Swaziland launched its national strategic framework for the *Elimination of new HIV Infections among Children by 2015 and Keeping Their Mothers Alive (EMTCT)*. The framework and its operational plan were developed by the Government of Swaziland with technical and financial support from UNICEF, UNAIDS, UNFPA, WHO, PEPFAR and EGPAF. With the national goal of reducing HIV infections among children to 5 per cent by 2014, the EMTCT framework pinpoints the priority strategic and programmatic interventions needed to reduce mother-to-child transmission to less than 2 per cent by 2015.

The partnership focus in 2014 will include follow up on A Promise Renewed, Scaling Up Nutrition and partnership with the new Parliament.

Knowledge Management

Mostly met benchmarks

The 2013 Situation Analysis was updated and disseminated to key stakeholders during MTR stakeholder meetings. A Child Poverty Study and further analysis of the Swaziland Household Income and Expenditure Survey were used in design of the pilot cash transfer for OVC. The findings informed the targeting criteria. MICS was re-packaged by producing user-friendly factsheets on health and nutrition, education and child protection.

The Child Protection Systems Mapping was completed in 2013. The report addresses key bottlenecks in the supply and demand area, explaining the barriers children and women face at different levels to access quality protection services.

UNICEF assisted the Criminal Justice System to develop a knowledge management product to keep record of the GBV-related cases received and to monitor in real time the case status until completion. The system assists the Director of Public Prosecutions and the Sexual Offences Unit to monitor the cases, compile reports for all the regions and to improve effectiveness and efficiency in the prosecution and management of these cases. The system also provides data to be analysed to better understand the sentencing trends in cases of sexual violence such as rape.

UNICEF supported the orientation of child protection partners with regard to the Child Protection Act of 2012 and its implications for service provision.

Human-interest stories were developed with assistance from writers from the US Natcom. The stories centred on non-formal and inclusive education, HIV clubs and survivors of sexual violence. Furthermore, a GBV toolkit was developed to record best practice in this area.

A MoET database was developed this year to track trained teachers from MoET. The database also includes a databank of ECCD centres that received outdoor equipment in 2011. In 2013 the information was used to inform the logistical processes for end-user monitoring of 50 of the 160 remotely located ECCD centres. A costing tool was developed to capture the variables influencing the cost of primary and secondary education in Swaziland, and will provide a statistical basis for determining fees. The primary-level costing tool is being used to guide the parliamentary decision to provide a grant of between E560 to E700 per child to each school for every child enrolled. The costing tool also informed the Deputy Prime Minister's disability and OVC grants for children in primary school, and offers guidance for NGOs and the private sector sponsorship of school

children.

UNICEF completed the evaluation of the Child Health Project (integrated package of child services delivered to the most vulnerable children through NCPs). The evaluation confirmed that without outreach services to NCPs, the majority of the children would not have received any form of health care for the entire year. In 2014, UNICEF will continue to advocate with the MoH and other supporting partners to scale up delivery of this integrated package of health services to vulnerable children.

In collaboration with the UN, an assessment of the Swaziland experience with Social Protection was undertaken. The findings will inform the development of a comprehensive social protection strategy and inform the UN focus areas for 2014.

Human Rights Based Approach to Cooperation

Partially met benchmarks

A part of the MTR, a consultation with children and adolescents was conducted to capture their views and inform the SitAn update and programming for the remaining part of the Country Programme. The SitAn, which formed the basis for the MTR process, highlighted inequities by gender, age, and geography/location. UNICEF supported capacity development of key partners in the rights-based approach to programming. Interventions in this regard included orientation of the media, education and health personnel on Child Protection and the Welfare Act (2012) and their obligations thereunder. These efforts also included equipping the justice sector to better understand what needs to be in place for full implementation of the Child Protection and Welfare Act through a learning visit to Cape Town and capacity strengthening of the police to incorporate the new Act into their curriculum and competency-based child-friendly policing into their training.

To strengthen child participation UNICEF, in partnership with Lusweti, continued to support child-to-child radio programmes, which give an opportunity to children and adolescents to discuss issues that affect them. UNICEF, in partnership with the Deputy Prime Minister's office, National Children's Coordination Unit (NCCU), the NGO Children's Consortium, University of Creative Technology and communities, facilitated platforms for boys and girls to talk about social and cultural practices that are harmful to them as a build-up to the celebration of the Day of the African Child.

In the area of service delivery, particularly in water and sanitation, the targeting of communities was informed by findings of poverty and vulnerability assessments.

Gender Equality

Partially met benchmarks

As part of the SitAn, an in-depth gender analysis was performed, which shows disparities between men and women, boys and girls. This information will be used to inform programming and the advocacy agenda for 2014. The 2013 Child Poverty Study included an in-depth study of disparities, including gender disparities.

To facilitate a better-coordinated approach towards violence response, a national GBV 365-days strategy was developed. The plan articulates programming priorities, coordination mechanisms and an advocacy agenda. Within the context of the Botswana, Namibia and Swaziland (BNS) initiative, joint resource mobilisation and knowledge sharing on GBV was prioritised. This led to the development of joint proposals and identification of potential areas for South-South learning.

A Mid-Term Review of the UN Joint Programme on Gender revealed that even with limited resources achievements were made on legislative reforms to remove legal barriers on women's advancement. Examples include the Sexual Offences and Domestic Violence Bill passed by both Houses of Parliament and now awaiting Royal Assent. UNICEF played a leading role in providing technical assistance in the drafting of the Bill, convening consultations and dialogues and generating evidence through the Violence Surveillance system.

On service delivery, UNICEF partnered with PEPFAR to establish a One Stop Centre to provide comprehensive post-rape care services in response to sexual violence.

Environmental Sustainability

Initiating action to meet benchmarks

In 2013 two major initiatives were embarked upon which have implications for environmental sustainability. First, a 'Sanitation Innovation' project was initiated. The innovation involves aerobic degradation of pit latrine waste using Eco-tabs. The project is in its early stages of implementation; its anticipated results will assist in promoting scale-up of aerobic odourless degradation of pit latrines in schools, which is environmentally friendly and allows user-friendly reuse of the structures.

Second, UNICEF partnered with ADRA, a local NGO, to map vulnerable areas in peri-urban settings in the Manzini Region. Through this project, environmental hazards in poorly serviced peri-urban areas are being mapped to inform programmatic response.

In addition technical support was provided to key national partners to improve emergency preparedness and response. The National Disaster Management Agency (NDMA) was assisted to finalise and disseminate the National Multi-Hazard Plan, which identifies key national emergency risks, sectoral priority actions, roles and responsibilities.

South-South and Triangular Cooperation

In 2013 UNICEF Swaziland was involved in several successful South-South initiatives. First, UNICEF supported a learning visit to the Thuthuzelas in South Africa, which provide comprehensive post-rape care. UNICEF also facilitated a learning visit to Western Cape to better understand the operations of the One-Stop Centre and other components of the justice system supporting SGBV survivors. This cooperation resulted in a concrete joint work plan between prosecution authorities of the two countries, facilitated through the respective UNICEF Country Offices. The Swaziland CO is also receiving invaluable technical support from UNICEF's South Africa Country Office in this regard. Starting from 2014, a series of training courses, coaching and in-service trainings are planned for Swazi professionals working at the forefront of post-rape response and care. This support from the South African counterparts became possible within the 'Together For Girls' project, and by reinforcing the memorandum of understanding on cooperation between the two countries.

Another effort to enhance South-South cooperation was joint work by Botswana, Namibia and Swaziland on PMTCT and GBV. The cooperation was based on recognition of the varied experience in the three countries and the need to leverage the knowledge and experience. In addition, all three countries face resource constraints. As a result, joint resource mobilisation was initiated focusing on EMTCT and GBV. Joint proposals were developed, which will serve as a basis for further collaboration in 2014.

Swaziland is designing a Pilot Cash Transfer programme for OVC. As part of the design of the cash transfer, UNICEF facilitated a visit to Lesotho. UNICEF Lesotho facilitated the South-South learning experience.

Narrative Analysis by Programme Component Results and Intermediate Results

Swaziland – 4030

PC 1 - Child survival and development

 On-track

PCR 4030/A0/04/001 1: Increased use of proven PMTCT, Care and treatment interventions by Children, Adolescents, Pregnant and Post-partum women especially from the hard to reach populations of the country.

Progress:

In 2013 progress was achieved towards the three IR results on increased uptake of ARV prophylaxis for the prevention of mother-to-child transmission of HIV, ART for eligible HIV-infected pregnant women and on initiation of HIV-infected children on ART. Currently the Government provides 100 per cent of the ARVs nationally. UNICEF used the following key strategies to support implementation of HIV response: 1) improved coordination at national level, through development of one national PMTCT implementation plan; 2) technical and financial support to the Government and implementing partners for training of health care workers on the use of new 2010 PMTCT guidelines and Nurse-led ART Initiations (NARTIS); 4) programme review and experience-sharing workshops aimed at improving the quality of PMTCT and Paediatric AIDS care services; and 5) increased accessibility of HIV testing services for women and exposed infants and sustained in-country capacity to perform DNA PCR HIV tests; and 6) raising community awareness on the importance of MNCH services, leading to increased demand for PMTCT and Paediatric AIDS care services. The MNCH platform, if strengthened, is the main vehicle for delivery of various HIV prevention care and treatment interventions for children and women.

 On-track

IR 4030/A0/04/001/001 Increased PMTCT ARV Prophylaxis uptake raised from 67 per cent to 90 per cent among HIV infected women and children by 2013.

Progress: In 2013, UNICEF contributed to the increased uptake of ARV prophylaxis for PMTCT among HIV-positive women and children by providing technical and financial support to MoH. This included support to the final editing, printing and dissemination of the EMTCT framework and its operational plan (300 copies each) and its official launch in March 2013. These key national documents are guiding the implementation of EMTCT activities nationwide.

UNICEF also supported capacity building of health workers in various areas of PMTCT and paediatric HIV service delivery, including training of nurses on Nurse-led ART initiations, orientation of health workers on new PMTCT and paediatric HIV guidelines, and continued support for quality improvement for service delivery at national, regional and health facility levels. These have contributed to the annual increase in the uptake of PMTCT services for both women and children, with 97 per cent of pregnant women attending their first antenatal care visit (ANC); of whom over 92 per cent received HIV testing and counselling (HTC) during ANC – 37 per cent of them were HIV+; 86 per cent of all HIV+ pregnant women received ARV prophylaxis for PMTCT. Most HIV-exposed new-borns received ARV prophylaxis at birth (90 per cent) and 75 per cent were initiated on cotrimoxazole at six-to-eight weeks of age. Just over 90 per cent of HIV-exposed infants aged six-to-eight weeks seen during the year were tested for HIV by DNA/PCR; 2 per cent were HIV+, and 49 per cent were initiated on ART.

A team of three technical staff from SRHU received UNICEF support to participate in the 2013 ESAR Regional EMTCT stock-taking meeting in Ethiopia, where they prioritised the country's EMTCT activities for the year. UNICEF, in collaboration with other PMTCT partners (such as EGPAF, ICAP and CHAI) is also actively involved in PMTCT and paediatric HIV technical working groups as lead agency on PMTCT for JUTA and co-convenes the IATT team with WHO. Under this umbrella; UNICEF supported MoH to revise the PMTCT and paediatric HIV guidelines by incorporating the updates from the new 2013 WHO Consolidated ART guidelines; and in streamlining the EMTCT agenda within the extended National Strategic Framework for HIV.

UNICEF also supported the Swaziland Nazarene Health Institutions (SNHI) – RFM Regional Hospital – to strengthen provision of early infant male circumcision. RFM performs an average of about 65 neonatal circumcisions per month.

 On-track

IR 4030/A0/04/001/002 Increased per cent of pregnant women on ART pregnant and lactating women who receive ART Increased from 44 per cent to 65 per cent by 2015.

Progress: To contribute to increasing the proportion of eligible HIV-infected pregnant and lactating women who receive ART, UNICEF supported the finalisation of the PMTCT impact evaluation up to six weeks of infant's age, which MoH successfully conducted. The key findings include the fact that the postnatal HIV transmission rate from mother to child has significantly dropped, to about 2 per cent at 6–8 weeks.

UNICEF has also supported a regional hospital, Good Shepherd Mission Hospital, to conduct PMTCT operational research to determine, among other things, the postnatal mother-to-child HIV transmission rate among breastfeeding women that received PMTCT services and delivered at a hospital. The research, which is currently midway, may reveal factors contributing to increased postnatal transmission, despite being very low for infants at 6–8 weeks of age, as well as continued postnatal prophylaxis.

 On-track

IR 4030/A0/04/001/003 Per cent of infants initiated on ART increased from 30 per cent to 60 per cent by 2015.

Progress: In 2013, to contribute to increasing the proportion of HIV-infected infants who are initiated on ARV in infancy (currently more than 49 per cent), UNICEF supported the Paediatric HIV Care Unit to train 60 nurses on IMAI (containing paediatric HIV modules) and orient 40 health workers from SNHI hospital on the new paediatric HIV guidelines. UNICEF also supported strengthening of quality improvement in the laboratories at 12 major health facilities dealing with the HIV lab diagnostics, including CD4, PCR and complete blood counts all which are crucial in paediatric HIV care and treatment. This was done by training 39 phlebotomists on QA/QI lab methodologies and resulted in establishment of quality improvement teams that are currently initiating QI projects in each of the laboratories. It is envisaged that these projects will lead to improved efficiencies in the laboratory service delivery to enhance paediatric HIV service delivery.


Similarly, UNICEF continues to support strengthening of QI in PMTCT, EIMC and maternal and new-born care. Three major hospitals (Mbabane Government, Good Shepherd and SNHI) were supported to integrate QI work in their daily service delivery; 80 staff members were trained on QI and a total of six QI experience-sharing meetings were successfully conducted throughout the year, where several on-going QI projects were discussed, enhancing learning from various shared experiences. The experience-sharing meetings have additionally been a motivating factor for teams to design more effective QI projects in their respective institutions. In this regard, in 2014, UNICEF will advocate for scale-up of capacity building for QI by MoH to cover all health facilities in the country. Proposed new QI projects include the use of birth registration services by mothers/parents of new-born babies and applying the QI/QA concept in the newly opened One-Stop Centre for post-violence/post-rape client management

In 2013 UNICEF also focused on supporting increasing the number of HIV-infected children and adolescents initiated on ART and retained in care. This was achieved through continued support to the Baylor in-reach programme for teen clubs of adolescents living with HIV at their four centres with about 1,200 adolescents living with HIV and on ART (with 100 additional adolescents in 2013). With UNICEF support, Baylor likewise conducted educational clinics to transition graduating teen club members into young adulthood. This helped to prepare the HIV-positive young people to enter into adulthood with confidence and readiness to face the world with its various life challenges and to adjust to the adult ART clinics environment.

Regarding prevention and management of SGBV, which puts children, adolescents and women at a higher risk for HIV, UNICEF helped to build the capacity health workers to improve delivery of post-exposure prophylaxis (PEP) services for victims of sexual gender-based violence (SGBV) by procuring some essential medical supplies for the One-Stop Centre and officially handed them over to Government. Production and printing of various SGBV/PEP materials, including PEP registers, monthly reporting forms and PEP patient tracking forms, was also supported.

IR 4030/A0/04/001/004 Increased health care providers' capacity to identify and treat HIV/TB infected mothers, children and adolescents within the integrated SRH/MNCH/ HIV/TB services and their analysis and use of data for program decision making.

IR 4030/A0/04/001/005 Increased awareness among parents and families especially men, on the implications of their HIV positive status to children including related stigma

 On-track

PCR 4030/A0/04/002 2: Increased & Sustained coverage of High Impact Preventive and Curative MNCH and Nutrition interventions especially Maternal, New-born health, Pneumonia, Diarrhoea and Acute Malnutrition in low performing regions by 2015.

Progress: In 2013; the focus was on continued delivery of a package of health care services (immunisation, vitamin A supplementation, deworming and management of minor illnesses) and reducing WASH deprivation for vulnerable children in the deprived regions of Lubombo and Shiselweni. Immunisation, Vitamin A supplementation, deworming, screening and treatment of childhood illnesses were successfully implemented, and targeted especially vulnerable children in underserved and hard-to-reach areas. Implementation was through integrated service delivery approaches in the Child Health Project, including outreach services to NCPs, Child Health Days, school health, community nutrition promotion and WASH in the worst-affected regions of Lubombo and Shiselweni.

 On-track

IR 4030/A0/04/002/001 Increased exclusive breastfeeding rate of infants aged 0 to 6 months who are exclusively breastfed by 2014.

Progress: To contribute to an increase in the proportion of infants aged 0-to-6 months who are exclusively breastfed, UNICEF supported the Nutrition Council in 2013 to strengthen delivery of nutrition services, including revitalising the Baby Friendly Hospital Initiative (BFHI) in 17 major health facilities providing MNCH services; community promotion of iodised salt and community-based growth monitoring. It is envisaged that the revitalisation of BFHI will lead to active participation of health workers in the delivery of quality infant and young child feeding (IYCF) services, contributing to a reduction in child morbidity and mortality related to childhood illnesses such as diarrhoea, pneumonia and malnutrition. The community-based promotion of iodised salt entailed education, salt testing and replacement of un-iodised salt with adequately iodised salt in eight priority communities prone to iodine deficiency. Following this intervention, these communities are now using adequately iodised salt. Community-based growth monitoring and promotion resulted in identification of malnourished children and their referral to appropriate services for management.

Furthermore, in collaboration with WHO, Swaziland Infant Nutrition Network, EGPAF and Baylor, UNICEF supported SNNC to revise IYCF guidelines in line with the new 2013 WHO consolidated ART guidelines. When the exercise is complete, the document will be printed and distributed to all health facilities for implementation.

In 2014, UNICEF will continue to support strengthening of IYCF through BFHI; advocate for passage of the Public Health Bill, which contains the Code of Marketing for Breast Milk Substitutes; support finalisation of the review of the Food and Nutrition Bill and advocate for its passage by Parliament; and support community education on IYCF and proper nutrition including the use of iodised salt.

 On-track

IR 4030/A0/04/002/002 per cent of U-5s receiving vaccination & Vitamin A 0- 59 months old vaccinated against measles from 68 per cent to 80 per cent and those receiving Vitamin A supplements from 50 per cent to 80 per cent in low performing regions by 2015.

Progress: In 2013, UNICEF, in collaboration with other partners, contributed to increase the proportion of children 6-to-59 months old vaccinated against measles and those receiving Vitamin A supplements in low-performing regions. This was achieved by supporting MoH to develop and fully implement a communication plan for the introduction of a new vaccine (PCV 13) and successfully implemented African Vaccination Week activities and carry out the integrated measles campaign. C4D principles and strategies were applied in creating awareness and demand for services, to improve health-seeking behaviour for maternal and high-impact child survival. Activities included community dialogues and production and distribution of immunisation IEC materials. Key messages for health workers and the public were also distributed and radio messages were aired with a call-in programme, after which there was a markedly increased turn-out for the measles campaign. Use of SMS to remind families to take their children for vaccination was also very useful.

Also, in collaboration with other partners such as WHO, Red Cross International and Plan International, UNICEF supported MoH in successfully conducting the integrated measles campaign. The campaign achieved coverage rates of 97 per cent for measles vaccination, 95 per cent for polio and 89 per cent for Vitamin A supplementation. A routine immunisation coverage survey in June 2013 showed that the country is above 90 per cent for most immunisation coverage indicators.

MoH was also supported to conduct an Effective Vaccine Management Assessment, which helped to point out areas of strength and weakness, especially within the cold chain system of the country. As a result, the EPI has developed a response plan to address the identified problems, to improve the whole cold chain system. Furthermore, the EPI was supported to review its comprehensive Multi-Year Plan (cMYP) for 2012/16, from which an EPI annual plan for 2014 was drawn. Part of EPI support also went to printing of child health cards to ensure that all health facilities had adequate copies.

In 2014, UNICEF plans to continue supporting implementation of Child Health Days, commemoration of African Vaccination Week and Introduction of new vaccines (PCV 13 and Rota Virus). Special focus will also be given to strengthening vaccine management, especially the cold chain system.

 On-track

IR 4030/A0/04/002/003 Increase from 43 per cent to 75 per cent mothers who have children under-5 years old in Lubombo and Shiselweni regions practising hand-washing with soap at critical times (after cleaning their babies)

Progress: Available evidence shows that water and sanitation deprivation is one of the major national challenges. In 2013 UNICEF contributed to the increase in the proportion of mothers with children under five in Lubombo and Shiselweni regions who were washing hands with soap at critical times (e.g. after cleaning their babies). This was achieved by improving their capacity to promote and practice sanitation and hygiene (especially hand-washing). With UNICEF support, caregivers in 250 NCPs and teachers, children and school committee members in the 76 targeted schools and communities in Lubombo and Shiselweni regions received training in Participatory Hygiene and Sanitation Transformation (PHAST) to improve hygiene practices as well as hand-washing devices and soap.

 Constrained

IR 4030/A0/04/002/004 Reduce severe water deprivation for children from 54 per cent to 44 per cent in Lubombo region and from 50 per cent to 40 per cent in Shiselweni region by 2014.

Progress:

Regarding UNICEF's support to reducing severe water deprivation for children in Lubombo and Shiselweni region, through increasing access to potable water and sanitation services and regulation of rural water supply and sanitation, most activities were intermittent and constrained because of limited funding. However, in collaboration with UNHCR, UNICEF supported Water Supply and Sanitation rehabilitation work at Malindza Reception Centre through implementing partner IRD. The centre was built approximately 30 years ago to house refugees.

IRD is in the process of improving Water Supply at Malindza Reception Centre by drilling a new borehole closer to reception centre and installing a new electric pump and HDP pipes instead of galvanized pipes for the new system. They are also improving access to sanitation by rehabilitating existing sanitary facilities, constructing two blocks of new pit latrines and a new refuse collection area. Sensitisation on good hygiene behaviour and distribution of hand-washing devices to 60 target schools was also being carried out. The interventions, which commenced in November 2013, will be completed by January 31st 2014. This work also contributes to the disaster risk reduction mandate to prepare for and respond to emergencies to ensure fulfilment of the core commitments to children.

UNICEF was also able to donate six hand pumps to support women's empowerment in Manzini and Shiselweni by working with one of the WASH Forum members.


 Constrained

IR 4030/A0/04/002/005 Reduced sanitation deprivation for children from 42 per cent to 32 per cent in Lubombo region and from 21 per cent to 15 per cent in Shiselweni region by 2014

Progress:

UNICEF had not planned any activities for this IR this year due to limited funds. However, the Sanitation Innovation project won an

award with funds that could be used to cover some critical services, thus, the activities for this IR related to improving sanitation through innovation of aerobic degradation of pit latrine waste using Eco-tabs, will be integrated with activities in IR 2.3 in schools and surrounding communities. UNICEF supported conducting an assessment of 13 schools out of 60 target schools to find out the status of their water and sanitation infrastructure, in preparation for the Sanitation Innovation project. Procurement of Eco-tabs for the pilot is completed and the samples have been delivered to the regional health office's environmental health department for implementation. The project is in an early stage of implementation; its anticipated results will assist in promoting scale-up of aerobic odourless degradation of pit latrines in schools, which is environment-friendly and allows user-friendly reuse of the structures.

 On-track

PCR 4030/A0/04/003 Enhanced support for children and families leading to sustained use of safe drinking water, adoption of adequate sanitation and good hygiene practices.

Progress: For this PCR, UNICEF is supporting the delivery of a package of preventive and curative health services and psychosocial support to vulnerable children at NCPs. This project, which started in 2010, benefited over 7,120 vulnerable children and families with poor access to basic health and social services. The outreach teams were comprised of qualified nurses who used 20 central NCPs as staging places to serve children at 87 nearby NCPs. More than 100 caregivers from the 87 NCPs were trained in community integrated management of childhood illnesses (cIMCI). The caregivers mobilised families to attend outreach services, visited homes to support children who are on ART, provided support on ART adherence and identified children who needed referral for specialised care. UNICEF support ensured implementation of Child Health Days and outreach services to some selected NCPs, but this approach has had limitations because they are not routine.

There is need for further advocacy for MoH to incorporate this package into routine outreach programmes.

 Constrained

IR 4030/A0/04/003/001 Increased proportion of mothers and their new-born babies receiving post natal care from 22 per cent to 50 per cent by 2013.

Progress:

No activities planned for 2013 for IR 3.1

 On-track

IR 4030/A0/04/003/002 Increase per cent of children receiving treatment for pneumonia (from 24 per cent to 50 per cent), for diarrhoea (from 24 per cent to 50 per cent) and for acute malnutrition (from 50 per cent to 70 per cent) by 2015.

Progress: UNICEF contributed to increasing the proportion of sick children who are receiving treatment for pneumonia, diarrhoea, and acute malnutrition through continued support to MoH for implementing the Child Health Project, which began in 2010. The project has provided an integrated child health package to all children, with focus on vulnerable children in hard-to-reach and underserved communities. The integrated child health package being delivered is the described above in 2.2 for Child Health Days and other outreach services, with focus on management of childhood illnesses.

For half of 2013, (project ended June 2013) UNICEF supported MoH through School Health and IMCI programs to increase access to an integrated health services package for vulnerable and underserved children at the selected NCPs. The integrated package of health care services was comprised of immunisation, micronutrient supplementation (Vitamin A), deworming, growth monitoring, cotrimoxazole refills for treatment of opportunistic infections in HIV-infected children, treatment of other minor ailments and referrals to nearest health facility. In 2013 the school health teams conducted visits to 78 NCPs during the May school holidays, whilst the regional outreach teams conducted monthly visits to 20 central NCPs that are linked to 100 feeder NCPs situated in hard-to-reach areas. Through both approaches, over 7,300 children were reached between January and June of 2013 – 3,532 through the school health holiday programme and 3,745 through monthly outreach (51 per cent girls). Of all the children reached, over 76 per cent received vaccinations, of whom the majority (67 per cent) were vaccination defaulters and 25 per cent were Vitamin A supplement defaulters. Over 5 per cent were provided with treatment of minor ailments, including cotrimoxazole refills and management or referral of opportunistic infections for HIV-infected children. The outreach services also identified HIV-positive children so that those who were not yet enrolled on ART could be enrolled and those who were enrolled could be monitored for adherence and retention in care.

UNICEF also supported the evaluation of the Child Health Project, which provided an integrated health services package for vulnerable and underserved children at the selected 100 NCPs. The results underscored the need to sustain and scale-up the services to reach more children in other underserved and hard-to-reach areas. The evaluation further confirmed that without the outreach services to the NCPs, the majority of the children would not have received any form of health care for the entire year.

In 2014, UNICEF will continue to support and advocate with MoH and other supporting partners for sustainability and scaling-up of delivery of this integrated package of health services to vulnerable children at NCPs, especially those in hard-to-reach and underserved areas. UNICEF will also support and advocate for the establishment of integrated community case management for childhood illnesses, especially HIV infection, TB, pneumonia, diarrhoea and acute malnutrition


IR 4030/A0/04/003/006 National WASH Forum coordination strengthened to increase availability and use of WASH services

IR 4030/A0/04/003/007 Sanitation interventions linking schools and communities in the target regions, for the elimination of open defecation expanded.

IR 4030/A0/04/003/008 Strengthened Participation of Schools and surrounding Communities in WASH developments to enhance sustainability of access to Water, Sanitation and Hygiene Behaviour to ensure that healthy habits are taught, practiced and integrated

into daily routines.

PC 2 - Basic education

 On-track

PCR 4030/A0/04/004 ECD, Primary and Secondary schools and communities are able to deliver quality and inclusive child-friendly (Inqaba) services and learning outcomes.

Progress:

UNICEF supported the Ministry of Education to carry out a study on secondary education costing, complementing the study undertaken for primary education in 2012. Both the study reports and the costing tools helped the Government to have better and more accurate information regarding the structure of school fees, which are the main barriers to education, impacting negatively enrolment in primary and secondary school. The reports and costing tools facilitated advocacy for a policy shift with potential for resource leverage. In particular, the tools enhanced informed decision-making by the MoET about top-up fees, which are a burden for families in general, and most disadvantaged households in particular.

UNICEF supported also the Ministry of Education by providing schools with 2,000 items of furniture (a conjoined desk and bench that makes it longer-lasting and more stable for classroom use) for approximately 4,000 pupils. Equity considerations were made in the allocation of furniture to remote, rural and disadvantaged schools. This support in supply aimed to address the high influx of enrolment resulting from the Free Primary Education initiative, and also to improve the conditions of children by catering to 12 non-formal classroom managed by SEBENTA and the juvenile correctional school, as education is a right for every child.

Two hundred head teachers were trained on instructional leadership. These in-service training opportunities target newly appointed leaders in the education sector to enable them to manage the learning process in schools and to be able to support other teachers.

 On-track

IR 4030/A0/04/004/001 NER of primary school aged children increased from 83 to 100 per cent, particularly OVCs, girls and children with special needs, in all regions in the country by 2015.

Progress:

To cope with the massive influx of children caused by the Free Primary Education initiative and improve the learning environment, UNICEF provided to the Ministry 2,000 desk/benches for approximately 4,000 children. UNICEF also advocated and supported knowledge-sharing in the area of inclusive education (IE) by guiding MoET personnel on IE, which is a component of Education Sector Policy. Some 3,000 copies of the Swaziland Education and Training Sector Policy of 2011 were reprinted for distribution to key senior officials, cabinet ministers and stakeholders. The demand came at a time when the Government of Swaziland was deliberating on how to address growing concern about teenage pregnancies linked to school dropout rates. The sector policy makes provision for a girl who gets pregnant to be able to continue her education after delivering; however, this was not a widely accepted position in practice. A secondary school costing tool was developed, similar to the one developed in 2012 for primary education, with UNICEF support. These tools, combined with the reports from studies were used by the MoET to determine the school budget for 2014. These tools are also under consideration for use to process school applications to charge 'top-up' fees, which require formal approval by MoET together with parental consent.

 On-track

IR 4030/A0/04/004/002 Increased access for out of school children attending non-formal education and re-enter the formal school system by 2013.

Progress:

To foster the transition from non-formal to formal education, UNICEF supported both MoET and the Sebenta Non-formal Education Institute to align their curriculums, in order to facilitate the bridging. Using the Non-formal Education Census of 2012, UNICEF is now supporting Sebenta to develop user-appropriate modules for the Equivalency Curriculum. In 2013 Sebenta held workshops to prepare non-formal facilitators, formal educators and the country's talented writers to draft modules 1, 2 and 3 for the non-formal curriculum. Each module has an assessment at the end to allow a learner who is only able to access non-formal education (due to time or responsibilities at home or distance from formal schools) to accelerate through the primary curriculum and either re-enter the formal system at the age-appropriate level or to sit for the primary certificate exam and proceed into secondary education together with peers.

 On-track

IR 4030/A0/04/004/003 Transition rates increased from primary to secondary, particularly for girls, children with special needs and OVCs, increased by 50 per cent and drop-out rate in basic education cycle, decreased from 7 to 1 per cent by 2015.

Progress: Transition rates (84 per cent) appear high, yet the high repetition rates (15 per cent) and drop-out rates (4 per cent) are indicative of an inefficient system of education whereby children on average take longer to finish primary and transition to secondary. When analysed further, repetition rates are seen to exceed the policy guideline, which stipulates that fewer than 10 per cent of learners repeat per year.

Based on this UNICEF and education partners started to discuss with the MoET the tracking of main barriers to both qualitative and quantitative transition from primary to secondary education, as well as the causes of high repetition and dropout rates the country is

facing. Both MICS and the school census show that school fees, the education system architecture (with a very large base and a very narrow top) combined with some inappropriate habits and a huge lack of investment in secondary education constitute the main drivers of the current situation. This explains UNICEF's support to the MoET to carry out the costing study for both primary and secondary education, combined with the development of analytical tools to understand the fee structure and prepare relevant measures to remove barriers to education and foster the transition from primary to secondary. Advocacy conducted by UNICEF management with the newly appointed Minister of Education was tied to the fact that the country will complete the full FPE in 2015, with the bulk of pupils from primary unable to transition to secondary school, hindering the building of critical human capital needed by the country to strengthen its development. Discussions are already under way on how UNICEF can help in terms of strategic reflection and studies to enlarge secondary schools' capacities and improve learning outcomes.

 On-track

IR 4030/A0/04/004/004 At least 50 per cent of all primary and secondary schools nationwide, implement at least 4 out of 7 CFS-SCCS pillars by 2015, paying particular attention to OVC, girls and the inclusion of children with special needs.

Progress:

Three hundred copies of the training manual for teaching the 'Inqaba' module to teachers, inspectors and head teachers were produced this year. Inspectors had a three-day meeting to review the manual that was used in primary schools in preparation for the expansion of the Child Friendly School (CFS) concept to secondary schools. They identified some limitations, including the need to revise the annexes, in particular the funding mechanism and proposed budgets to support the development of Inqaba pillars within the School Development Plan. Inspectors also learned about positive discipline from fellow educators, like a Deputy Head Teacher who shared how he used to practice corporal punishment but has since stopped in favour of a more positive approach to child discipline.

William Pitcher College is the pioneer in mainstreaming Inqaba and financial management in the pre-service teacher training curriculum. Once this has been modelled in the college classroom, it will then be exported to the other three teacher training colleges around the country.

Special Education Needs (SEN) is an integral part of the formulation of the Inqaba manual as a key channel to ensure that all documents prepared for implementation by MoET are inclusive and address the needs of children living with disabilities and the priority to protect them against abuse and violence.

 Constrained

IR 4030/A0/04/004/005 Sexual violence in schools reduced to 3 per cent in teacher-learner relationship, in school environments from 10 per cent to 3 per cent, by 2015.

Progress:


UNICEF encouraged MoET to convene the first meeting of the technical committee of stakeholders to discuss ways to address violence in Schools.

The effort to develop a comprehensive plan to eliminate violence in and around schools was hampered by the delay in the appointment of a Director for Guidance and Counselling at MoET. The violence portfolio, although cross-cutting, is under the leadership of this unit.

Strategically, UNICEF supported MoET to develop IEC materials on violence in and around schools, with the active participation of children. Furthermore, training on positive discipline was provided for head teachers and school committee chairpersons, to highlight alternatives to corporal punishment in schools, which contributes to high drop-out rates. UNICEF is working with the Director of Education to set up a technical committee made up of internal MoET leadership to develop a plan of action that will be shared with stakeholders. Partnerships in this challenging yet critical area need to be enhanced so that the safety and protection of students in schools and as they travel to and from school is adequately addressed.

IR 4030/A0/04/004/006 Policies, standards, curriculum and coordination mechanisms for ECD, primary and secondary education strengthened

IR 4030/A0/04/004/007 Quality and environment of learning for children and adolescents, (including HIV/AIDS life skills and competencies for life-long learning), improved.

 On-track

PCR 4030/A0/04/005 5: HIV/AIDS prevention and life skills e, especially adolescents, have adequate gender, livelihood and life skills for HIV prevention and to support the transition to adulthood.

Progress:

In the past three years, in consultation with MoET, UNICEF and other stakeholders have made a strategic decision to focus on adolescents and young people as the target group, based on the fact that schools are a captive audience and adolescents represent an important investment for the country. Partnership with UNESCO and Bantwana resulted in the introduction of age-appropriate HIV and AIDS curriculum for adolescents and young people in secondary schools, based on life-skills approaches. The focus in 2013 was on the piloting of this curriculum in 24 secondary schools. This pilot involved supporting panel meetings for quality assurance, finalisation and printing of the teachers' handbooks, capacity building for the master trainers and teachers that are facilitating the sessions and monitoring visits to the pilot schools. The Ministry was also supported with strengthened monitoring and coordination of the pilot of this

initiative through the development of monitoring tools and facilitation of classroom observations and feedback meetings with the teachers from the pilot schools. Strategic collaboration between the MoET and other partners was ensured through facilitating a partnership with UNFPA, which resulted in the identification of key actors in the area of HIV/AIDS for both in and out of school adolescents and young people.

To fight the epidemic, a strong partnership is needed between the formal and non-formal education settings. Based on that, UNICEF also provided support to SEBENTA and ensured the integration of HIV/AIDS in the modules of the non-formal education. These modules aim to build a bridge between formal and non-formal education, in order to give a second chance to children who never attended school or left early. These young people also need access to relevant, accurate information about the HIV/AIDS epidemic.

 On-track

IR 4s030/A0/04/005/001 School children's HIV knowledge increased in primary and secondary schools, particularly those aged 10 to 19, have increased their comprehensive HIV/AIDS prevention knowledge from 52 per cent to 90 per cent through life skills education to reduce their risk and vulnerability to HIV infection, by 2015.

Progress:

MoET disseminated HIV Knowledge, Attitudes and Practice results of the Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ- II) study, which shows that although teachers demonstrate 100 per cent aptitude on HIV knowledge, their learners only perform at 52 per cent. Consequently, the National Curriculum centre would like to conduct an audit of primary school learning materials to establish the extent of HIV prevention information contained and to adjust their curriculum review to factor in this finding.

A prototype of the Guidance and Counselling and HIV Teachers handbook was developed and printed for use in modelling the mainstreaming of a guidance and counselling class for the secondary school curriculum. Chapters include HIV prevention, treatment, violence and abuse, hygiene and well-being, career guidance, decision-making and life skills to address the information needs of particular age groups.

Sensitisation events, workshops and meetings were held with everyone in the education sector. However, it is important to also sensitise a wide array of partners in the health sector on the curriculum. A training manual was developed to train master trainers who are responsible for training guidance teachers at the school level.

Twenty-four of 25 schools have remained in the pilot programme, with one preferring not to use the age-appropriate approach in favour of the traditional classroom methods of delivering the curriculum.

 On-track

PCR 4030/A0/04/006 11: DRR, Gender & Emergency Preparedness integration of disaster risk reduction in development programmes, mainstream gender issues and prepare for and respond to emergencies to ensure fulfilment of the core commitments to children in emergencies.

Progress:

For monitoring and tracking the acceleration towards 70 per cent enrolment at ECCD centres for children under six (from 33 per cent), support was given to the EMIS Unit of MoET to update and print 3,000 copies of the ECCD questionnaire and to bring in an IT specialist to modify and update the software to capture and store data on ECCD indicators.

To demonstrate the standards and operations of a sustainable community-based pre-school, a model ECCD centre at Malindza was renovated, painted and indoor and outdoor equipment purchased with the aim of having it ready in January 2014 for 52 children at the refugee reception centre.

 On-track

IR 4030/A0/04/006/001 Access to early learning and socialisation for improved developmental readiness for primary school at the age of 6, increased from 21.6 per cent to 70 per cent by 2015.

Progress: An ECD training manual was developed and is awaiting approval by the BAI, the body that approves the curriculum for teaching colleges. Fifty prospective students were selected to participate in the training, which will see a cohort of qualified ECCD teachers available to work in NCPs, pre-schools and Grade 0 upon graduation. Quality ECCD teachers will improve developmental readiness of learners in preparation for entry into primary school, thereby reducing high repetition rates in Grade 1.

 On-track

IR 4030/A0/04/006/002 Primary care-givers knowledge increased; children aged 0-to-8 that have knowledge and skills on core caring practices increased to 50 per cent by 2015.


Progress:

The Swaziland ELDS was finalised this year. Five thousand copies were printed and distributed to key partners who work with children aged 0–5 years. To make the dissemination more effective, a cadre of 12 trainers from MoET and its partners who were involved in the formulation and validation of the ELDS embarked in late 2013 on on-site training of ECCD caregivers and parents in communities as well

as residential child care facilities and health centres.

A pilot programme is planned when ECCD centres reopen in mid-January 2014.

PC 3 - Child protection

 On-track

PCR 4030/A0/04/007 Protective environment for children is improved.

Progress:

After the submission of the Swaziland State Party Report on the Convention on the Rights of the Child (CRC), recommendations from the CRC committee highlighted the weak legislative and policy systems to protect children from violence, abuse and exploitation. The absence of updated legislation and policies that domesticate CRC hinders the full enjoyment of the rights and protections as enshrined in this international instrument. This result seeks to address this gap, intensifying efforts towards improving legislation, policies and their enforcement to benefit the children of Swaziland, particularly the most vulnerable.

UNICEF's investment in sustained high-level advocacy for instruments that seek to address disparities and vulnerabilities facing the most marginalised children and women yielded remarkable achievements in September 2012. This took the form of ratification and accession to 13 international and regional conventions and protocols relating to children, including the optional protocols to the CRC, African Charter on the Rights and Welfare of the Child and instruments on disability.

Perhaps the most significant of gains in child protection in Swaziland was the enactment of the Children's Protection and Welfare Act of 2012 and passage of the Sexual Offences and Domestic Violence Act by Parliament in 2013. These instruments build on national policies that were adopted by the country within this country programme, specifically the Children's Policy, the Social Development Policy and the Gender Policy.

The aforementioned international instruments, laws and policies illustrate the significant progress made by the country in recent years. Even with the tremendous task ahead, the Government gazetted the commencement of the Children's Protection and Welfare Act as of July 2013. Efforts were made to build capacity within Government and other duty bearers to accelerate the implementation of this legislation and to empower rights holders to claim their rights. Civil registration, which also addresses birth registration, remains a priority focus in the construction of a protective legislative and policy environment for children.

 Constrained

IR 4030/A0/04/007/001 Strengthened national policy frameworks and systems that prevent and respond to abuse, exploitation, neglect and violence against children.

Progress:

To contribute to reducing the number of children who experience sexual abuse, the programme focused on addressing the lack of strong legislation, policies and evidence. About five years after being tabled in Parliament, the Sexual Offences and Domestic Violence Act was finally passed by the outgoing Parliament in May 2013. Through collaboration with the Ministry of Justice, UNICEF facilitated enactment of this legislation, which replaces the old and fragmented legislation governing issues of violence. High-level advocacy, capacity strengthening for the focal ministry and trainings for Parliamentarians and other key stakeholders were part of the strategy for passing this legislation. Although the Act still awaits the King's consent, UNICEF is supporting Government in preparedness for implementation of this very important legislation.

The Children's Protection and Welfare Act 2012 is another important instrument that seeks to protect children and reduce their vulnerabilities. In 2013 UNICEF support focused on a number of interventions aimed at operationalising and disseminating the Act widely to create awareness and improve protection of children. There was significant progress during 2013 towards the review of the police curriculum and incorporating competency-based, child-friendly policing in the spirit of the Children's Act.

Another strategy employed to improve the environment for children is fostering South-to-South learning for the Ministry of Justice and Constitutional Affairs and a multi-ministerial team to enhance coordination, implementation of legislation and roll out of the multi-sectorial response to violence through the network of One Stop Centres. Learning visits and continued support from South African counterparts is assisting the country to reach these goals and ultimately to reduce sexual violence in Swaziland.

In 2013 UNICEF supported the development of a draft '365 days National GBV strategy', a joint UN activity supported by UNICEF, UNFPA and UNDP that seeks to lay the foundation for a strategic and coordinated response to violence in the country.

A major bottleneck remaining is the lack of comprehensive, targeted state interventions that seek to protect victims of violence, build resilience and encourage reporting, while holding perpetrators accountable.

 No Progress

IR 4030/A0/04/007/002 Behaviour and social norms which sustain abuse, exploitation and neglect of children are understood and change accelerated.

Progress:

Although there is clear evidence of serious information/knowledge gaps on issues of violence, particularly at the community level, and minimal male involvement towards protection of women and children, there has not been significant investment or progress in programming in this area. Due to limited financial resources and human capacity, UNICEF did not support any interventions under this IR. The activities required to achieve this result demand financial resources and human capacity that was not available in 2013.

Although civil society partners have continued to raise awareness and improve knowledge on the findings and IEC materials of the 2007 study, this took place without UNICEF's technical and financial support.

 On-track

IR 4030/A0/04/007/003 Vulnerable children and those who survive abuse, neglect, exploitation and violence receive quality services.

Progress:

Access to comprehensive/quality services for survivors of violence remains one of the major challenges in this country. This, coupled with minimal capacity within Government and lack of strong coordination of these services, minimises the impact of the significant gains on the legislative and policy front. To address this gap, in 2013, UNICEF facilitated the capacity building of state and non-state actors in a series of local and international training workshops, and provided a forum for South-to-South cooperation to enhance the capacity of beneficiaries and advocate for better Government ownership and investment in addressing issues affecting the protection and promotion of the rights of children.

The new legislation seeks not only to promote and protect the rights of children, but also to improve the response and victim-friendliness of services for those who have experienced or been exposed to SGBV. UNICEF has been working with relevant ministries in support of interventions aimed at improving access and quality of services through the rollout of the One-Stop Centre, which provides a comprehensive package of services to the victims/survivors of SGBV. This initiative seeks to minimise secondary victimisation and create a protective environment.

Based on the South-South cooperation, the One Stop Centre concept applied in Swaziland through UNICEF technical and financial support is largely borrowed from South Africa. It includes all key elements required to address immediate post-rape needs of the victims: health care, legal advice and support, psychosocial counselling and social welfare. UNICEF supports the Government and CSOs to provide, sustain and improve the quality of these services. The biggest achievement in this regard was the creation of a solid basis for sustainability, as the Government of Swaziland has seconded all professionals to the One-Stop Centre. Moreover, UNICEF brokered the enhancement of a long-term partnership between the South African and Swazi Governments around the One-Stop Centre in particular, and violence response in general.

 On-track

IR 4030/A0/04/007/004 The proportion of new-borns whose births are registered in the 11 hospitals and health centres increased from 44 per cent to 80 per cent by 2015

Progress:

To strengthen civil registration and vital statistics, UNICEF has continued supporting the Ministry of Home Affairs to collaborate with the other relevant ministries. Realising the importance of a multi-sector approach in dealing with the bottlenecks to registration, multi-sectoral meetings with different Government departments were facilitated. This has resulted in the implementation of a collaborative effort to improve hospital-based registration of children. Convergence meetings aimed at strengthening the collaboration and taking stock of the progress on planned activities continued to influence the agenda for addressing challenges in the hospital-based registration programme and other barriers to registration.

UNICEF continues to support the Ministry to address the challenges of sustaining this integral intervention by strengthening partnerships with other relevant ministries; namely MoH and Ministry of Information and Technology. It is anticipated that a lasting, cost-effective solution can be identified and effectively implemented to ensure that the service is integrated at the health centres. UNICEF is currently working with WHO and UNDP towards implementation of the accountability framework for women and children to this end. Plans are already in place to conduct a national assessment to better understand the bottlenecks to civil registration and vital statistics in the country, to inform future interventions. Assessment is going to inform the focus of the national strategy and review of the Birth and Marriages Act of 1982. Some of the bottlenecks to registration are created by existing legislation; therefore, UNICEF also assisted the BMD Unit to review this legislation to ensure that it is aligned with the ratified international and regional instruments, the National Constitution and the recently enacted legislation. Working sessions to review this legislation, with the support of the Attorney General's office, were technically and financially supported by UNICEF. Through convergence with the Communications and Advocacy section, the unit was supported to develop a communication strategy.

PC 4 - Advocacy and communications

 On-track

PCR 4030/A0/04/009 Use of evidence and rights based knowledge and information to influence decision making and positive social and behavioural change enhanced.

Progress: This programme component contributed to improving an enabling environment by strengthening advocacy for children and women's rights. This included enhancing the capacity of key Government institutions, NGOs and community-based entities, including FBOs, enabling them to produce evidence-based communication, while also considering the social norms that influence individual's, families' and communities' behaviour, which may promote or hinder enjoyment of children's and women's rights. Government institutions such as the Health Promotion Unit in MoH, and the Ministry of Home Affairs' Birth Registration Unit, as well as children and young people benefited from capacity building initiatives that assisted them to understand social and cultural practices that hinder children from accessing vital child health and birth registration services. This led to the development of communication strategies, which informed development, pre-testing and utilisation of culturally appropriate communication materials [\[U1\]](#).

 On-track

IR 4030/A0/04/009/001 Strengthened capacity of key Government institutions, civil society and community based organizations in evidence based communication and social mobilization

Progress: UNICEF, in partnership with World Vision and the Swaziland Young Women's Network, embarked on an initiative to empower adolescents with knowledge and skills to prevent early pregnancies, HIV and violence. Community conversations with leaders and parents in 30 communities sensitised parents about the challenges that adolescents face and how the community could provide support to young people. In 2014, conversations with adolescents will be facilitated to understand their challenges and also provide adolescent-friendly SRH services. The adolescent conversations will also include adolescents living with disabilities, who will be reached through seven institutions of people living with disabilities. The Federation of People Living with Disabilities in Swaziland and sign-language interpreters continue to provide technical advice to the team. Culturally appropriate communication materials, including braille materials, will also be developed, pre-tested and disseminated.

In 2013 a group of 20 women in leadership positions in various sectors (politics, private sector, Government and NGOs) pledged to provide mentorship to adolescent girls, especially those from disadvantaged communities. During the Day of the Girl Child, these women's companies and organisations were among those that provided 100 girls with hands-on experience in fields that were previously male-dominated. A more systematic job-shadowing programme for adolescent girls will be organised targeting girls from disadvantaged backgrounds in 2014.

Members of eight faith groups who signed a pledge to protect children against violence renewed their pledge of commitment to children by identifying key initiatives that they will be involved in 2014. These include continued involvement in violence prevention and reporting on cases. Most of the faith groups have now established children's committees and are actively involved in child protection initiatives in their communities, including sensitising parents on the importance of immunisation.

In 2013, UNICEF Swaziland improved its documentation of good practices through the support of a staff member from the US Natcom. The documented programmes and human interest stories were shared with various donors. The UNICEF Swaziland Facebook page and ICON are some of the platforms that have been used to share the work undertaken by the Country Office.

 On-track

IR 4030/A0/04/009/002 Increased demand for essential services for children, adolescents and families and use of improved family and community care practices including HIV interventions.

Progress: The main achievement in 2013 was enhancement of capacity of the MoH Health Promotion Unit to promote C4D strategies in support of national priorities. To this end, the unit developed a communication strategy that recognised the social and cultural practices and beliefs that prevent some families and communities from using child health services, such as immunisation. With support from UNICEF and WHO, the unit engaged with communities with low immunisation rates and communicated the benefits of immunisation to children and families. This appreciation of the barriers to immunisation led to the development, pre-testing and utilisation of culturally appropriate communication materials to address bottlenecks. Community agents such as rural health motivators were also engaged in conducting door-to-door visits in these communities to discuss the benefits of immunisation. This interpersonal communication was also reinforced by SMS's that were sent to individual parents to remind them of immunisation dates. Radio was also used to air radio spots on the benefits of immunisation. As a result, immunisation coverage during the campaign and Africa Vaccination Week was above 95 per cent and reached 89 per cent for Vitamin A supplementation.

To increase demand for birth registration services the Ministry of Home Affairs, with support from UNICEF, developed a communication plan that was being implemented in 2013, including the development of communication materials for birth registration. Other aspects of the birth registration communication plan, including use of other media, will be explored in 2014.

In 2014, the focus will be on strengthening capacity on C4D for national and regional health promotion officers, NGOs and UN communication officers.

 On-track

IR 4030/A0/04/009/003 Knowledge, skills, capacities and opportunities for children and young people enhanced to facilitate meaningful participation in activities and decisions that affect them at all levels.

Progress: Children and young peoples' skills and capacity to engage on issues that affect them was improved during the year. Children shared their concerns about social and cultural practices that are harmful to them during the Month of the Child (June) in the presence of high-ranking Government officials, including the Prime Minister and Deputy Prime Minister, and of community leaders, parents and peers. The issues were identified by young people from four communities (one per region), documented and shared in various platforms, including local print and electronic media. Children continue to share their perspective on issues that affect them through the child-to-child radio programme.

UNICEF, together with MoET, engaged 20 young people to develop child-friendly communication materials on violence.

Adolescent girls' self-esteem and public speaking skills were enhanced during the Day of the Girl Child in October. This day provided an opportunity for at least 100 girls to be exposed to careers that they are interested in.

The priority in 2014 will be to promote the use of technology to voice issues that concern young people. The U-report will be used to integrate the different child participation platforms and facilitate real-time monitoring of communication initiatives.

PC 5 - Social policy and monitoring and evaluation

 Constrained

PCR 4030/A0/04/008 Strengthened child-sensitive Social Protection programmes for vulnerable children and families, including those infected or affected by HIV.

Progress:

UNICEF plays a leading role in advocacy for the development of policy on social protection issues. UNICEF focused on influencing technical discussion on equity issues while leveraging resources for children using evidence-based advocacy. Knowledge generation and management is at the heart of strategically informed high-level engagement with policy makers and decision makers. The African Report on Child Wellbeing 2013 analyses and ranks the performance of 52 African Governments in a child-friendly index comparing progress since the first ranking in 2008. Over the years, UNICEF has steadfastly continued to provide technical assistance to the DSW and NCCU, which has resulted in Swaziland dramatically jumping from being amongst the ten least child-friendly countries in Africa in 2008 to become one of the ten most child-friendly countries by end-2013. UNICEF's role in improving the well-being of children and the ranking of the country included sustained strategic technical and financial support towards the development, advocacy and passing of the Children's Policy in 2009, enactment of the Children's Protection and Welfare Act in 2012 and the passing of the Domestic Violence and Sexual Offences Act of 2009 in 2013.

Several social protection programmes are already funded by Government. These include: the OVC education grant, FPE, disability grant, food-for-work, health assistance (Phalala Fund), free medical treatment for the elderly, free primary health care services and NCPs. UNICEF's focus is to influence the targeting of beneficiaries of these programmes and the cash grants programme that is being initiated through a partnership between Government and the World Bank.

 Constrained

IR 4030/A0/04/008/001 Enabling environment of social protection improved to reduce vulnerability of affected and infected children and families/households by HIV/AIDS.

Progress: As a result of the technical and financial support provided by UNICEF to NCCU and DSW, the Child Protection Systems Mapping exercise was completed in 2013. The final report had inputs from approximately 60 child protection stakeholders, including state and non-state actors. The mapping report addresses several key bottlenecks in the supply and demand area, explaining the barriers children and women face at different levels to access quality and adequate protection services.


The mapping showed the depth of commitment of many stakeholders at all levels to delivering concrete results for children. Swaziland's national policy and legal framework provide a robust basis for the protection, promotion and realisation of children's rights; for example, the comprehensive Children's Protection and Welfare Act.

UNICEF provided technical support to NCCU and DSW during the development and review of the manual for the Government-funded OVC Cash Grant pilot project. Initially the pilot project planned to reach children between the ages of 6-to-18, but UNICEF and WFP successfully lobbied for the inclusion of children aged zero to 18 years using evidence-based advocacy, such as the Child Poverty and Cost of Hunger studies, emphasising that damage done within the first 1,000 days of birth are irreversible hence it is very important that vulnerable children falling within this group receive the cash grant.

 Constrained

IR 4030/A0/04/008/002 The most vulnerable children and women, especially those affected / infected by HIV are targeted by impact mitigation efforts.

Progress: Using the bottleneck analysis framework, UNICEF prioritised offering technical assistance to DSW to create an enabling environment. In 2013, UNICEF provided technical support to DSW to leverage resources as DSW engaged with the EU, one of the two major donors resident in Swaziland, in addition to USAID/PEPFAR. Looking into the future, the readjustment of UNICEF's engagement with the Government is the on-going transition from providing physical supplies towards upstream policy work. This is in line with Swaziland's low-middle-income status, which requires more technical support to strategic Government partners and civil society than the procurement of supplies and counting numbers of children directly reached with UNICEF support. UNICEF is still highly regarded as the leading knowledge broker when it comes to children's issues, hence UNICEF continues to sit at highly placed Government-led technical working groups chaired by the Principal Secretary.

 On-track

PCR 4030/A0/04/011 National systems and structures to enhance integration of disaster risk reduction in development programs, mainstream gender issues and prepare for and respond to emergencies, to ensure fulfilment of the core commitments to children in emergencies.

Progress:

In 2013 progress in emergency preparedness and response was made in the following areas:

1. UNICEF led sector coordination in Health, Nutrition, Education and WASH in line with the UN Emergency Plan.
2. UNICEF supported availability of strategic data; the Urban VAC was conducted with technical support from UNICEF resulting in improved availability of strategic data on urban vulnerability; partnership with ADRA led to the modelling of urban vulnerability mapping and urban WASH in peri-urban settings
3. In partnership with Red Cross, a new rapid SMS system was established to enhance information systems for emergency reporting
4. At service delivery level, storm-damaged schools were rehabilitated and WASHE and ECD services enhanced at the Refugee Centre

 On-track

IR 4030/A0/04/011/001 Strengthened sectoral coordination mechanisms in Core Commitments for Children areas strengthened.

Progress: In line with the UN Emergency Preparedness and Response plan, UNICEF leads four working group clusters (Education, Health, CP, WASH). In 2013 to strengthen sectoral coordination. Key achievements include:

1. Advocacy with OCHA for support to DRR in schools.
2. Trained peer educators on local communication strategies for hand-washing and preventing communicable diseases.
3. Support to Red Cross to establish a rapid SMS system to enhance community level monitoring. The system is linked to the Ministry of Health Emergency Preparedness and Response Information System. Lessons learnt from this pilot will inform the establishment of an integrated DRR information system
4. Maintained the website for disseminating information, and Risk Communication Plan disseminated. This will lead to improved information on DRR. Risk Communication Strategy was developed through EPR; UNICEF supported finalisation and printing.
5. UNICEF convened the monthly WASHE forum comprising Government, NGOs and development partners. UNICEF will continue to serve as the secretariat for the forum, which is an added advantage as UNICEF is the sector lead UN agency of WASH in disasters.
6. UNICEF, in collaboration with WHO, supported the integrated measles campaign to prevent measles outbreak (See results under health).

 On-track

IR 4030/A0/04/011/002 Optimal access to life-saving health, nutrition, water, sanitation and hygiene services for women and children affected in declared emergencies.

Progress: To contribute to optimal access to life-saving services for children and women affected by emergencies, in collaboration with other UNCT members, UNICEF supported emergency preparedness and response plans for key national partners.

UNICEF procured medical supplies (cholera kits, ORS, zinc, amoxicillin and iodine testing kits), mostly related to management of diarrhoea and acute respiratory tract infections

Capacity of key partners to carry out rapid assessments was enhanced; these include the Red Cross, World Vision and the National Disaster Management Agency. UNICEF partnered with ADRA to undertake rapid assessments and good hygiene and sanitation practices in peri-urban informal settlements. The hygiene component was completed in all target areas. Caregivers were oriented on use of standardised rapid assessment tools.

UNICEF also supported the rehabilitation of classrooms and teachers' houses in seven storm-damaged schools and supported sensitisation of teachers and pupils on disaster risk reduction and promotion of good hygiene and sanitation. Lessons learned from the seven pilot schools will inform future school-based DRR orientations.

UNICEF and UNHCR supported the rehabilitation of the Malindza Refugee Centre's water supply system, and construction of an extra sanitation facility. A model ECCD centre at Malindza was renovated, painted and indoor and outdoor equipment purchased with the aim of having it ready in January 2014 for 52 children at the refugee reception centre.

In collaboration with UNCT, UNICEF supported the OCHA mission that came into the country to carry out a DRR capacity assessment. To contribute to optimal access to life-saving services for children and women affected by emergencies, in collaboration with other UNCT members, UNICEF supported emergency preparedness and response plans for key national partners.

UNICEF procured medical supplies (cholera kits, ORS, zinc, amoxicillin and iodine testing kits) mostly related to management of diarrhoea and acute respiratory tract infections

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To improve emergency information systems, UNICEF supported the Red Cross to establish a rapid-SMS system linked to the Ministry of Health Preparedness and Response management information system. This pilot will inform scale up of the DRR integrated management information system.

PC 6 - Cross-sectoral costs

 On-track

PCR 4030/A0/04/010 High-quality knowledge on the situation of children and women generated from M & E initiatives for making child friendly laws, policies, programmes and budgets, including evidence based advocacy

Progress:

In 2013 UNICEF supported the development of two national monitoring systems and continued to support the violence surveillance system that has been on-going for the last two years. The NCP national monitoring system gathers information on children receiving services at neighbourhood care points, which provide services to OVCs in rural communities. These services include health, education, food, water and sanitation and aspects of child protection. The National Plan of Action M&E system collates information on major national indicators for children in different areas nationally. These thematic areas include education, health, food and nutrition, care and support. UNICEF also supported Government ministries and departments, such as Central Statistical Office, MoH, MoET, Deputy Prime Minister's Office and Ministry of Tinkhundla and Public Administration to conduct several studies, surveys and evaluations during 2013. Of the 15 studies, surveys and evaluations planned for 2013, eight were conducted, five did not take place and the rest are on-going. Only two reports were complete by end-2013.

The information gathered for these reports is important for guiding programme interventions and tracking progress on programme performance.

 On-track

IR 4030/A0/04/010/005 Information Systems of relevant ministries strengthened to generate quality and timely disaggregated routine data for results-based policy and programming for children.

Progress: Two major national monitoring and evaluation systems were successfully developed through UNICEF's technical and financial support this year.

In collaboration with the National Children's Coordination Unit (NCCU) in the Deputy Prime Minister's office, a National Plan of Action for Children (NPA) M&E plan with data collection tools was successfully completed and disseminated to all stakeholders (Government and civil society organisations working on children's issues). A three-day capacity building workshop was undertaken to enhance skills on monitoring using the newly designed tools. Participants were from both Government and civil society organisations in health, education and child protection sectors.

The NCP M&E system was also developed, piloted and the report disseminated to all stakeholders through UNICEF financial and technical support conducted in partnership with NERCHA and the Ministry of Tinkhundla and Administration. A three-day capacity building workshop on the new system was conducted. The system was piloted in 12 NCPs and 12 KaGogo centres (community centres providing services to children) with data analysed and reports shared among all Government and civil society organisations working with children.

The national surveillance system on violence is an on-going system that was supported by UNICEF in 2013 through DSW. Data is collected and reported by six organisations on a monthly basis (DSW, Royal Swaziland Police, AMICAALL, SWAGAA, MoET and Save the Children). An aggregated summary report is compiled and disseminated during monthly meetings. A data quality and verification exercise was undertaken, with UNICEF financial support. A consultant was engaged using UNICEF funds to undertake the assessment to determine the quality of violence data collected through the surveillance system.

 On-track

IR 4030/A0/04/010/006 Strengthened capacity among Government to produce, synthesize, analyse and disseminate disaggregated timely information, led by Central Statistical office and implementing partners.

Progress: A total of four studies, five surveys and six evaluations were planned for 2013. The aim was to provide up-to-date and reliable information for evidence-based programming. Of those planned, eight were completed during the current year and five did not start due to resource constraints (financial and time). Most were completed by end-2013 2013; others were still being finalised.

UNICEF continued to support MoET in implementing two school-based studies and a survey that began in 2012. One is now complete (Study on Basic Operational Costs for Secondary Schools); the report will be disseminated by MoET in early 2014.

In collaboration with the Central Statistical Office, UNICEF conducted a Child Poverty Study using secondary household data. Preliminary results of the report were disseminated and used as a source of information for the 2013 SitAn. A three-day capacity building for Central Statistical Office staff and selected partners on poverty analysis was conducted to ensure sustainability on tracking poverty trends among children.

UNICEF also updated the SitAn, which helped to inform the 2013 MTR of the current Country Programme. UNICEF also provided technical support for the 2013 UNDAF MTR, which is complete. Results of the review will be used for joint programming for the remaining UNDAF period.

The MoH was supported financially and technically by UNICEF to conduct a PMTCT evaluation among infants aged 6–8 weeks. The preliminary results informed the development of a comprehensive PMTCT evaluation proposal.

The VAC for both urban and rural areas was undertaken in collaboration with the Central Statistical Office, with support from UNICEF. The results were instrumental in updating the SitAn.

 On-track

PCR 4030/A0/04/800 12: Effective and efficient programme management and operations support to programme delivery.

Progress: This is a cross-sectoral PCR.

 On-track

IR 4030/A0/04/800/001 Effective and Efficient governance and systems.

Progress:

- Audit carried out in July 2012 and subsequent action plan from the Office to implement and sustain good governance and efficiency; to date 10 recommendations of 12 were closed.
- Increased awareness of staff on policies through regular clinics
- Increased awareness of staff on Effectiveness & Efficiency
- Overhaul of business processes to improve transaction efficiency



On-track

IR 4030/A0/04/800/002 Effective and Efficient management and stewardship of financial resources.

Progress:

- **Strategic cost-saving initiatives:**
 - Merging of posts – Health & HIV Specialist
 - Reassignment of tasks: HR-OM; Social policy/Emerg - DR
 - Phasing out of TAs on expiry
 - Abandonment of approved posts - driver
 - Natural attrition- posts never filled after resignation – PA Educ, NOB Emerg
 - Realignment of roles – PAs supporting 2 sections
 - Sustained “Travel economy” promise
 - Joint initiatives with BNLSS (HR, Procurement)
- HACT assurance activities (spot checks, micro-assessments, special audits)
- Harmonisation within UN agencies (through OMT) of practices and rates for budgeting and managing projects implemented through partners receiving cash transfers from UN



On-track

IR 4030/A0/04/800/003 Effective and efficient management of human capacity

Progress:

- Human resource capacity assessment (skills-mapping)
- MTMR process (Regional advisors’ visit, global and regional staff association chairs visit to support staff on HR related issues)
- Group and individual trainings
- Staff development draft document for change-management transition

IR 4030/A0/04/800/888 Human Resources

Effective Governance Structure

The Country Office is half-way through the current Country Programme 2011–2015. Swaziland has completed the MTR and currently going through a Mid-Term Management Review. A transition plan was developed to support capacity development of staff in anticipation of post-MTR adjustments. The Country Office has an effective governance structure with statutory and non-statutory committees with updated terms of reference. The Office developed and implemented the 2013 management priorities. Through monthly PCMs and CMTs, the management priorities and indicators were monitored. A HACT Assurance plan was developed and implemented to mitigate operational and financial risks. In addition, the Early Warning and Early Action site was updated regularly, as well as the Business Continuity Plan (BCP). In the context of Delivering As One, UNICEF contributed towards the implementation of the UN Emergency Plan.

The Office vigorously followed through on closing the Audit recommendations; 10 are closed out of 12. The two remaining (ECCD monitoring and macro-assessment) should be closed by year-end. Staff capacity was developed on the audit issues to enhance efficiency.

In response to the Efficiency & Effectiveness initiative, a sub-regional hub (BNLSS+1) was established in Pretoria for shared services under procurement and HR. The Office nominated two Officers as focal persons for procurement and they attended a training session in Pretoria. The Office also went through a work process exercise to improve transaction efficiency. The exercise, led by the Operations Manager, included a) raising staff awareness on the E&E report (Accenture report) findings and recommendations and b) an overhaul of work processes to align them with the latest organisational changes, policies and VISION systems.

A UN joint macro-assessment is currently on-going, and UNICEF has a major interest in addressing one of the audit recommendations. A special audit is also going on with one of the Government partners to manage the risk of mismanagement of UNICEF funds.

The CO does not have a dedicated HR post; HR duties are split between the Operations Manager and the Executive Assistant.

The UNCT/OMT is in the process of implementing ICT Delivering as One. UNICEF took over the chair of the OMT in October, 2013. This enhanced opportunity to advocate for the implementation of macro assessment is one of the key audit recommendations. The Office's IT equipment is compliant with latest standards in support to ERP/VISION.

Strategic Risk Management

In 2013 the Office conducted three major initiatives to strengthen risk management. First, as part of the Mid-Term Review process, the Office Risk Profile was reviewed and updated. The process led to the identification of high-risk issues, namely: (1) Aid Environment and (2) Country Environment. The findings informed the discussions during the MTR Strategic Moment of Reflection. Second, to build staff capacity on risk management, the Mid-Year Review included a refresher session of Enterprise Risk Management and the role of staff. The session covered issues related to 2012 audit findings and recommendations, benefits of Enterprise Risk Management and uses of risk assessment results. Third, as part of the Business Continuity Plan, a simulation exercise was successfully conducted with core staff: the Country Representative, Deputy Representative, Finance Officer, Operations Manager and Communication Specialist. BlackBerry services, 3G connectivity, voice and data sat-phones were also maintained for core staff and security focal points, as stipulated in the BCP. As our Delivering as One initiative, the Office established, with other UN agencies, an offsite location for housing the Office backup's, at a local bank (Standard Bank). Regular spot-checks were conducted to ensure appropriate utilisation of programme supply.

Evaluation

In 2013 the Office developed a two-year rolling Integrated Monitoring and Evaluation plan that listed all studies, surveys and evaluations. Four studies, five surveys and six evaluations were planned for the year, with the aim of providing up-to-date, reliable information for evidence-based programming. six planned evaluations were:

- (i) Evaluation of PMTCT
- (ii) Evaluation of Inqaba (Schools as Centres of Care) programme in primary schools
- (iii) 2011-2015 Country Programme Mid-Term Review
- (iv) Lihlombe Lekukhalela (Community Child Protection care givers) evaluation
- (v) 2011-2015 UNDAF Mid-Term Review
- (vi) 2011-2015 National Plan of Action for Children (NPA) Mid-Term Review

Of these planned evaluations, four were undertaken during the year; however, reports are still being finalised. The terms of reference for the Inqaba evaluation were developed in 2013 and the process will begin in 2014 as per the plan. The NPA mid-term review will also be conducted in 2014.

The planned evaluations were important to determine the effectiveness, efficiency, sustainability and relevance of interventions in Health, Education and Child Protection that were supported by UNICEF. All evaluations undertaken by the Office followed steps as outlined below:

First, ToR were drafted and shared with the Regional Office. Second, a steering committee with relevant players was put in place to share and finalise terms of reference, including discussing the objectives and expected outcomes of the evaluation. Third, a suitable consultant with relevant qualifications and experience was engaged with the approval of the steering committee. The role of the steering committee was to oversee the entire evaluation process, including questionnaire design, data collection supervision and providing technical input for report writing. Dissemination of preliminary results and final results was also conducted with the involvement of the steering committee.

Capacity for evaluation is scanty; for instance, implementing partners have different understandings of evaluation. Some evaluations conducted only addressed one question, thus limiting the findings. There is need to enhance capacity of implementing partners on evaluation to ensure that important aspects of evaluation are addressed.

Findings of the evaluations are useful to inform programming by the Office and implementing partners. However, addressing all the findings is limited by the inadequacy of resources. The findings of the evaluations informed evidence-based advocacy to increase visibility of children and leverage resources for the Country Programme.

Effective Use of Information and Communication Technology

The Country Office collectively came up with a theme for 2013: "*Innovation is our drive for improved efficiency and effectiveness*". In order to maximise the benefits of UNICEF's substantial investment in ICT, UNICEF Swaziland invested in ICT to provide technologies that maximise the effectiveness and efficiency of UNICEF programmes.

The sharing of the 2013 UNICEF policy on 'Bring Your Own Device' resulted in positive feedback from the staff saying they were now able to access their Lotus notes on their personal smart phones in a more timely fashion, and therefore respond quickly to pressing Government queries, even if they are not physically at their desk. Approximately 60 per cent of the staff benefitted from the Bring Your Own Device initiative, which made a positive contribution to the Office's 2013 theme.

UNICEF Swaziland's understanding of Business Continuity Management (BCM) is a management process that helps to strengthen an organisation's ability to ensure staff safety and security, as well as to maintain continuity of critical functions during and after a crisis incident of any nature. The process integrates: Crisis

Management, Business Continuity Planning and IT Disaster Recovery Planning. Armed with this awareness, the 2013 business continuity simulation exercise was successfully conducted with core staff comprising the Country Representative, Deputy Representative, Finance Officer, Operations Manager and Communication Specialist. BlackBerry services, 3G connectivity, voice and data sat-phones were also maintained for the core staff and security focal points, as stipulated in the BCP. As our Delivering as One initiative, the Office established with other UN agencies an offsite location used to house the Office backups at a local bank (Standard Bank). We are proud to have experienced zero downtime with all systems functional throughout this year.

The Country Office acknowledges that human resources are the organisation's most prized asset, therefore as part of capacity building and improved opportunities to take advantage of triangular learning, the Country Office supported ICT personnel and a WASH programme staff member to hone their skills in ICT for Development through participation in the ESARO Technology for Development Workshop, held in Nairobi, Kenya. The results from this workshop were that UNICEF Swaziland has forged a formal agreement with MTN Swaziland, the only mobile service provider in the country, to partner in the establishment of U-report. Although the U-report is not yet up and running, MTN will give UNICEF a 40 per cent discount per in-coming SMS. ThoughWorks, a US-based vendor that developed the U-report Uganda, has already placed U-Report Swaziland on the Cloud. The testing and launch of U-Report Swaziland is scheduled for the first quarter of 2014.

Fund-raising and Donor Relations

In 2013, the Office developed a resource mobilisation strategy that is currently being implemented. A resource mobilisation task force was established and the capacity of its members strengthened through orientation basic skills on fundraising. The Dutch Natcom and US Fund were particularly helpful in this regard. The year was challenging in terms of attracting resources to the country because of its middle-income status and reluctance of donors to support Swaziland because of governance issues. However, the Country Office continued to engage development partners, Natcoms and private sector to mobilise resources. The US Natcom seconded one staff member to assist the Office in packaging resource mobilisation materials. Donor proposals and human interest stories were developed and sent out to potential donors. To attract new donors, the Office undertook a resource mobilisation visit to South Africa. Partnership discussions were held on key issues affecting children and women in Swaziland and potential areas for collaboration identified. Within the context of Delivering as One, UNICEF participated in joint UN resource mobilisation and leveraging efforts on gender-based violence, social protection and civil registration. In addition, partnership discussions were held with the EU, African Development Bank and World Bank in the context of their new country strategies. UNICEF participated in regular meetings of development partners convened by the Resident Coordinator.

The Country Office mobilised 78 per cent of the Other Resources ceiling in the Country Programme Document. Expiring PBA's had 100 per cent utilisation rate. In 2013 the Office achieved a 100 per cent donor reporting record for timeliness.

The Office continues to monitor PBA durations in monthly statutory meetings such as PCM and CMT. Through South-South cooperation, the Country Office received support from offices in the region in both programmatic and operation matters. In collaboration with other middle-income countries with similar characteristics in the sub-region (Botswana and Namibia, Lesotho and South Africa), the Office developed joint proposals with Botswana and Namibia on gender and EMTCT. Potential for resource mobilisation for Swaziland through this South-South Cooperation is high. Learning from UNICEF South Africa, the Office initiated a private sector partnership with the Natie Kirsch Foundation and MTN mobile service provider. Initial discussions were held with Standard Bank on potential areas for collaboration in line with their Corporate Social Responsibility programme. Participation by the Representative in the November 2013 Integrated Corporate Engagement Workshop in Nairobi was seen as a timely investment for the Country Office, which plans to conduct mapping of corporates in Swaziland as part of its resource mobilisation effort.

Management of Financial and Other Assets

The Country Management Team (CMT) reviews, on a monthly basis, the Office management indicators including budget implementation, bank reconciliations, DCT liquidations, financial implementation and outstanding audit recommendations.

The Office operates two bank accounts, one in US dollars and one in the local currency. The latter is replenished by HQ. The UN maintains a Service Level Agreement with the bank that guides the fees and charges. The LTA is due for renewal through OMT; the process was on-going in late 2013. The utilisation rates of PBAs are monitored on a monthly basis and discussed at CMT meetings so that appropriate actions are taken on time to improve its contribution management.

The BMA and the cross-sectoral budget allocated for operations were at 100 per cent level of expenditure at the end of December 2013. The Office has a HACT plan that was implemented in terms of micro-assessments, spot-checks and expenditure verification. The Office closely monitored outstanding DCTs by reducing the percentage to below 5 per cent. Following successful advocacy within the UNCT, macro-assessment commenced in the last quarter of 2013. The findings will be critical to the 2013 audit follow-up and accountability of public finance management in the country.

The UN was allocated land by the Government of Swaziland that also promised to build a UN House that will be given to the UN on a rental basis. The MoU was signed between the Government and UN Resident Coordinator. However, when the MoU was reviewed at HQ level, questions were raised and the UNCT was advised not to proceed with the arrangement until advised by the UN Common team at HQ handling the matter. The issue is regularly updated, but at the moment the only action level is at UNCT. The Office had a Skype call with DFAM, HQ in an effort to update and inform the HQ discussion.

The Office has a fleet of eight cars, of which five are due for replacement based on the mileage and/or number of years. Replacement has been a challenge over the past two years due to limited resources. The plan is to PSB four cars (two double cabs, one single cab and a minibus) and request the comptroller to transfer back the proceeds to the Country Office to purchase one/two cars, a minibus and a sedan (e.g. Corolla) with low fuel consumption. This includes the Representative's car, which needs to be replaced with a more fuel-efficient vehicle. Feedback was sought and received from HQ about the return of funds and plan to be effected 2014.

Supply Management

The Supply Unit in Swaziland Country Office has no dedicated supply officer. Procurement is carried out by the Administrative Assistant and assisted by the Deputy Representative's Programme Assistant, who is an alternate. In response to efficiency and effectiveness and due to the reduced funding of the lower-middle-income countries, a procurement hub was established in Pretoria and is operational, known as BNLSS+1 (Botswana, Namibia, Lesotho, Swaziland, South Africa and Angola).

An orientation for all the countries involved was carried out in May 2013, and two focal points from Swaziland participated in the training. The total volume of the supply plan was US\$444,273.89 and the actual procurement value for the year amounted to US\$261,700.82, of which US\$60,786.35 (23 per cent) was procured from the local market, US\$137,759.43 (53 per cent) was procured through the BNLSS+1 Supply Hub in South Africa and the balance of US\$63,155.04 (24 per cent) was sourced through Supply Division. All programme supplies are procured through the hub. Office supplies, printing and meeting venues are handled at the country level.

Discussions between MoH and UNICEF Swaziland on procurement of vaccine through UNICEF were conducted, with guidance from SD and a Memorandum of Understanding drawn up. However, due to price differentiation, the Government opted to procure through South Africa with the intention of reviewing the MoU at a later date. UNICEF is working with WHO to support the MoH in making an informed decision on this matter.

The Office undertook a simplified market survey recommended by the audit with the support of the hub. This became an opportunity to build the capacity of the Administrative Assistant for one week on supply issues. The Country Office does not maintain a warehouse; supplies are delivered directly to the partners on arrival.

All supply-related audit recommendations have been closed.

Human Resources

Currently the Office has no dedicated HR Officer but has been supported by an HR focal person (Executive Assistant) and also through the BNLSS+1 hub. Three new professionals (Education Specialist IP, Child Protection Specialist IP and Education Specialist NO) came on board during the year under review. The recruitments were undertaken with ESARO support.

A skills-mapping exercise was conducted early in the year with support from the Malawi Country Office. A learning and development plan was developed and submitted to the Regional Office. The Office completed the MTR process and developed a post-MTR transition strategy to prepare staff for the imminent changes resulting from the MTR recommendations. One training was postponed due to financial constraints (CBI training postponed to 2014). As part of staff development, all staff members were trained in first aid and the drivers trained in defensive driving in South Africa. Also supporting staff through change management, regional HR support was sought to counsel staff to cope with organisational change. Eight managers participated in the Global Team Coaching training completed virtual and face-to-face training sessions.

The Office benefitted from the visit of the Global and Rusa staff chairs who spoke to staff about global and local organisational changes. As a follow-up to the Mid-Term Review, an Office Transition Plan was developed to guide HR management in the remaining two years of the country programme.

Efficiency Gains and Cost Savings

To enhance efficiency in management and operations, the Office undertook several cost-saving measures:

1. Sustained the standing travel economy forfeiting travelling business class if travelling more than nine hours for all travel sponsored by Swaziland Country Office. In addition, where applicable, the Office used the shuttle travelling from Swaziland to Oliver Tambo International airport in Johannesburg.
2. UNICEF Swaziland benefitted from the co-shared (UN) VSAT through the global initiative, costs were reduced by 59 per cent
3. Mobile costs were reduced by 50 per cent by putting a cap on the Office allowed usage. Once the staff member has used the allowed airtime, no more calls are made until replenished.
4. Co-organised joint analytical work on social protection and thereby reduced amount used for research
5. Office implemented paperless meetings (CMT, PCM, OMT, etc.) and promoted use of personal smart phones and other devices. This encouraged less use of printing.
6. Promotion of use of Skype for conference calls, including interviews
7. Encouraged on-the-job training, including on-line learning. Supply focal point benefitted from technical assistance by Pretoria Hub who supported market survey.

Changes in AMP & CPMP

The MTR proposed five programmatic shifts that will be reflected in the 2014 Annual Management Plan: (i) Invest in improved measurement for results and strengthening M&E systems with emphasis on data availability to assess trends; (ii) increase focus on equity – reaching the most vulnerable groups; (iii) emphasise convergence in programming to maximise results for children; (iv) prioritise the development of an adolescent agenda – across all sectors – education, health, child protection and C4D; (v) modify results to respond to priorities, in line with UNICEF's and the UN's comparative advantage as related to available human and financial resources.

Implications for Country Programme (2014-2015)

At the strategic level, the MTR and Strategic Moment of Reflection (SMR) recommended that the country programme should be adjusted towards a focus on essential functions, high-value programmatic contributions within the evolving country context and available financial and human resources.

Adjustments envisaged:

- a. In Child Survival and Development, modifications will reflect focus on Nutrition, HIV, WASH and adolescent sexual and reproductive health
- b. In Education, adjustments will focus on strengthening ECD and secondary school education and capacity to strengthen Education SWAp
- c. Child Protection will address social protection for vulnerable children by focusing on social welfare system strengthening and support to the Pilot Cash Transfer for OVC
- d. Communication will shift focus to C4D, with emphasis on formative research, demand creation, social and behaviour change to support programmes. This calls for re-profiling of the key skills of the communication team
- e. Cognisant of the MTR recommendations on measurement of results, M&E capacity will be strengthened to enhance capacity to track programme results and trend analysis
- f. Nationalising the Operations post is envisaged, in line with current practice within other UN agencies
- g. Leaner Office structure with greater focus on upstream work through: (i) securing technical posts with expertise on upstream work on predictable funding (RR), (ii) delimiting all vacant posts^[1], (iii) maintaining a minimum of at least two professionals per section (Head of Section and one NO), (iv) consider merging Child Protection and Education sections ^[2], (v) boost child survival and development capacity through UNV with expertise in Nutrition (with no financial implication for the Office). See attached result matrix.

UNICEF's SCO will capitalise on its comparative advantage as a partner of choice by enhancing its catalytic and convening, knowledge broker, trusted adviser and voice for equity roles on children and women issues. SCO will also promote institutional effectiveness through increased focus on results, business processes and capacity development of its staff.

^[1] The posts for delimiting include: Emergency Officer, Communication Assistant (graphics), PA post under Education, etc.

^[2] Refer to three options for Programme Structures shared in October.

Summary Notes and Acronyms

AIDS - Acquired Immune Deficiency Syndrome
 ANC - Antenatal Care
 APR - A Promise Renewed
 ARV - Antiretroviral therapy
 BMD - Births, Marriages and Deaths
 BNLSS - Botswana, Namibia, Lesotho, South Africa and Swaziland
 C4D - Communication for Development
 CAP - Consolidated Appeal Process
 CEDAW - Convention on Elimination of Discrimination Against Women
 CFS - Child-friendly School
 CHAI - Clinton Health Access Initiative
 CMS - Central Medical Stores
 CRC - Convention on the Rights of the Child
 DHS - Demographic and Health Survey
 DNA/PCR - Polymerase Chain Reaction Test
 DPM - Deputy Prime Minister
 DPP - Directorate of Public Prosecution
 DQS - Digital Quality Self-assessment
 DRR - Disaster Risk Reduction
 DSW - Department of Social Welfare
 ECCD - Early Childhood Care and Development
 EGPAF - Elizabeth Glaser Paediatric AIDS Foundation
 EIMC - Early Infant Male Circumcision
 ELDS - Early Learning Development Standards
 eNSF - Extended National Strategic Framework for HIV
 EPI - Expanded Programme on Immunisation
 EPR - Emergency Preparedness and Response

FBOs - Faith Based Organisations
FPE - Free Primary Education
GBV - Gender Based Violence
GER - Gross Enrolment Ratio
HACT - Harmonized Approach to Cash Transfers
HAR - Humanitarian Action Report
HTC - HIV Testing Centres
IEC - Information Education and Communication
IMCI - Integrated Management of Childhood Illness
IMEP - Integrated Monitoring and Evaluation Plan
IYCF - Infant and Young Child Feeding
KAPB - Knowledge, Attitudes, Practices and Behaviour
MAF - MDG Acceleration Framework
MDGs - Millennium Development Goals
MDTF - Multi Donor Trust Fund
MICS - Multiple Indicator Cluster Survey
MNCH - Maternal New-born Child Health
MoRES - Monitoring of Results for Equity
MOSS - Minimum Operating Security Standard
MTCT - Mother-to-Child Transmission
MTSP - Medium Term Strategic Plan
NARTIS - Nurse led ART Initiations
NCCU - National Children's Coordination Unit
NCP - Neighbourhood Care Point
NER - Net Enrolment Ratio
NERCHA - National Emergency Response to HIV/AIDS
NPA - National Plan of Action
OCHA - Office for the Coordination of Humanitarian Affairs
OVC - Orphans and vulnerable children
PEPFAR - President's Emergency Plan for AIDS
PHAST - Participatory Hygiene and Sanitation Transformation
PMTCT - Prevention of Mother-to-Child Transmission
QI/QA - Quality Improvement, Quality Assurance
RCCF - Residential Child Care Facility
REC - Reach Every Child
RHMT - Regional Health Management Teams
SACMEQ - The Southern and Eastern Africa Consortium for Monitoring Educational Quality
SACU - Southern Africa Customs Union
SADC - Southern African Development Community
SDHS - Swaziland Demographic and Health Survey
SGBV - Sexual gender-based violence
SitAn - Situation Analysis
SMS - Short Message Service
SNHI - Swaziland Nazarene Health Institutions
SNNC - Swaziland National Nutrition Council
SQSD - Standards for Quality Service Delivery
SRHU - Sexual and Reproductive Health Unit
SUN - Scaling-Up Nutrition
SWAGAA - Swaziland Action Group Against Abuse
SWAPOL - Swaziland for Positive Living
SWAPs - Sector Wide Approach to Programming
UNESCO - United Nations Educational, Social and Cultural Organization
UNHCR - United Nations High Commissioner for Refugees
VAC - Vulnerability Assessment Committee
WASH - Water, Sanitation and Hygiene
WHO - World Health Organization

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	VULNERABILITY AND FOOD INSECURITY IN URBAN AREAS OF SWAZILAND	2013/001	Survey
2	PMTCT Evaluation	2013/002	Evaluation

Other Publications

	Title
1	Annual Report UNICEF Swaziland 2012
2	Inter-faith initiative to end Violence against Children in Swaziland
3	Global Day of Prayer and Action fr Children Bookmarks
4	National Plan of Action For Children. Monitoring and Evaluation Plan (2011-2015)
5	Swaziland's Response to Violence against Children 2012
6	The Swaziland Education and Training Sector Policy [Re-print]
7	Neighbourhood Care Points in Swaziland. A window of hope. A photographic essay.
8	Swaziland Resource Mobilization Strategy 2013-2015
9	School Management Guide
10	Training Manual for Teacher Resource Centre Managers
11	CP Systems Mapping Toolkit
12	Civil Registration Materials (Posters and flyers, both in Siswati and English)
13	PEP (Post Exposure Prophylaxis) Materials: National PEP Registers, Self carbonated monthly reporting tools, PEP patient tracking tools
14	Immunisation IEC Materials
15	NCP Strategic Plan