

Swaziland

Executive Summary

UNICEF Swaziland reached a number of important milestones, while nurturing a broad range of partnerships within a challenging development environment. A major achievement was the approval of the 2016-2020 Country programme document (CPD), formulated in line with the regional United Nations Development Group strategy for middle-income countries in Africa. The CPD development presented an opportunity to continue transitioning from downstream to upstream programming, applying a life-cycle approach with special focus on adolescents.

To ensure improved evidence-generation, policy dialogue and advocacy, UNICEF Swaziland supported the Central Statistics Office to produce the multi-indicator cluster survey (MICS) 2014 “Key Summary Findings Report” and the 2010 and 2014 MICS comparative report, which in turn contributed to the 2016-2020 CPD and the UN Development Assistance Framework.

HIV and AIDS remains the country’s most pressing challenge, with an unacceptably high rate of new HIV infections among girls, calling for urgent shift in HIV prevention among young people. UNICEF Swaziland partnered with the National Emergency Response Council on HIV and AIDS (NERCHA), other UN agencies, civil society and adolescents to host the global “Adolescents All-In” initiative. An assessment of the situation of adolescents was used to develop the national proposal to the Global Fund and to support Government investment in a comprehensive assessment of HIV prevention activities.

To contribute to elimination of mother-to-child transmission of HIV (eMTCT), in collaboration with the UN; U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and other partners, UNICEF Swaziland supported the Ministry of Health (MOH) to develop and implement a communication plan for the roll-out of Option B+.

Prolonged drought in parts of Swaziland during the second half of 2015 negatively impacted food security, sanitation and hygiene for about 20 per cent of the population. In collaboration with other UN agencies, UNICEF Swaziland supported the National Disaster Management Agency (NDMA) to finalise their Multi-Hazard Contingency Plan (2015-2017). As co-lead agency in the WASH, education and health clusters, UNICEF Swaziland also supported updating of sectoral plans to address the drought, and also developed capacity within the Ministry of Education and Training (MoET) on education in emergencies.

UNICEF Swaziland facilitated four joint programmes among the sug-regional BNLSS grouping (Botswana, Namibia, Lesotho, Swaziland and South Africa) on “Violence against Children, HIV and AIDS, Social protection and Nutrition”, and UNICEF Swaziland is the focal point for work on violence against children (VAC). Joint work plans were developed, of which HIV and nutrition received funding including funds from the UNAIDS unified budget, results and accountability framework (UBRAF). UNICEF Swaziland further supported Government participation in the Southern African Development Community (SADC) Inter-Parliamentary Union (IPU) seminar on nutrition held in Namibia, where progress among BNLSS countries on the Scale-Up Nutrition

(SUN) project and 2016-2020 stunting prevention strategy were reviewed.

Violence against women and children was another persistent challenge. To inform the response, UNICEF Swaziland and the Government commissioned a study to understand the drivers of violence, which will be completed in the first quarter of 2016. In collaboration with Government, PEPFAR and UN agencies, UNICEF Swaziland convened a national gender-based violence (GBV) conference, which raised awareness about the magnitude of GBV in Swaziland and intensified advocacy for the enactment of the Sexual Offences and Domestic Violence Bill.

UNICEF Swaziland supported the national 'End-Violence' campaign involving Government and civil society, engaging 12 communities and targeting traditional leaders, faith-based organisations, teachers, community child protectors and children. Children from these communities used art to express their views on violence.

While Swaziland has done very well in meeting Millennium Development Goal 2 (98 per cent school enrolment), only 27 per cent of Swazi children reach the secondary level, mainly due to poverty and teenage pregnancy. UNICEF Swaziland supported scaling-up of proven interventions such as the child-friendly schools initiative. However, scaling-up these interventions is highly dependent on Government buy-in. The U-Report initiative (an SMS and web-based solution) served to reinforce citizen engagement, providing children, adolescents, women and communities with an opportunity to hold duty-bearers accountable for the provision and quality of basic social services.

Following a Rota virus outbreak in 2014, which caused 5,000 cases and 55 deaths among under-five children, UNICEF Swaziland's intensified advocacy contributed to Government's introduction of the Rota virus vaccine, and by end-November 7,288 children had been immunised.

Programming in Swaziland continued to be constrained by a limited partnership and resource-base as a result of the withdrawal of traditional bi- and multi-lateral partners. Innovative approaches to resource mobilisation were adopted, including a recently updated Resource Mobilisation Strategy, strengthening South-South and triangular cooperation among BNLS countries and continued advocacy for allocation of domestic resources to support the children's agenda. UNICEF Swaziland supported MoET to become a full member of Global Partnership for Education (GPE), enabling the Government to submit a grant application to GPE for funding a sectoral review and update of the education strategic plan.

Humanitarian Assistance

According to the 2015/16 "Southern Africa Humanitarian Outlook" report by the UN Office for the Coordination of Humanitarian Affairs, poor rainfall during 2014-2015 led to prolonged drought in parts of Swaziland, negatively impacting on the food security and water, sanitation and hygiene (WASH) situation of 200,897 people, or about 19.9 per cent of the population. The report further observed that chronic malnutrition remains a major concern in the country, affecting one-in-four children under the age of five, with those in rural areas being particularly vulnerable.

In response, and in collaboration with other UN agencies, UNICEF Swaziland supported the National Disaster Management Agency to finalise its multi-hazard contingency plan (2015-2017). As co-lead agency in the WASH, education and health clusters, UNICEF Swaziland also

supported the updating of sectoral plans to address the drought.

For example in the education sector, where a lack of water and sanitation threatened school closures, UNICEF Swaziland assisted MoET to convene a workshop that gathered 34 participants from the National Disaster Management Agency, Deputy Prime Minister's Office and non-governmental organisations (NGOs) including the Red Cross, Caritas, World Vision and Save the Children, who together developed a drought response plan for the Education sector drawn from the Education in Emergency response plan 2015-2020.

As part of this process a national response to the drought was developed and the roles and responsibilities of various partners were identified. Furthermore, the WASH sector conducted a rapid assessment of 198 schools and 23 clinics in the drought-prone region of Shiselweni. Of 198 schools, 107 (54 per cent) and six clinics (26 per cent) were found to be without reliable water sources, an issue that was incorporated in the response plan. UNICEF Swaziland's cluster leadership within the UN system will be critical to Government's response to the food insecurity situation.

In order to comply with UNICEF's corporate preparedness benchmarks, UNICEF Swaziland updated the Early Warning / Early Action site.

Mid-term Review of the Strategic Plan

The commencement of UNICEF's Strategic Plan 2014-2017 coincided with the implementation of recommendations from the 2013 Mid-Term Review (MTR) conducted by the Government of Swaziland and UNICEF.

The replacement of "programme component results" and "intermediate results" with "outcomes" and "outputs" provided an opportunity to express post-MTR results in the new language. This change is in line with the results-based management approach, which is the basis of UNICEF programming in Swaziland.

The greater emphasis on equity in the Strategic Plan reinforced UNICEF's commitment to target the most vulnerable, disadvantaged and excluded children, families and communities. For instance, WASH interventions supported by UNICEF Swaziland over the last two years focused primarily on schools and their surrounding communities in the two worst-affected regions (Shiselweni and Lubombo), while EPI interventions targeted children in hard-to-reach communities.

The need to streamline corporate external relations and partnerships, communications and resource mobilisation into management of financial, human resources and accountability of results was acknowledged, as this has separated management responsibilities on external relations and advocacy from responsibilities of communications for development (C4D) programme implementation.

UNICEF's Strategic Plan emphasises the importance of complementing sector-based methods with inter-sectoral and multi-sectoral action to achieve synergies. However, technical oversight and guidance received from the Regional Office and Headquarters is still sector-based, and inter-sectoral synergies still need to be fostered, especially in the context of the life-cycle approach to programming.

For example, in the new CPD 2016-2020, child protection interventions are covered by the young child survival and development (YCSD) component, which incorporates health, nutrition, HIV and AIDS, protection (birth registration) and education (including ECD), yet the Strategic Plan includes distinct results for each of these thematic areas. Similarly, the adolescent component of the CPD incorporates education, child protection, HIV and AIDS and social protection, while the Strategic Plan proposes separate results for each sector.

The situation is compounded by the sectoral nature of Government-supported programmes. As a result, UNICEF Swaziland continued to operationalise the 2013 MTR recommendation for more convergent programming, and will need to invest heavily in its convening role to enhance convergence.

In line with the Strategic Plan, UNICEF Swaziland supported the scaling-up of proven interventions such as the child-friendly schools initiative, known as Inqaba. However, scaling-up these interventions is highly dependent on Government buy-in and on the pace of implementation. As a result, scaling-up is likely to be a long-term process that may extend beyond the life of the Strategic Plan.

Summary Notes and Acronyms

AIDS - Acquired immunodeficiency syndrome
ACRWC - African Charter on the Rights of Women and Children
AMP - Annual management plan
AMICAAL - Alliance of Mayors Initiative for Community Action on AIDS
ANC - Ante-natal clinic
ART - Anti-retroviral therapy
ASRH - Adolescent sexual and reproductive health
BFHI - Baby-friendly hospital initiative
BNLSS - Botswana, Namibia, Lesotho, Swaziland and South Africa
bOPV - Bivalent oral polio vaccine
C4D - Communication for development
CLTS - Community-led total sanitation
CMT - Country management team
CPD - Country programme document
CPMP - Country programme management plan
CPWA - Child Protection and Welfare Act
CRC - UN Convention on the Rights of the Child
CRVS - Civil registration and vital statistics
CSD - Child survival and development
CSO - Central Statistics Office
DCT - Direct cash transfers
DPMO - Deputy Prime Minister's Office
DPT3 - Diphtheria-tetanus-pertussis vaccine
DSS - Department of Safety and Security
DSW - Department of Social Welfare
ECD - Early childhood development
ECCDE - Early childhood care and development education
EHD - Environmental Health Department
EiE - Education in emergencies
EIMC - Early infant male circumcision
EMIS - Education Management Information System

e-PAS - Electronic Performance Appraisal System
 EPI - Expanded programme on immunisation
 ESARO - Eastern and Southern Africa Regional Office
 FBOs - Faith-based organisations
 GBV - Gender-based violence
 GFATM - Global Fund to Fight AIDS, Tuberculosis and Malaria
 GPE - Global Partnership for Education
 HACT- Harmonised approach to cash transfer
 HIV - Human immunodeficiency virus
 HMIS - Health management information systems
 HR - Human resources
 ICT - Information and communication technologies
 IYCF - Infant and young child feeding
 IEC – Information, education and communication
 M&E - Monitoring and evaluation
 MDG(s) - Millennium Development Goal(s)
 MICS - Multiple indicator cluster survey
 MIS - Management information system
 MNCH – Maternal, new-born and child health
 MoET - Ministry of Education and Training
 MoH - Ministry of Health
 MPs - Members of Parliament
 MTR - Mid-term review
 NatCom(s) – UNICEF national committee(s)
 NDMA - National Disaster Management Agency
 NERCHA - National Emergency Response Council on HIV and AIDS
 NGOs -Non-governmental organisations
 OVC - Orphans and vulnerable children
 OR - Other resources
 PCM - Programme coordination meetings
 PEPFAR - US President’s Emergency Plan for AIDS Relief
 PMTCT - Prevention of mother-to-child transmission (of HIV)
 PSS - Psycho-social support
 R3P - Research Policy and Practice Process
 SACMEQ - Southern and Eastern Africa Consortium for Monitoring Educational Quality
 SADC - Southern African Development Community
 SELDS - Swaziland Early Learning and Development Standards
 SGBV - Sexual and gender-based violence
 SMS - Short messaging service
 SNAP – Swaziland National AIDS Programme
 SODV - Sexual Offences and Domestic Violence
 SUN – Scaling-Up Nutrition
 SRH - Sexual and reproductive health
 SWAGAA - Swaziland Action Group Against Abuse
 SWAP - Sector-wide approach to programming
 tOPV - Trivalent oral polio vaccine
 TOR - Terms of reference
 UBRAF - UNAIDS Unified Budget, Results and Accountability Framework
 UNCT - UN Country Team
 UNDAF - UN Development Assistance Framework
 UNDSS - UN Department for Safety and Security

UNFPA - United Nations Population Fund
UNISWA - University of Swaziland
USAID - United States Agency for International Development
VAC - Violence against children
VIP - Ventilated improved pit (latrine)
VISION - Virtual integrated system of information
WASH - Water, sanitation and hygiene
WHO - World Health Organization

Capacity Development

In partnership with Save the Children, UNICEF Swaziland intensified advocacy to end violence against children, engaging 12 communities in dialogue. The campaign included lobbying Members of Parliament (MPs) to pass the long-outstanding Sexual Offences and Domestic Violence (SODV) Bill, with MPs signing a pledge to support the VAC campaign and support the Bill. The campaign also presented an opportunity to popularise reporting structures, including the One-Stop Centre, which provides comprehensive services to survivors of violence and referrals to other service providers. The number of clients who received services at the centre increased from 66 in 2014 to 160 in 2015.

To encourage positive social norms and behaviours, UNICEF Swaziland supported orientation of 40 religious leaders from various faith groups on the Child Protection and Welfare Act (CPWA) 2012. These groups pledged to foster dialogue and developed action plans to promote children's rights. Communication materials were produced on the CPWA, in consultation with children, and used for outreach interventions. UNICEF Swaziland partnered with Family Health International to implement a campaign to increase public knowledge of the CPWA, resulting in participation by 9,641 people in community dialogues.

UNICEF Swaziland supported the MoH's SRH Unit to strengthen capacity of health care workers through training of 44 nurses from 22 health facilities in Manzini region on youth-friendly services for adolescent sexual and reproductive health and HIV and AIDS (ASRH/HIV), which led to achieving the target of establishing 10 youth-friendly clinics in the region. At least 80 per cent of healthcare workers in each clinic were trained on ASRH/HIV youth-friendly services.

UNICEF Swaziland supported Government and partners to use the WASH Bottleneck Analysis Tool to produce a sanitation and hygiene strategy to address sector bottlenecks and enhanced capacity of MoET in education in emergencies (EiE), which paid dividends by mobilising the sector to respond to the current drought.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Swaziland supported the Central Statistics Office to produce and disseminate the key summary findings of the 2014 MICS report and the 2010 and 2014 MICS comparative report. These findings were key for developing the 2016-2020 CPD and UN Development Assistance Framework (UNDAF) and the "All-In" adolescent HIV prevention assessment. They also informed the development of the national proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Continued support to the education management information system (EMIS) resulted in the recovery of 2013 EMIS data that was lost with the crash of their server. The annual education census 2013 was released and used, among other things, to calculate the cost of repetition in

the education system.

Working with WHO and UNFPA, UNICEF Swaziland supported MOH to conduct a national maternal and neonatal health quality of care assessment. Findings showed that management of HIV-positive pregnant women was handled in accordance with national standards across all assessed facilities, and over 80 per cent initiated triple ARVs to HIV positive pregnant women and ARV prophylaxis for HIV-exposed new-borns. The most frequent trainings for staff were related to HIV (PMTCT and HIV care and treatment).

In collaboration with the CDC, Baylor and the Clinton Health Initiative (CHAI), UNICEF Swaziland supported MOH-Swaziland National AIDS Programme (SNAP) to carry-out a study: “Understanding barriers to paediatric ART initiation for children aged 2-18 months”. Preliminary findings show that family and health-facility barriers are key contributors to delayed initiation.

To strengthen WASH programming, UNICEF Swaziland supported the Department of Water Affairs to conduct and finalise the mapping of rural water points, using geographic information systems. The mapping was used by several NGOs to rehabilitate identified non-functional and partially functional water points and allowed the Department to calculate the investment needed for universal access by all Swazis to potable water by 2022.

Partnerships

UNICEF Swaziland continued to strengthen existing partnerships and establish new ones to achieve results for children.

UNICEF Swaziland partnered with Government, NERCHA, UN agencies, PEPFAR, civil society and adolescents to support the Adolescent All In initiative. Swaziland was the first country to pilot this global initiative, conducting an assessment of adolescents’ HIV and AIDS and SRH situation. The findings were used to develop the national proposal to the GFATM and support Government’s investment in a comprehensive HIV prevention assessment.

UNICEF Swaziland supported Government participation in the SADC Inter-Parliamentary Union seminar on nutrition in Namibia to review the BNLSS countries’ progress on SUN plans. MPs were exposed to the importance of child nutrition and contributed to country-specific action plans.

UNICEF Swaziland supported MoET to become a full member of the GPE. As a result, Government submitted a grant application to GPE for a sectoral review and update of the education strategic plan.

In collaboration with Government, PEPFAR and UN agencies, UNICEF Swaziland convened a national GBV conference. This raised awareness of the magnitude of GBV in Swaziland and intensified advocacy for the enactment of the Sexual Offences and Domestic Violence Bill. UNICEF Swaziland supported the national “End Violence Campaign” involving Government, Save the Children, World Vision and Swaziland Action Group against Abuse (SWAGAA), engaging 12 communities and targeting traditional leaders, faith-based organisations (FBOs), teachers, community child protectors and children.

Together with the Golden Girls – a group of Swazi women professionals and entrepreneurs focused on the girl child – UNICEF Swaziland and the United Nations Population Fund (UNFPA) provided mentorship for 200 adolescent girls during the International Day of the Girl Child.

External Communication and Public Advocacy

UNICEF Swaziland intensified its advocacy efforts to end violence against children and women. In this regard, civil society organisations including Save the Children, World Vision and SWAGAA engaged 12 communities to make use of reporting structures, including the One-Stop Centre, and to amplify the key messages of the End Violence campaign.

MPs who are members of the Children's Portfolio Committee were engaged on the need to pass the long-outstanding SODV Bill. Twenty MPs signed a pledge to work towards ending violence in their communities and to ensure that the Bill was passed into law. A booklet of VAC cases reported by the media was produced and shared with Parliamentarians as evidence of increasing violence.

Faith groups were engaged as part of the End Violence campaign, particularly on the issue of corporal punishment. Key campaign messages were aired on local radio and jingles were developed and aired to reinforce the importance of preventing and reporting cases of violence. Children from 12 communities used art to express their views on violence; this form of communication provides space for children who would not otherwise be able to express their opinions.

With UNICEF Swaziland support, U-Report was introduced and managed by the Government, providing space for citizens to engage on issues that affect them. Over 2,685 individuals enrolled as U-reporters during the review period, of whom 74 per cent were adolescents and 66 per cent female. UNICEF Swaziland, in collaboration with the Super Buddies Club, supported an interactive radio debate by and for adolescents using U-Report as an interface between the panellists and the audience, at which HIV and AIDS, ASRH and early pregnancy were debated.

South-South Cooperation and Triangular Cooperation

UNICEF Swaziland facilitated four BNLSS joint programmes – VAC, HIV/AIDS, social protection and nutrition. Of these, UNICEF Swaziland is the focal point for VAC. Joint work plans were developed and HIV and Nutrition received funding, including from UBRAF.

UNICEF Swaziland supported Government participation in the SADC IPU seminar on nutrition in Namibia to review the country's progress on its SUN movement and the 2016-2020 SUN strategy. MPs were exposed to the importance of child nutrition and related impacts and developed country-specific actions.

UNICEF Swaziland facilitated the hosting of a high-profile government-to-government mission from Malawi to learn about the integration of early infant male circumcision in maternal newborn and child health (MNCH) interventions in Swaziland. Malawi has adopted this best practice from Swaziland in their MNCH programming.

UNICEF Swaziland supported the Ministry of Health (MoH) and the Ministry of Justice and Constitutional Affairs to undertake study visits to South Africa to learn about the One-Stop Centre model. The knowledge acquired was translated into practice as the health sector led the development of guidelines and plans to scale up the One-Stop Centre initiative. The visit also informed training needs and referral linkages.

With UNICEF Swaziland's support, the Government hosted the regional Southern and Eastern Africa Consortium for Monitoring Educational Quality (SACMEQ) IV workshop, which aimed to generate data for assessing learning outcomes, in particular in literacy, numeracy and HIV and

AIDS knowledge among students and teachers.

Collaboration between the governments of Swaziland and Kenya through the Deputy Prime Minister's Office and Ministry of Labour, facilitated by UNICEF Swaziland, led to the establishment of a fully staffed Children's Department with sub-national child protection coordinators in all four regions in Swaziland.

Identification and Promotion of Innovation

In collaboration with Government, UNICEF Swaziland introduced a free SMS web-based system, U-Report, to engage citizens and especially adolescents on issues affecting them and to monitor access to basic public services. U-Report is part of UNICEF Swaziland's quest to inexpensively bridge the gap between decision makers, service providers and communities – especially children, adolescents and youth.

Questions are sent out on a weekly basis to volunteer respondents called U-Reporters, who are invited to respond. Over 2,600 young people were enrolled as U-Reporters, with their numbers growing daily and all have been polled on health, education, child protection and WASH issues. Some of the polling results have informed media awareness about the drought situation. Inputs are responded to in real time by partner organisations who are subject matter experts.

U-Report provides an excellent opportunity for UNICEF programmes to disseminate key information to targeted communities, particularly around health campaigns such as immunisation, and to obtain crowd-sourced feedback to understand community behaviours.

UNICEF Swaziland also supported the use of U-Report by the MoH to strengthen the quality assurance monitoring system that allows clients to provide feedback to service providers in order to improve the quality of service delivery.

In partnership with Matsapha Municipality, UNICEF Swaziland hosted a Youth Parliament where 110 adolescents and young people engaged politicians on various development issues. This is an example of a bottom-up approach to engagement by young people in formal parliament sessions from sub-national level. The approach gained buy-in from many municipalities and parliamentarians with the aim of scaling-up to national level.

UNICEF Swaziland continued to support the integration of EIMC into MNCH in selected health facilities. In one regional hospital the number of circumcisions increased from 50 per cent to 80 per cent of eligible infants.

Support to Integration and cross-sectoral linkages

UNICEF Swaziland strategically supported the Adolescent All-In initiative coordinated by NERCHA, which engaged various role-players, including the Ministry of Sports, Culture and Youth Affairs, MoH, MoET, CSO and UN agencies to assess the data and views of adolescents on HIV and AIDS and ASRH services. This initiative fostered multi-sectoral ownership and enhanced accountability by the different partners on the identified data and programming gaps. Together the partners agreed to proceed with the ongoing comprehensive HIV prevention assessment.

Sustained advocacy for adolescent HIV prevention led to leveraging resources by multilaterals and bi-laterals such as GFATM and PEPFAR. The evidence was important in strengthening the

case for adolescents in both the 2016-2020 CPD and the UNDAF.

UNICEF Swaziland strengthened existing partnerships and forged new ones for the “End Violence” campaign, bringing together various government sectors and civil society, including community child protectors, USAID and the UN, to prevent and respond to increasing violence. These collective efforts remain important in bringing together leading voices and programmers working on children to amplify the VAC message.

In collaboration with partners UNICEF Swaziland supported Government efforts to strengthen provision of services at over 100 informal ECD centres in peri-urban areas in Manzini Region. An average of 805 children were reached monthly, covering nutrition, child health, WASH, early stimulation and cognitive development to ensure that they are safe, healthy, protected, well-nourished, ready for school and that conditions conform to minimum ECD standards.

Lessons learned included: scaling-up interventions is highly dependent on government buy-in, which sometimes takes longer than anticipated. Similarly, national ownership and political commitment are crucial for sustained advocacy, monitoring and capacity development. Investment in various partnerships is key, as each brings different capacities and influence from different segments of society.

Service Delivery

UNICEF Swaziland supported Baylor Children’s Clinic to maintain four teen-clubs with membership of 1,611 adolescents living with HIV (ALHIV), a 12.3 per cent increase from 2014. Through its home-visits programme, Baylor maintained a lost-to-follow-up rate of less than 1.5 per cent.

The MoH received UNICEF support for enhanced decision-making at the regional and selected health facility levels by strengthening the availability of near-real-time routine health management information systems unit data. Critical milestones included dashboards development for tracking key indicators and enhanced capacity for enabling health workers to interpret and use data at all levels.

UNICEF Swaziland supported the expanded programme of immunisation (EPI) to develop a costed, multi-year cold-chain expansion-and-replacement plan. Health workers were also trained to use electronic temperature monitoring devices, which improved their capacity in cold-chain management.

With UNICEF Swaziland support, the MoH Quality Assurance/Quality Improvement Programme conducted a national client satisfaction survey, which enhanced citizen feedback on the quality of health services. Findings were disseminated to health facility management and informed improvement of service provision.

Communication for development interventions included development of communication strategy and action plans, radio messages and community dialogue. These addressed development of the EPI communication plan to increase demand for immunisation, the timely utilisation of anti-retroviral therapy (ART) by HIV-positive mothers (90 per cent) and infants (54 per cent), as part of the country’s adoption of Option B+ for PMTCT. Community engagement and follow-up of mother-infant pairs and socio-cultural practices and beliefs hampering the uptake of services were addressed.

UNICEF Swaziland partnered with Government, NERCHA, UN agencies, civil society and adolescents for the global All In adolescent initiative. Swaziland, the first country to host this initiative, conducted an assessment of the adolescents' HIV and AIDS and ASRH situation. A baseline was established with a clear monitoring plan and defined roles and responsibilities of various partners engaging with adolescents.

Human Rights-Based Approach to Cooperation

UNICEF Swaziland has ensured that all recent legislation and laws impacting children are aligned with the UN Convention on the Rights of the Child (CRC), which forms the backbone of UNICEF's programming and implementation.

UNICEF Swaziland has continued to engage the Deputy Prime Minister's Office in developing regulations to facilitate the implementation of the Child Welfare and Protection Act 2012, which is a domestication of the CRC, and provided technical assistance in drafting Swaziland's official reports on the CRC and the African Charter on the Rights of Women and Children (ACRWC), while advocating for passage of the Sexual Offences and Domestic Violence Bill.

UNICEF Swaziland supported the orientation of 40 religious leaders from different faith groups on the CPWA and the ACRWC. These groups pledged to foster dialogue and developed action plans to promote children's rights. Furthermore, UNICEF Swaziland supported the MoET in the training of more than 200 key personnel, including career guidance teachers, on the CPWA. As a result of this capacity building and continued advocacy on child-friendly schools, the MoET issued a policy statement abolishing corporal punishment in schools. In addition, 200 police officers, 30 prosecutors, 21 members of the judiciary, 22 court intermediaries and 60 health workers were trained on child-sensitive and child-centred responses to sexual and gender-based violence (SGBV).

Communication materials on the CPWA were developed in consultation with children and used during national and community outreach interventions. UNICEF Swaziland partnered with Family Health International to implement a campaign to increase public knowledge about the CPWA; 9,641 people participated in community dialogue on this topic.

UNICEF Swaziland partnered with community service organisations – such as the Council of Churches and the Alliance of Mayors Initiative for Community Action on AIDS (AMICAAL) – to promote and protect the rights of the children with disabilities, and to improve the capacities of school communities to ensure that their schools are inclusive.

A rapid assessment on preparedness for inclusive education was conducted in 40 schools. The assessment explored perceptions and knowledge about children living with disabilities school among administrators, teachers and children, as well as schools' readiness to enrol these children.

Gender Mainstreaming and Equality

UNICEF Swaziland supported the MoH to conduct dialogue in eight communities to improve health-seeking behaviour among men. Some 1,230 people were reached, of whom 80 per cent were male, leading to an increase in men seeking health care services and bringing their children for immunisation. US\$40,000 was contributed by UNICEF Swaziland.

UNICEF Swaziland supported the End Violence Campaign led by a consortium of NGOs including Save the children, World Vision and SWAGAA, which increased the visibility of the

One Stop Centre. Approximately 50,000 people were reached. UNICEF Swaziland contributed US\$165,000 to this initiative.

UNICEF Swaziland also supported the finalisation of a gender-sensitive HIV and life-skills curriculum for secondary schools. Support was also provided for development of a non-formal curriculum aligned with the formal curriculum, to allow a smooth transition between the two systems. The initiative cost US\$120, 000 from November 2014 to the end of 2015.

As part of the UN Delivering as One programme, UNICEF Swaziland contributed to a national GBV conference which provided a platform to advocate for the passage of legislation on gender. As a result, the Government established two key support structures – a high-level task team on violence and a multi-sector referral network for GBV.

Similarly, UNICEF Swaziland co-facilitated staff and children's sessions on UN Cares – a welfare programme that provides UN staff and dependants with up-to-date information on HIV and AIDS and other health matters, benefiting more than 120 children.

Other significant contributions included advocacy on gender equality and women's empowerment through a joint commemoration of International Women's Day, the International Day of the Girl Child, 16 Days of Activism against Gender-Based Violence and advocacy with the Parliamentary Portfolio Committee on the Sexual Offences and Domestic Violence Bill. UNICEF contributed US \$ 20,000 towards this initiative.

UNICEF Swaziland also contributed to ensuring compliance with international reporting requirements on human rights. In collaboration with the Regional Office of the High Commission on Human Rights, UNICEF Swaziland was an active member of the UN Country Team (UNCT), providing technical support to Government and civil society on the preparation of their Universal Periodic Review reports, which include a gender parity assessment.

Environmental Sustainability

As part of UNCT advocacy on sustainable development goals and in collaboration with UNDP, UNICEF Swaziland facilitated children's inputs to 'The Swaziland that we want', focusing on climate change and urbanisation and their implications for national development, among other issues.

UNICEF Swaziland participated in the "Greening the Blue" campaign by conducting an environmental footprint assessment that identified electricity consumption as the highest contributor to the office's carbon footprint. UNICEF Swaziland therefore continued its paper-less meetings, re-cycling of papers and conservation of energy by ensuring lights were turned off at the end of business using a central monitored switch, as part of its efforts to conserve resources.

In partnership with MoET, UNICEF Swaziland supported an inclusive school to model innovative and sustainable energy solutions. Seventeen classrooms and an administration block were powered with solar energy and a backup system, using electricity provided by Swaziland Electricity Company. This was led by the Basic Education section. Installation of the solar system cost US \$46,512.47

UNICEF Swaziland collaborated with the Environmental Health Department (EHD) to support community environmental education through community-led total sanitation (CLTS), which

emphasises community action and behaviour change as the most important factors for improving sanitation. Communities understood the negative effects of poor sanitation and were empowered to collectively find solutions to their inadequate sanitation situation to create a clean and safe environment. Immediate positive change was realised in one chiefdom with three communities, where the triggered effect with leadership from the chief and local MP led to a spill-over effect as neighbouring communities joined the drive to clean up their environments and completed construction of over 160 VIP latrines. UNICEF Swaziland contributed US\$ 22,600 to this initiative.

Effective Leadership

The development of the 2015 Annual Management Plan (AMP) was key to achieving effective leadership. The country management team (CMT) led the development of the CPD and country programme management plan (CPMP), which were risk-sensitive and appropriate to a middle-income country.

The CMT met 12 times and monitored the implementation of 15 programme and operational indicators aligned to regional priority indicators. The CMT ensured that all closed audit queries were addressed and all mandatory committees were functional.

Operational and programme management performance was monitored through monthly coordination meetings to provide updates on emerging issues, review implementation of the UNDAF and CPD roadmaps and address performance and management bottlenecks.

To strengthen internal controls, UNICEF Swaziland implemented 20 of the 26 recommendations from the peer-review exercise conducted by UNICEF's Eastern and Southern African Regional Office (ESARO) in December 2014. These included governance, risk management and financial controls.

With technical assistance from ESARO, UNICEF Swaziland hosted an Enterprise Risk Management workshop for Botswana, Namibia, Lesotho, South Africa, Swaziland and the Comoros to build staff capacity on profiling and managing risks. UNICEF Swaziland identified seven risks of which two were rated 'high', including human resource (HR) capacity and knowledge gaps on the harmonised approach to cash transfers (HACT). UNICEF Swaziland received stretch assignments and peer support from ESARO, Private Fundraising and Partnerships Geneva, and the country offices of UNICEF Zimbabwe and Namibia to strengthen capacity in terms of human resource/grant management, resource mobilisation, donor reporting and communications.

To ensure UNICEF's ability to work during an emergency, the Business Continuity Plan was updated and staff orientation and a simulation exercise were conducted. Sharing the Country Office experience in risk management in the context of a middle-income country at the November 2015 Regional Management Team Meeting was an important opportunity to showcase efforts to achieve effective, efficient and results-oriented management.

Financial Resources Management

To reduce financial risks, the CMT monitored its cash flow projections against actual expenditure and financial management indicators on a monthly basis to ensure effective and efficient use of resources.

UNICEF Swaziland maintained two bank accounts – one in the local currency and the other in

US dollars – which are replenished by Headquarters upon request. This allows the country to benefit from the strengthening of the dollar against the local currency.

The UN maintained a service level agreement with a local bank to optimise fees and charges. Through UN harmonised rates, UNICEF Swaziland has achieved cost savings for implementing partners and other service providers.

UNICEF Swaziland established and implemented a HACT plan to manage risk and enhance accountability. In addition utilisation rates of programme budget allotments were monitored on a monthly basis and discussed at CMT and programme coordination meetings so that appropriate actions could be taken on time.

UNICEF Swaziland conducted a physical inventory count, and the results were reconciled with the records in the VISION system.

Despite this record, UNICEF Swaziland needs to strengthen its grant management, tracking and monitoring of advances to partners to support full utilisation and, where possible, mitigate low absorption capacity and better use meagre resources.

Fund-raising and Donor Relations

A resource mobilisation task force met quarterly to coordinate UNICEF Swaziland's fundraising efforts, reporting to the CMT on funding opportunities and tracking resource mobilisation activities. UNICEF Swaziland updated the resource mobilisation strategy, aligning it to the Country Programme (2016-2020) through stretch assignments from UNICEF Kenya and Zimbabwe.

To increase the visibility of the new Country Programme and leverage resources for children, UNICEF Swaziland developed high-quality fundraising materials, including programme briefs and concept notes, and featured a five-question interview on the internal communications network.

Personalised letters of introduction to the 2016-2020 CPD and accompanying concept notes formed part of the fundraising effort, targeting relevant embassies in Pretoria and Maputo during the last quarter of 2015. UNICEF Swaziland also contributed to the ESARO-led investment cases in the priority areas of adolescents, social protection, education and survive and thrive, enhancing its capacity to rationalise investments in children.

To maximise partnerships and enhance donor relations, existing donors in South Africa and Europe were engaged by the Representative to introduce the new Country Programme's focus and priorities during the last quarter of the year, and the Country Office hosted visits by two UNICEF National Committees (NatComs).

To ensure quality reporting of results to donors, UNICEF Swaziland developed standard operating procedures for proposal development and donor reports with clear allocation of roles and responsibilities, and also facilitated capacity-building sessions for staff on both resource mobilisation and donor relations.

UNICEF Swaziland raised a total of US\$3,122,109 of other resources (OR); 50 per cent of planned OR amount for the year for programme implementation, of which 79 per cent was utilised and the rest re-phased to 2016.

Evaluation

The M&E section coordinated the integrated monitoring and evaluation plan undertaken by UNICEF Swaziland. A total of 10 studies, evaluations and surveys were initiated during the year under review: six are ongoing (drivers of VAC, assessment of barriers to PNC visits by lactating mothers, barriers to initiating paediatric ART, SACMEQ IV, the new-born care assessment and the evaluation of the Inqaba (Schools as Centres of Care) programme in primary schools. Two were discontinued: assessment of the effectiveness of different social protection programmes (NGO perspective) and the end-line survey of schools piloting the guidance and counselling curriculum. Two were postponed until 2016: the out of school children study and an analysis of public finance for children.

UNICEF Swaziland benefited significantly from invitations by the planning, monitoring and evaluation sections at ESARO and Headquarters to participate in selected regional and global initiatives; the transfer of knowledge and skills helped to shape programmes and establish a culture of managing for results. These efforts are also paying dividends in terms of building the capacity of government partners, contributing evidence to the on-going Gates Initiative and UNDAF and for conducting evidence-based advocacy for programming and planning.

Following a recommendation from ESARO, UNICEF Swaziland established a research committee, led by the Representative. This group provides guidance and quality assurance on all research, surveys and evaluations, including the on-going drivers of violence survey, being conducted by the Deputy Prime Minister's Office in collaboration with UNICEF Swaziland and the University of Edinburgh.

Efficiency Gains and Cost Savings

UNICEF Swaziland implemented and monitored various cost-saving measures, including an internal policy on travel – travelling economy class and using shuttle services between Swaziland and South Africa – and using Skype to reduce telecommunication costs, especially for international calls.

UNICEF Swaziland continued to benefit from pooled funding to drive the agenda for children, including the national GBV conference, joint HACT training and International Day of the Girl Child. Stretch assignments and seconding of staff through ESARO and Pretoria HR hubs resulted in cost savings when addressing capacity gaps in areas such as HR and communications, avoiding the need to engage consultants.

In collaboration with other UN agencies, UNICEF Swaziland maintained a service level agreement with a local bank to reduce costs and secure benefits for the organisation and staff members. In addition, UNICEF Swaziland saved on costs by sharing the premises with other UN agencies, which also provided opportunities to share ideas and increase collaboration on both operations and programming.

UNICEF Swaziland applied internal measures to rationalise business operations and improve efficiency and effectiveness by continuously reviewing work processes, consolidating work- and travel-plans and streamlining operational processes such as HR and supplies with the hub in Pretoria.

Supply Management

UNICEF Swaziland acquired supplies and services valued at US\$647,939. The Office continued to procure all its administrative supplies, workshop facilities and printing services through local vendors, while using global long-term agreements to the value of US\$ 331,905.

UNICEF Swaziland continued to source its programme supplies and institutional contracts through the BNLSS(+Angola) supply hub in Pretoria, valued at US\$259,094. UNICEF Swaziland received adequate assistance and support from the supply hub in Pretoria and Supply Division, as and when requested. Off-shore procurement through UNICEF's Supply Division was valued at US\$56,940. All goods and services were directly delivered to the implementing partners, in keeping with best practice and to avoid warehouse costs.

Security for Staff and Premises

Based on the assessment by the UN Department of Safety and Security (DSS), which indicated no major change in the security environment, UNICEF Swaziland remained at security level 2 or lower, meaning the security situation was generally calm and peaceful.

The DSS performed a security risk assessment of the premises in 2015 which identified both weaknesses and strengths. The building's standoff distance remains a challenge due to its location, but this will be addressed when the office moves to new premises allocated by Government.

Physical protection systems were designed to make the UN building an unattractive target. The DSS maintained controlling mechanisms through central access control card systems, closed-circuit television, fire alarm and perimeter guards to ensure the safety and security of UNICEF staff.

In August, all floor wardens and security guards undertook fire prevention and safety training. UN staff were provided with clear instructions for an emergency evacuation of the premises. Radio checks were performed monthly, and security advisories were sent out to alert staff to any security and safety measures.

UNICEF Swaziland remains an active member of the UNCT Security Management Team, which provides updates on in-country security situations. The Country Office also benefited from ESARO security updates, which were particularly useful in advance of regional meetings. Adherence to security clearance and travel authorisations was maintained.

To ensure programme delivery in emergency situations, UNICEF Swaziland updated its Business Continuity Plan and a simulation was conducted with a total of five critical staff members who stand ready to ensure that the office can operate in emergencies.

Human Resources

The development of both the 2016-2020 CPD and CPMP took into consideration programming in middle-income countries and the national context. All staff job descriptions were reviewed with a focus on policy engagement, analysis and HIV programming, and in line with Global Shared Services Centre changes.

UNICEF Swaziland had a staff complement of 23 at the beginning of the year: 13 women and 10 men. There were eight national professionals, nine general service staff and six international professionals, of whom 54 per cent were female. Two national professionals and one general

service staff member resigned; the latter was replaced. One international professional post was abolished, resulting in a total of 20 staff by year end.

To enhance office capacity, UNICEF Swaziland engaged six stretch assignments intermittently to support operations and programming, whose time equated to six months of work. Furthermore, seven consultants were contracted to fast-track implementation of the country programme over a period of six months for each consultant.

At the beginning of the year, supervisors and staff agreed on key performance indicators. UNICEF Swaziland achieved a 100 per cent performance appraisal completion rate by mid-year. The performance appraisal system increased financial accountability by mainstreaming tasks related to financial management.

The Global Staff Survey identified work/life balance as a critical area for improvement. As a result, the office developed a plan which included orientation of staff by the Regional Staff Counsellor on understanding and addressing barriers to work/life balance and stress management. HR clinics were facilitated to empower staff on UNICEF policies on work/life balance, such as flexi-time.

Under the auspices of UN Caring for Us, a workshop for over 120 children of UN staff members including some living with disabilities was conducted to educate and raise their awareness about different forms of abuse and about HIV/AIDS.

Effective Use of Information and Communication Technology

In accordance with UNICEF standards and policies, UNICEF Swaziland continued to provide a secure information and communication technologies (ICT) infrastructure. The Windows Server Update Services platform ensured the latest software security patches were deployed in a timely fashion, providing more stability and security for all workstations and laptops.

The rollout of Windows 8.1 was welcomed by staff members, who experienced a much better overall performance including faster boot-up times, which meant more productivity. The Yammer platform was extensively used as a new technological tool for collaboration among ICT staff across the different regions, improving turnaround times for solving incidents and thus increasing efficiency. Furthermore, using the improved virtual technology, several webinars disseminating global programme initiatives (such as the adolescent 'All In' initiative and Cuba's elimination of mother-to-child transmission) were held, involving Government and NGO partners who discussed pertinent issues with over 90 participants from various countries worldwide.

UNICEF Swaziland ICT continued to look for ways to promote the use of innovative technologies to enhance programme results. One was the U-Report initiative, where the software architecture was revamped from RapidSMS to RapidPro. A memorandum of understanding was signed by local mobile services providers, securing fixed rates for bulk SMS among other benefits.

The Agora learning portal was embraced as an innovative learning tool by the Local Learning and Training Committee and staff members, providing more robust learning opportunities on various topics. It was easily accessible and provided a more streamlined approach to building staff capacity.

Technical support was provided with established social media platforms (e.g. Facebook, Twitter)

all managed by the Communications section. An offsite simulation under the disaster recovery plan was conducted to ensure that all ICT services were available outside the office in the event of an emergency.

Programme Components from Results Assessment Module M

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Increased & Sustained coverage and use of High Impact Preventive and Curative HIV, MNCH and Nutrition interventions in low performing regions by the end of 2015.

Analytical Statement of Progress:

To achieve this outcome, in 2015 UNICEF SWAZILAND In collaboration with other UN agencies, PEPFAR and partners continued to provide technical and financial support to the Government of Swaziland, especially line ministries related to the provision of health, HIV&AIDS and nutrition services/interventions. The focus was on addressing various barriers and bottlenecks to achieving better health for children and women. Barriers and bottlenecks addressed included those in the enabling environment, supply, demand and quality of services to children and their families along the continuum of care.

Bottlenecks addressed in the enabling environment included inadequate policies to support delivery of MNCH services, especially at the community level and no legislation in place regarding the Code of Marketing of Breast Milk Substitutes. In addressing these, UNICEF Swaziland advocated and provided technical and financial support for the finalisation of the draft Public Health Bill and the Food and Nutrition Policy. The process for finalising the public health bill and submitting it to Parliament for approval is ongoing. The important Code of Marketing for Breast Milk Substitutes was integrated into the draft. The food and nutrition policy is awaiting final endorsement by Cabinet.

Supply bottlenecks addressed were regarding: inadequate skilled health care workers to provide integrated MNCH/HIV/Nutrition/TB services and their attitudes towards patients, insufficient essential equipment for provision of MNCH and nutrition services, implementation of the package for preventing HIV infection in pregnant and lactating women, prevention of unintended pregnancies (Prong 1 and 2, inadequate delivery of health services in hard-to-reach communities, coupled with poor health-seeking behaviour and limited ASRH/HIV) services. In addressing these, UNICEF Swaziland collaborated with partners to support capacity building for health workers, procurement of essential equipment and commodities, strengthening of outreach services, establishment of adolescent-friendly clinics and increasing community involvement and participation in the delivery of health services.

Bottlenecks addressed in the area of quality were: inadequate coordination, supportive supervision and mentorship of health care providers of integrated MNCH and HIV services and insufficient collection, analysis and use of data collected in regard to M&E for integrated services. To address these issues, UNICEF Swaziland supported capacity building for the health management information system (HMIS) unit to enable health workers to interpret and use data at all levels and to include a feedback mechanism from the beneficiaries of services, through the SMS polling messages using the U-report. Furthermore, UNICEF Swaziland supported the strengthening of the MOH Quality Assurance /Quality Improvement Programme to roll out quality improvements in major health facilities and clinics.

Bottlenecks addressed in the area of low demand and timely utilisation of services were: low proportion of ART uptake by HIV-positive mothers (66 per cent) and infants (49 per cent); limited community engagement and follow-up of mother-infant pairs; socio-cultural practices and beliefs hampering uptake of services; inconsistent and mixed messaging regarding key messages on breastfeeding (especially in the context of HIV); low levels of appropriate complementary feeding for children aged six- to-24 months, resulting in high levels of stunting; and insufficient information, education and communication (IEC) and radio messaging on infant and young child feeding (IYCF), including exclusive breastfeeding and appropriate complementary feeding. In addressing these, the Country Office supported various C4D interventions, including the development of communication strategies and plans, development and airing of radio messages and conducting community involvement and participation activities.

Through addressing the barriers and bottlenecks described above, UNICEF Swaziland, in collaboration with the MoH and other partners, contributed to increased ART uptake, especially by HIV-positive mothers and children; improved ways of preventing HIV among adolescents; implementation of adolescent and youth-friendly services and rollout of teen/adolescent clubs for both HIV-positive and negative adolescents in Manzini Region; and reduction of sero-conversion among HIV-negative pregnant women and lactating mothers; as well as improvements in addressing stigma and discrimination. Furthermore, UNICEF Swaziland contributed to maintaining high immunisation coverage, increased Vitamin A supplementation and increased rates of exclusive breastfeeding, as reported in the MICS 2014, compared to the baseline levels in MICS 2010.

The roll-out of the provision of life-long ART to pregnant women and lactating mothers (option B+), implementation of the operational plan for the extended National Strategy Framework for HIV (eNSF); good management of vaccine stocks, including effective management of cold chain; implementation of IYCF interventions, such as the Baby Friendly Hospital Initiative (BFHI); and implementing C4D interventions, especially at the community level, such as the commemoration of World Breastfeeding Week and through radio, contributed to the positive results achieved in 2015.

Notwithstanding the achievements mentioned above, some key national indicators are still showing significant challenges in the country. For example, early antenatal (ANC) care attendance and post-natal care remain low and neonatal mortality and morbidity remain high. Although the under-five mortality rate dropped from 104 (MICS 2010) to 67 (MICS 2014) per 1000 it still remains high and stunting among under-fives (which fell from 30 per cent in 2010 to 26 per cent 2015) is also high. Hence most of the barriers and bottlenecks addressed in 2015 will remain a priority for UNICEF Swaziland support in the new Country Programme beginning in 2016.

OUTPUT 1 An enabling policy and institutional environment is strengthened for MNCH/HIV/Nutrition across its continuum of care by the end of 2015.

Analytical Statement of Progress:

To contribute to strengthening the enabling environment of the Health sector, UNICEF Swaziland, in collaboration with UN, PEPFAR and NGO partners, supported the Ministry of Health to develop and launch several essential documents including: guidelines for community health volunteers aimed at improving coordination and delivery of MNCH services at community level, integrated HIV management guidelines, the second national health sector strategic plan (2014 -2018) and its operational plan, the national integrated management of acute malnutrition

(IMAM) guidelines, the emergency obstetric and new-born care (EMONC) guidelines and protocols, and a MNCH curriculum. Most of these documents are being implemented by the relevant health sector stakeholders. The food and nutrition policy was finalised and is ready for submission to Cabinet approval, whilst the process to finalise the public health bill and its submission to Parliament was still ongoing in late 2015.

UNICEF Swaziland further provided support to the MOH for conducting key health-related research, including the following studies/assessments: 1) A national maternal and neonatal health quality of care assessment was close to being finalised, the results of which should reveal why the country continues to face high maternal and child mortality despite high rates of ANC attendances and skilled health facility-based deliveries; 2) A study on understanding barriers to paediatric ART Initiation for children two-to-18 months of age in Swaziland. Data analysis was completed, and findings show mainly family and health facility barriers as key contributors to delayed initiation. The study team is currently writing the report. 3) A Baby-Friendly Hospital Initiative (BFHI) assessment was conducted in 13 public and private health facilities providing maternity services; while three facilities were certified baby-friendly, five were rated average and issued with certificates of commitment, and five failed the assessment. All facilities not certified baby-friendly were assisted to develop action plans to address the areas of weakness identified during the assessment and will be reassessed in the first quarter of 2016. 4) Part of a national customer care service satisfaction survey (QA/QI) was conducted in 45 public and private health facilities. A draft report is being finalised for printing and dissemination. Similarly, implementation of quality improvements in one regional referral hospital contributed to reducing neonatal deaths from 17 per cent in 2014 to 14 per cent in 2015.

UNICEF Swaziland continued to support implementation of integrated EIMC in MNCH, in selected health facilities. In one regional hospital the number of procedures performed increased from 50 per cent to 80 per cent of eligible male infants

OUTPUT 2 Health facilities in the hard to reach populations of the country are able to provide integrated SRH/MNCH/ HIV/TB services across the continuum of care by the end of 2015.

Analytical Statement of Progress:

To provide integrated SRH/MNCH/HIV and TB services across the continuum of care for facilities in hard-to-reach populations, UNICEF Swaziland supported the MoH to strengthen the capacity of health care workers and ensure the availability of essential equipment and supplies to deliver quality health and nutrition services. This was significant for programming from both equity and rights perspectives.

Growth monitoring was strengthened by procuring and distributing anthropometric measuring equipment for 150 health facilities. Shortages of therapeutic feeding supplies in health facilities were alleviated by procuring F100, F75 and Plum Peanut. IYCF practices were enforced in 13 major health facilities by implementing the BFHI. An integrated stunting-prevention action plan was developed and endorsed using a multi-sectoral approach. To strengthen field monitoring and supportive supervision for nutrition activities, UNICEF procured a vehicle for the Swaziland National Nutrition Council of the MoH.

Government introduced a rotavirus vaccine in May 2015; by the end of November 7,288 children had been immunised. Significant numbers of children and women in hard-to-reach areas were reached with a package of health services during the commemoration of African Vaccination Week. To further strengthen access to child-health services in hard-to-reach communities and to ensure supportive supervision, UNICEF Swaziland procured two field-

monitoring vehicles for the EPI and one for the school health services. A cold-chain maintenance and replacement plan and procurement budget were developed, and management of the cold-chain was improved by building the capacity of health workers to use electronic temperature monitoring devices. Results of a stock inventory of trivalent oral polio vaccine (tOPV) are helping guide EPI on phasing out tOPV in readiness for the planned switch to bivalent oral polio vaccine (bOPV) in April 2016.

Capacity building for 45 health care workers and procurement of essential equipment for the care unit for new-borns in a regional referral hospital significantly improved management of birth asphyxia, leading to a decrease in neonatal mortality rate from 17.3 per cent in 2013 to 14 per cent in 2015.

The targeted increase of teen clubs from four to ten in the Manzini region was achieved. This followed capacity building on ASRH and youth-friendly services for 44 nurses from 22 health facilities in that region. At least 80 per cent of healthcare workers in each clinic were trained on youth-friendly services. UNICEF Swaziland supported Baylor Children's Clinic to maintain four teen clubs with a registered membership of 1,611, up 12.3 per cent up from 2014. Through its home-visits programme to children and mothers living with HIV, Baylor maintained a lost-to-follow-up rate of less than 1.5 per cent.

With UNICEF Swaziland and PEPFAR support, the health sector's GBV response was strengthened by developing guidelines, protocols and a training manual for health workers. The training manual has been used to train 25 trainers to respond to GBV, and will continue to be used in step-down training as part of the process of rolling out the health sector GBV response. This is a good example of programme convergence aimed at providing holistic services to vulnerable groups such as adolescent girls and young women.

OUTPUT 3 Increased demand for essential services (MNCH, WASH, HIV) for children, adolescents and their families and use of improved family and community care practices by the end of 2015.

Analytical Statement of Progress:

To increase demand for essential health services for children, adolescents and their families, UNICEF Swaziland supported the Ministry of Health in planning and implementation of C4D interventions. Communication for EPI-related interventions was strengthened through development and implementation of a comprehensive EPI communication strategy and a communication plan. The documents were used to develop immunisation IEC materials, and messages for the introduction of the Rota Virus vaccine and commemoration of Anti-Violence Week.

Public awareness and demand creation for services was increased through community sensitisation and education using IEC materials, radio messages and community dialogues. Eight male-targeted community dialogues were held reaching 1,230 people of whom 80 per cent were men, after which health workers from the local clinics reported a steady increase in the number of men seeking health care services, including those bringing their children for immunisation services. The national immunisation coverage rate was maintained at above 80 per cent for both Measles and DPT3. However, there is still need to intensify demand creation for immunisation services and to continue addressing existing bottlenecks in both health facilities and communities. Reaching the last 20 per cent of under- or unimmunized children remains a serious challenges for the country.

Supporting the MOH with implementation of C4D across all programmes has remained a challenge due to the limited capacity of the Health Promotion Unit, which lacks both human resources and equipment. This hindered efforts to implement planned C4D activities for various programmes (nutrition, MNCH and HIV&AIDS). The nutrition programme was only able to reach the public and increase awareness on breastfeeding during the commemoration of Breastfeeding Week. The SRH unit was supported to develop and implement a communication plan for the rollout of the lifelong ART for pregnant and lactating women, or PMTCT option B+.

OUTCOME 2 Children and families benefit from sustained use of safe drinking water and adopt adequate sanitation and good hygiene practices

Analytical Statement of Progress:

To ensure that children and families benefit from sustained use of safe drinking water and adopt adequate sanitation and good hygiene practices, UNICEF Swaziland built on the 2014 bottleneck analysis and supported the training of four government officials as WASH sector analysis facilitators, using the WASH Bottleneck Analysis Tool which enables a more in-depth analysis of the sector.

UNICEF Swaziland, in partnership with aligned ministries and water, sanitation and hygiene (WASH) partners, held WASH Bottleneck Analysis workshops with the broad participation by sector stakeholders for rural water supply and sanitation. The analysis was carried out to identify bottlenecks at the level of national and regional level and among service providers and in communities that impact services to children and their families. The workshop revealed that the majority of enabling factors for the rural WASH subsector face major bottlenecks, such as obsolete legal and policy framework, lack of equity targeting, humanitarian budgeting etc. at all levels.

The bottlenecks identified included poor policy and legal framework with outdated policies, of which some remain in draft form. The analysis recommended a review of legal and policy documents as a priority for the sector. Annual planning and targeting for equity service provision was noted as poor or unrealistic. The analysis noted that WASH services are demand-driven, however, mainly for sanitation, demand is minimal in comparison to water supply, which is reflected in the national coverage of both sanitation and water supply. The recommended action is to strengthen evidence-generation for decision-making, especially for sanitation and hygiene, and to initiate sanitation marketing. Social norms and beliefs were viewed as a bottleneck due to limited knowledge by opinion leaders about the significance of WASH services, especially sanitation. Active advocacy strategies are needed to target environmental health practitioners, general health practitioners, community leaders and opinion leaders to support WASH projects.

In relation to WASH in schools, menstrual hygiene management within schools remains a challenge, contributing to absenteeism among adolescent girls. UNICEF Swaziland and the EHD formed a task team to advocate in favour of strengthening menstrual hygiene management within schools, as outlined within the WASH pillar of the child-friendly schools guide for teachers (INQABA). The school health team will monitor the programme and report back on any challenges faced by schools and female adolescents

With open defecation standing at 15 per cent, UNICEF Swaziland and the EHD collaborated to carry out community triggering through CLTS to sensitise communities about the importance of sanitation and the impact of becoming open defecation-free.

OUTPUT 1 National WASH Forum capacity to lead WASH response strengthened by the end of 2015.

Analytical Statement of Progress:

The Country Office continues to support WASH Forum meetings; as a result, a National WASH Forum Annual work plan was developed with a monitoring and evaluation plan. The work plan was designed to guide the implementation of WASH activities by stakeholders. Field monitoring was not as completed as scheduled; only two of 10 visits were undertaken. However members benefited from the field monitoring and are exploring possible solutions to address urban sanitation challenges.

UNICEF Swaziland also supported officers from the Environment Health Department and Department of Water Affairs to attend the WASHBAT facilitators training in Nairobi July 2015; these officers then facilitated a rural WASH bottleneck analysis with Government and NGOs. The analysis showed that sector coordination still remains a challenge and suggested the formulation of sector regulation and formalisation of the Water Sector Swap to give the Forum legitimacy. UNICEF continued to advocate for the formation of a sector-wide approach to planning (SWAp) in support of an EU water sector reform project, of which WASH is one arm of the SWAp.

To advocate for increases in budget allocation and community leadership support for WASH-related interventions, UNICEF supported a sensitisation forum with MPs on Rural WASH to gain their support during Parliament budget discussions for 2015/2016. The MPs pledged support for WASH intervention budgets within Parliament and their respective portfolio ministries. They further indicated that they would now better engage with WASH sector implementers on projects within their constituencies, as they now felt empowered.

OUTPUT 2 High quality sanitation and hygiene (WASH) facilities and services are available in selected schools and communities in the target regions by the end of 2015.

Analytical Statement of Progress:

UNICEF Swaziland collaborated with the MoH-supported CLTS initiative in four communities with high practice of open defecation in four regions. The community initiatives led to construction of 169 VIP latrines (100 per cent of target) in two of the four communities. Community leadership support and buy-in (in Lubhujini, Hhohho region) led to elimination of ODF in an entire chiefdom as community leaders led the construction of pit toilets. The other communities did not complete their construction programmes due to lack of close monitoring, attributed to poor selection of pilot communities, as documented under lessons learnt. Swaziland needs to develop an Open Defecation-Free (ODF) protocol that certifies communities as ODF. A National Sanitation Dialogue, during which sanitation would receive national visibility and partners would advocate for increased sanitation budgets and hygiene interventions, did not take place but remains a priority for 2016.

UNICEF SWAZILAND supported the Environmental Health Department to develop a draft sanitation and hygiene strategy, set to be completed in March 2016. The strategy will aid the department, working with civil society groups, to overcome the bottlenecks that prevent scale-up of sanitation and hygiene, especially in rural areas. The Rural Sanitation Bottleneck Analysis results highlighted the grave issue of peri-urban areas and informal slums as responsible for low sanitation and hygiene service coverage, with most households sharing sanitation facilities.

Hygiene promotion remains a challenge; the Health Promotion Unit has limited capacity to support all MoH programmes effectively. UNICEF Swaziland supported the development of IEC material on hygiene, targeting hand-washing, sanitation facility cleanliness, food handling for communities and school kitchens. The Country Office also supported printing these materials to aid the Health Promotion Unit in its support to the Environmental Health Department.

OUTPUT 3 Optimal access to life saving WASH, health and nutrition services for women and children affected in declared emergencies by the end of 2015.

Analytical Statement of Progress:

UNICEF Swaziland in collaboration with the Deputy Prime Minister's Office (DPMO), World Food Programme (WFP), UNFPA, WHO, and key cluster lead ministries developed and finalised the 2015/17 Multi-Hazard Contingency Plan (MHCP). With the full establishment of the National Disaster Management Agency as a parastatal, disaster and emergency coordination capacity is expected to be strengthened.

UNICEF provided technical support in the finalisation of the 2016/2017 Drought Response plan covering areas of Country Office comparative advantage, such as WASH, child protection, nutrition, health and education. This plan will focus on drought response from April 2016 to March 2017. The key major threat of the current drought is the impact on urban centres especially Mbabane (capital city), Manzini (business hub) and Matsapha (industrial hub). The health, WASH and nutrition clusters remained on high alert and closely monitored the situation throughout November and December 2015. UNICEF Swaziland collected information and compiled two monthly situation reports on the drought in November and December 2015.

OUTCOME 3 Learning outcomes and inclusive child friendly services in ECCDE and basic education improved by the end of 2015.

Analytical Statement of Progress:

In collaboration with other development partners (mainly NGOs), UNICEF Swaziland continued to provide support to the MoET as the key strategic partner in the implementation of actions to achieve improved learning outcomes in inclusive and child-friendly schools (CFS).

UNICEF support was instrumental in reviving the education sector coordination mechanism, which succeeded in organising at least six policy dialogue sessions addressing matters such as the GPE, high prevalence of repetition throughout the basic education system, the situation of out-of-school children, the education budget, education policy implementation, etc. Continued advocacy from UNICEF resulted with the appointment of a SWAp coordinator by the Principal Secretary. UNICEF also played a pivotal role in making Swaziland a full member of GPE, and is currently supporting the drafting of a grant application to finance a review of the education sector and update of the education strategic plan 2010-2020.

The MoET was supported by UNICEF Swaziland to develop the ECD policy and the Swaziland early learning and development standards (SELDS) to facilitate an enabling environment for ECD. Whilst ECD policy development is still a work in progress, the SELDS were finalised, launched and over 1,300 teachers and caregivers were trained in their use. UNICEF further supported system strengthening by developing the capacity of senior members of the early child care and development (ECCDE) inspectorate to implement and monitor utilisation of the

SELDS, to foster quality ECD and thus increase access to this education sub-sector.

To enhance evidence-based advocacy and programming UNICEF Swaziland supported MoET to generate and analyse data. Thus, MoET received supported to host a regional Southern Africa Consortium on Monitoring Educational Quality (SACMEQ) workshop focusing on analysis of the SACMEQ IV data. SACMEQ reports are used to monitor and assess learning outcomes, in particular in literacy, numeracy and HIV/AIDS comprehensive knowledge among students and teachers. It is one of the main barometers for measuring the quality of learning outcomes in Southern Africa. Continued support was provided to facilitate the release of EMIS data, through the 2013 AEC, in July 2015. Furthermore, the capacities of the EMIS team and relevant MoET staff was strengthened to carry out the out-of-school children (OOSC) study, through both national and regional workshops supported by UNICEF Swaziland and ESARO, respectively.

UNICEF Swaziland also partnered with MoET to raise awareness and advocate for supportive learning environment for children, including those with a disability, through organising an inaugural commemoration of World Autism and World Down Syndrome Day in Swaziland, where parents formed part of the audience and modelling an inclusive school.

To enhance the quality of education while mitigating the effect of HIV and AIDS in a highly impacted country, UNICEF Swaziland supported MoET to successfully launch the guidance and counselling curriculum for secondary schools. The curriculum aims to increase life skills to fight HIV, while teaching adolescents about sexuality, to curb the occurrence of early pregnancies. To improve adherence to the programme, sport is used as both a strategy and a goal. Sport for development training was also provided to selected head teachers, teachers, sports captains, and out-of-school youth peer educators were trained in the use of sports and games to facilitate discussions on HIV and other related issues, Child and youth participation was promoted through radio debates.

To further improve learning outcomes, UNICEF supported the National Curriculum Centre, Moya Centre (an NGO) and the University of Swaziland to model a learning project in maths and science. UNICEF also supported the alignment of the non-formal and formal curricula to ensure a smooth transition between the two systems. Syllabi from level one to level three in various subjects (SiSwati, English, facilitators' guide and programme of instruction) were updated and finalised. Furthermore, in response to the needs of out-of-school adolescents in relation to HIV and violence prevention, UNICEF partnered with 'junior achievers' to build capacity among out-of-school youth.

Despite these milestones achieved through the partnership with MoET, there is still a need for further support for addressing outstanding policy bottlenecks to improve learning outcomes, including the updating of policies such as the school guide and regulations, which still embrace corporal punishment, and improve implementation of existing policies.

OUTPUT 1 Policies, standards, curriculum and coordination mechanisms for ECCDE, primary and secondary education strengthened by the end of 2015.

Analytical Statement of Progress:

To facilitate an enabling environment for early learning and development, UNICEF Swaziland supported MoET in developing the SELDS, which were finalised and endorsed by the Government. UNICEF also supported systems-strengthening by developing the capacity of senior ECD inspectors to monitor the implementation of SELDS. Support was also provided for the capacity building of 1,365 ECD implementers, caregivers and teachers by NGOs under the

supervision of MoET. UNICEF Swaziland support was instrumental in reviving the ECD sub-sector through regular sector coordination meetings, bringing together key stakeholders. UNICEF supported a regional workshop on the SACMEQ IV, which assessed learning outcomes, in particular in literacy, numeracy and comprehensive knowledge of HIV and AIDS among students and teachers. Continued support to the EMIS resulted in the recovery of 2013 EMIS data that were lost when their server crashed. The AEC 2013 was released and used to calculate the cost of repetition in the education system. This new evidence has assisted Government to think through modalities related to repetition at both primary and secondary levels.

UNICEF Swaziland and the UNESCO Institute for Statistics supported capacity development of 30 MoET staff, including EMIS staff, to conduct a study on OOSC. MoET senior management participated in a regional training on OOSC and quality education organised by ESARO in Nairobi, which served as an important opportunity for advocacy and South-South collaboration. Following this capacity strengthening, the study will be conducted in 2016.

To enhance opportunities for resource mobilisation and leveraging, UNICEF Swaziland advocated for and supported the MoET to become a full member of the GPE. As a result the country has drafted and submitted a grant application to the GPE for a review of the education sector and to update the Education Strategic Plan. UNICEF Swaziland's support also contributed to sector coordination, organisation of regular sector policy dialogue sessions and the appointment by MoET of a coordinator of the SWAp.

A key constraint of education sector policy is the low level of implementation of and compliance with some rules and regulations; for instance, poor alignment of MoET documents such as corporal punishment and repetition guidelines. The capacity to coordinate the timely collection, analysis and use of education data within MoET for evidence-based decision-making remains a key challenge. Overall coordination of the education sector needs further strengthening.

To address the above-mentioned constraints, UNICEF Swaziland will continue to support MoET in the areas of education sector policy implementation and alignment, ECD policy development and strengthening the timely collection, analysis and use of data through innovative approaches. Furthermore, UNICEF Swaziland will continue to support strengthening education sector coordination and policy dialogue.

OUTPUT 2 Quality and environment of learning for children and adolescents, (including HIV/AIDS life skills and competencies for lifelong learning), improved by the end of 2015.

Analytical Statement of Progress:

UNICEF Swaziland supported MoET to launch a guidance and counselling curriculum for secondary schools. Following the launch MoET, with support from UNICEF Swaziland and Bantwana International, organised an orientation session for head teachers from 100 schools. The curriculum aims to increase life-skills to prevent HIV while teaching adolescents about SRH to curb early pregnancies. A total of 350 education officials and 48 out-of-school peer educators were trained to use sports and games to facilitate discussions on HIV and related issues. Furthermore, child and youth participation through radio debates on SRH and HIV were supported by UNICEF Swaziland.

To strengthen programme convergence, UNICEF Swaziland supported the MoET to train over 200 key personnel, including teachers and career guidance teachers, in implementing the CPWA in schools. As a result of capacity building and continued advocacy, the MoET issued a policy statement abolishing corporal punishment. This was a major milestone in a country which openly condones corporal punishment; UNICEF will continue supporting the Government to operationalise this policy. UNICEF Swaziland also supported MoET to assess the toll-free line for reporting violence in and around schools. The report's findings indicated the importance of a system for reporting violence in schools and steps to fully operationalise the system.

To improve learning outcomes UNICEF Swaziland, in partnership with Moya Centre, supported the National Curriculum Centre to model a learning project in maths and sciences. About 170 teachers, inspectors and staff were trained on contemporary teaching strategies by Teachers Across Borders Southern Africa. Following this experience, learning standards in these two subjects will be reviewed.

In light of the national disability policy, and to provide a supportive learning environment for children living with disabilities, UNICEF Swaziland partnered with the MoET and parents to organise the inaugural commemoration of World Autism and World Down Syndrome Day. Approximately 1,000 children with special needs participated in the celebrations, at which numerous messages of support from Government ministries and NGOs were delivered. To strengthen inclusion, UNICEF supported modelling of what constitutes an inclusive school that provides equal opportunities for all children. Seventeen classrooms and an administration block were powered with a dual electrical system using solar and hydro-electric energy to allow children with sight impairment to better see and work on overcast days. Furthermore, 12 sports fields were improved and sports items provided to 150 schools to support of healthy and safe outdoors activities.

Social norms with regards to corporal punishment continue to be a barrier for achieving violence-free schools. In addition, poorly qualified teachers for the first three grades of learning (including temporary teachers) contribute to high repetition rates. The physical environment at most schools and facilities is not conducive for inclusive education. Low levels of comprehensive knowledge on HIV and AIDS among adolescents is another continuing challenge, as are early pregnancies leading to school drop-out.

The new Country Programme provides an opportunity to address issues affecting adolescents such as protection, quality learning and HIV prevention using a life-skills approach.

OUTPUT 3 Alternative and complementary education programmes, including HIV/AIDS and violence prevention for the most vulnerable adolescents, in particular girls, strengthened by end 2015.

Analytical Statement of Progress:

In programming from an equity and rights perspective, UNICEF Swaziland supported the alignment of the non-formal and formal curricula to ensure smooth transition between the two systems. The syllabus was updated from level one to level three in various subjects, including SiSwati and English, and a facilitators' guide and programme of Instruction (a set of 14 books) were produced. In addition, UNICEF partnered with Junior Achievement to build capacity among out-of-school youth on HIV and violence prevention. Fifty youth – mostly girls – were trained not only in HIV and violence prevention but also on entrepreneurship skills, savings and credit creation, to enable them to start businesses or other income-generating projects. This was found to be useful in engaging effectively with adolescents and young people to channel their

energies toward constructive development issues while delaying initiation of risky behaviours. The immediate result was that 40 per cent of participants started their own businesses, thus providing evidence that can be used to advocate for policy formulation and to implement the recommendations of the 2013 UN-supported youth empowerment study. The boys' scouts were trained in the use of U-Report and life-skills to prevent HIV infection. A mini-jamboree gathered over 1,000 scouts from across the country to equip them with skills to prevent HIV and related challenges, such as early pregnancies and VAC.

Developing a bridging curriculum between formal and non-formal education requires time and resources. There is lack of coordination of adolescent programmes. Since adolescent issues are cross-cutting, there is no specific ministry responsible for adolescents. There is also a lack of information on adolescents, leading to poor programming.

UNICEF Swaziland will continue to support development of the two remaining levels of the non-formal curriculum to ensure a smooth transition from non-formal to formal. The Country Office will support studies that provide information on adolescents in all sectors to inform programming. In addition it will continue to support the coordination of adolescent programmes and innovative avenues for adolescent engagement and participation, such as use of U-Report.

OUTCOME 4 Vulnerable children and those who survive abuse, neglect, exploitation and violence receive quality services by the end of 2015.

Analytical Statement of Progress:

In 2015 UNICEF Swaziland's efforts in child protection were directed towards upstream policy, strategy and advocacy work. However some key strategic partnerships at the downstream level were maintained, which mainly included work with civil society organisations who are delivering critical services to most vulnerable children.

The following results were attained:

Enabling environment (VAC coordination):

- A high-level task team on violence was established by Cabinet decree to coordinate multi-sectoral response to violence in the country.
- Similarly, a multi-sectoral task team on violence (MTTV) was established as an implementing arm under the high-level task team.

Despite overwhelming evidence (VACS 2007) testifying to the very worrisome magnitude and depth of violence against children in the country, no coordination structure or system was in place to address VAC. Establishment of these two structures is definite progress, however to further solidify this promising development, it is necessary to embed both coordination bodies in the SODV Bill, so that the system is backed up by legal provisions.

- Newly established Children's Department will have almost three times more staff (15 people) and be able to reach out to all four regions.

UNICEF actively supported and advocated for the establishment of a full-fledged Children's Department under the Deputy Prime Minister's office. The Department was established in 2015, and staff recruitment is ongoing; the Department is expected to become fully operational in early 2016.

Enabling environment (Legislation/Policy)

- A national assessment of the barriers to CRVS was completed.

In partnership with WHO, UNFPA, UNECA and the African Development Bank UNICEF provided financial and technical support to the Government of Swaziland to conduct a comprehensive assessment of the civil registration and vital statistics system in the country. The final report, launched in May 2015, paves the way for developing an evidence-based action plan for CRVS system reorganisation. Until the system is fully reformed, however, bottlenecks to birth registration will continue to exist at a service provision (supply) level.

Enabling environment (data and child protection)

- Drivers of VAC qualitative study initiated
- National Surveillance System on Violence strengthened

Child protection-related data collection is a significant challenge as it requires rigorous and regular data generation and analysis from various sources (justice, police, social welfare, health, education). This bottleneck was not yet addressed adequately at a systemic level. UNICEF, however, has strengthened data collection on violence against children by supporting the national surveillance system and the drivers of VAC national study in 2015. Both initiatives will generate data necessary for evidence-based programming, especially on VAC prevention.

Supply (adequately staffed and equipped services):

- Number of clients who received various post-rape and GBV-related services at the One-Stop Centre increased by 142 per cent during 2015 alone.

This promising model was borrowed from South Africa and its establishment and development was supported by UNICEF through its "Together for Girls", with close collaboration and financial support from PEPFAR, although the Government absorbed all administrative costs and seconded professionals to work there. The absence of experience in running and managing such a multi-sectoral service negatively affected the scaling-up process, which was one of the key advocacy focuses for UNICEF in 2015. This bottleneck was expected to be removed in the near future, as there are positive signs of specific dialogue between key stakeholder ministries.

- More (trained) professionals are available to provide child-friendly services.

The Department of Social Welfare increased the social welfare workforce by an additional 57 staff, hence reducing the ratio of clients per social worker; The Children's Department added 15 staff members who will be directly responsible for the coordination of child-related matters in the capital city and all four regions. Two hundred police officers, 30 prosecutors, 21 members of the judiciary, 22 court intermediaries and 60 health workers were trained on child-sensitive, child-centred case management.

Demand (social norms, cultural practices and beliefs):

- "End Violence" national campaign reached estimated 50,000 people.

"Not displaying one's dirty laundry" is a deeply rooted cultural norm of silence in relation to family issues, and is one of the key reasons for low reporting and disclosure of cases of violence. UNICEF supported a national awareness-raising "End Violence" campaign implemented by a coalition of NGOs, spearheaded by Save the Children. As a result of these focused efforts, it is anticipated that overall rates of reporting of violence against children will increase.

Despite this progress and positive results, some key challenges remain to be addressed:

- The SODV bill has been pending enactment for several years. Lack of political commitment could be a result of deep social norms that are not favourable for discussion of "taboo" areas such as sexuality, early marriage and gender equality.
- M&E and data collection in child protection is weak.
- Due to limited resources, it was impossible to dedicate sufficient attention to some crucial programmatic areas such as children's residential care facilities; the juvenile justice system and child labour.

The year also witnessed development of the joint VAC programme led by UNICEF Swaziland. The joint programme contributes to Priority 6: Child Protection of the UNICEF Strategic Plan 2014–2017 and echoes the ESA Regional Priority 4 – Results for Adolescents (R4A). Furthermore, as a result of coordinated effort and face-to-face meetings of the BNLSS VAC team, an action plan for 2016 was developed to facilitate programme implementation.

OUTPUT 1 Strengthened national policy frameworks and systems that prevent and respond to abuse, exploitation, neglect and violence against children by the end of 2015

Analytical Statement of Progress:

UNICEF Swaziland in partnership with WHO, UNFPA, UNECA and the African Development Bank supported a comprehensive assessment of the country's CRVS system and the reform process is now underway, guided by a strong set of evidence and recommendations. Although the bottleneck at the policy/legislation level was removed, service provision (supply level) will only result in an overall increase of birth registration rate once the system is fully reformed.

To mitigate child protection sector coordination bottlenecks, UNICEF has been advocating for the establishment of full-fledged Children's Department under the DPMO's office. In 2015 the new Department was established, with representation in all four regions in the country. Staff had been recruited by end-2015 and the Department is expected to become fully operational in 2016.

Establishment of high-level and technical-level coordination bodies to address violence was a significant result of strong advocacy efforts by UNICEF and partners. However, in order to further solidify this promising development, it is necessary to embed both coordination bodies in the SODV legislation, which is still pending enactment. The key bottleneck is lack of political commitment to advancing the process. To address this situation UNICEF further strengthened its public advocacy work, together with UN agencies, sector champions, civil society organisations and developmental partners. As a result the national GBV conference that took place in July, and which was attended by decision-makers (parliamentarians and ministers), resulted in a strong joint appeal requesting urgent enactment of the bill, opening up a new opportunity to finalise the process in 2016.

Implementation of the CPWA is ongoing. UNICEF supported police and justice sector specific efforts to implement the CPWA. Both offices were assisted to develop special training manuals on CPWA and train their professionals. As a result all 200 police desk officers were trained on the application of new legislation. UNICEF also supported a coalition of civil society partners to reach out to over 9,000 community members, mainly from rural areas, to raise awareness of their rights and obligations enshrined in the CPWA.

OUTPUT 2 Knowledge on behaviour and social norms which sustain abuse, exploitation and neglect of children generated to influence change by the end of 2015.

Analytical Statement of Progress:

Child protection-related data collection that can inform knowledge-based programming is a significant challenge, as it is costly and also requires rigorous analysis. While this bottleneck is not addressed adequately at a systemic level, UNICEF continued to strengthen specific data generation on violence against children.

The National Surveillance System, supported by UNICEF, produced an annual surveillance report for 2014. The data indicated no change in reported cases of violence compared with previous years, indicating that there are no obvious reasons to believe that the prevalence of violence in the country has declined. MICS 2014 findings on child discipline indicate the same pattern; little has changed in terms of social norms that sustain violence and abuse: 88.3 per cent of children (aged 1-14 years) are still experiencing psychological or physical violence.

These findings clearly indicated that interventions and programmes are not necessarily addressing the root causes and that harmful practices against children continue to exist unchallenged. To address this bottleneck, UNICEF, together with the DPMO, initiated a national qualitative study on the drivers of violence against children, which was also supported by the PEPFAR-funded "Together for Girls" project. This study has become part of the UNICEF Innocenti-led global research policy and practice (R3P) initiative, whereby Swaziland and Zimbabwe (from the African continent) contribute towards global knowledge generation on the root causes of VAC. The research is currently ongoing; the qualitative data collection phase was successfully finalised and the study's findings will be available in April-May 2016 to inform programmatic interventions, especially in the area of prevention.

OUTPUT 3 Justice, RSP, Health and Social welfare offices are able to provide quality legal, counselling and health services to child survivors of abuse, neglect, exploitation and violence through One Stop Centre by 2015.

Analytical Statement of Progress:

Access to child-friendly facilities and information is not equally available for all and everywhere, but this bottleneck is gradually being addressed.

UNICEF supported and leveraged an overall restructuring of the Department of Social Welfare, which resulted in increasing the size of social welfare workforce by an additional 57 staff in 2015, reducing the ratio of clients per social worker.

The establishment of the Children's Department added 15 staff members who will be directly responsible for the coordination of children's matters in the capital and all four regions.

Training of 200 police officers, 30 prosecutors, 21 members of the judiciary, 22 court intermediaries and 60 health workers on child-sensitive and child-centred approaches to SGBV

response, helped to improve the overall quality of available services.

One-Stop Centre staff in Mbabane receive continuous training to improve the overall quality of services provided to the victims of SGBV, reflected in the rapid (142 per cent) increase of clients visiting the Centre during past year.

UNICEF also supported the MOH to develop GBV national guidelines and standard operating procedures to better address cases of GBV in the health system – interventions that were also supported through the PEPFAR-funded "Together for Girls" project. However there is a challenge in measuring the actual results of these capacity building efforts. In the absence of a rigorous data collection system – which in itself represents a serious bottleneck – it is almost impossible at this stage to be certain whether UNICEF's investment yielded overall service quality improvement.

Equity-related challenges also remain, as the system is not managing to reach out large (and probably the most vulnerable) groups of children, mainly orphans, at neighbourhood care points, residential child care facilities and the penitentiary. This is a critical area for child protection and requires additional resources not available in 2015. There is an opportunity, however, to influence and leverage additional support from earmarked funds allocated for social protection programmes by the EU delegation in 2016.

"Not displaying one's dirty laundry" is a deeply rooted cultural norm cultivating silence about family issues, which is often responsible for low levels of reporting and disclosure of violence and abuse. To address this barrier, UNICEF supported a national awareness-raising "End Violence" campaign, implemented by a coalition of leading national NGOs, spearheaded by Save the Children. As a result, an estimated 50,000 people were reached through various mediums (IEC materials, radio/TV programmes, exhibitions, community dialogues) informing them how to recognise various forms of abuse and violence and where to report it. This campaign was just a part of longer-term awareness raising and C4D interventions that UNICEF and partners are committed to implement. It is anticipated that the overall rate of reporting on VAC will increase, which can be measured through the national violence surveillance system.

OUTCOME 5 Social protection systems for vulnerable children improved by the end of 2015.

Analytical Statement of Progress:

UNICEF Swaziland, in collaboration with Government, development partners and civil society, aimed to achieve two specific results in terms of social protection: establishing the foundation for an HIV-sensitive social protection strategy and implementing cash transfers to orphans and vulnerable children (OVC) in line with a European Union (EU) and World Bank-funded pilot cash transfer project. A high percentage of the national budget is allocated to the social sectors, notably health and education. An in-depth analysis of these allocations will help these ministries better serve children's interests.

To support an enabling environment for social protection, UNICEF Swaziland and UN agencies, through the UN social protection technical working group (TWG), supported the second national social protection dialogue. The national dialogue initiated discussion on the social protection agenda and strengthened the capacity of key stakeholders with regard to social protection and implementation strategies. UNICEF and UNDP co-chaired the TWG (which also included UNFPA, UNAIDS and WFP) and worked in collaboration with the DPMO to conduct the national dialogue. UNICEF Swaziland and the UN agencies provided technical assistance to the DPMO to formulate a roadmap for a social protection strategy. UNICEF also advocated for child- and

HIV-sensitive social protection programmes to ensure that social protection goals and targets were in place for the country's large number of vulnerable children. UNICEF supported senior Department of Social Welfare (DSW) officers to participate in various regional learning events to understand HIV-sensitive and child-focused social protection systems. The Government drew lessons from these regional (BNLSS) exposures as it focused on a national social protection strategy.

The University of Swaziland (UNISWA) completed the second year of teaching a Bachelor of Social Welfare course. UNICEF contributed to UNISWA's resources on social transfers, social welfare, social protection and case management by providing an online research platform, library materials, journals and eBooks.

UNICEF Swaziland engaged with the EU and World Bank to support the roll-out of an OVC cash transfer pilot project by participating in the sub-steering committee responsible for endorsing an implementation manual, monitoring the work plan and developing communication materials (pamphlets, posters and brochures) to inform beneficiaries. Notwithstanding the milestones that were achieved in the OVC cash transfer pilot project – including finalising an implementation manual, selecting 10,000 beneficiary children, piloting mobile money (in 200 households) and developing a communication strategy for communities and beneficiaries – additional high-level advocacy and evidence is needed to address the political bottlenecks and beliefs surrounding the dependency, and therefore sustainability, of the project.

The complexity of ownership of Neighbourhood Care Points (NCPs) continued to pose a challenge to their sustainability and resourcing. Although this bottleneck has not been adequately addressed, UNICEF Swaziland partnered with the Palms For Life Fund of Swaziland to implement the first year of an EU-funded project entitled "Reducing Vulnerability of Children at the Grassroots: Strengthening Local Capacity and Improving Critical Community Assets at NCPs in Swaziland". Through the partnership, 30 NCPs in Hhohho and Manzini regions were supported to develop plans of action to strengthen community ownership, improve life-skills, and strengthen the capacity of the care points and community child care centres to maintain reliable food systems. The project, with UNICEF's continued support, will work with 90 NCPs, including community child care centres, to improve sustainability for delivering a holistic package of services including care, support and education for children under six years old.

The fragmented coordination of social protection programmes and the lack of planning for the short-, medium- and long- term represent serious bottlenecks that need to be addressed for an efficient social protection system. Limited evidence-generation on the impact of ongoing social protection programmes also hampers well-informed social protection interventions. UNICEF continued to partner with UN agencies, the EU and World Bank and civil society to support national frameworks that include policies, strategies and legislation that promote social protection in Swaziland; capacity and skills development in service delivery; and knowledge generation through research and analysis to better inform social protection interventions. There is limited technical capacity within Government to design and implement a social protection system, monitor implementation and evaluate impacts, or to fine-tune the system to improve its performance. In addition, UNICEF will seek entry points in support of HIV-sensitive programming that strengthens the delivery of basic social services to OVCs.

OUTPUT 1 The most vulnerable children receive impact mitigation services by the end of 2015.

Analytical Statement of Progress:

UNICEF Swaziland supported social protection interventions in both upstream policy, strategy and advocacy, as well as downstream strategic partnerships with civil society organizations providing HIV mitigation services to vulnerable children.

UNICEF Swaziland co-chaired the UN Social Protection TWG and also supported a national social protection dialogue. UNICEF Swaziland and UN agencies provided technical assistance to the DPMO by engaging a social protection expert to facilitate the dialogue and develop a roadmap toward a social protection strategy. The national dialogue mobilised high-level commitment to a national social protection strategy and policy; defined a common understanding of social protection amongst key stakeholders (90 participants from Government and civil society); supported South-South learning experience from Lesotho about social protection structures, coordination, funding and sustainability; assessed different aspects of social protection in Swaziland, including gaps; and made recommendations.

UNICEF Swaziland supported the DSW, which is responsible for implementing social protection cash transfers to vulnerable groups and the elderly, in its restructuring process, by supporting the development of a draft DSW strategy. The strategy will contribute towards the overall national social protection strategy, which is planned in 2016.

To strengthen Government capacity on social protection strategies to reduce poverty, stimulate productivity and promote inclusive growth, UNICEF Swaziland supported the DPMO in sensitising government ministries (labour, agriculture, health, commerce, industry and trade), academia, civil society and the private sector on social protection. As a result of these efforts it is anticipated that there will be an increased understanding and support of social protection programmes. Furthermore, UNICEF Swaziland strengthened the capacity of high-level DSW officials in social protection systems by exposing them to a technical knowledge exchange at a regional (BNLSS) level. This included participation by one DPMO staff member at a BNLSS face-to-face social protection meeting in Johannesburg; a BNLSS social protection and nutrition meeting in Botswana; and six virtual community of practices sessions facilitated by the World Bank. These workshops and meetings contributed towards establishing networks and partnerships, while enhancing participants' knowledge and skills on social protection systems. In collaboration with the EU and World Bank, UNICEF Swaziland provided technical assistance to the DPMO to implement an OVC cash transfer pilot project, aimed toward benefiting 10,000 OVCs. UNICEF provided financial and technical support for implementation of Phase 1 of the three-phase project.

Coordination of social protection programmes, lack of policies and strategies that promote social protection and inadequate technical capacity to support evidence generation and planning are bottlenecks that need addressing for an efficient social protection system. UNICEF Swaziland will continue to support government to develop and implement policies and strategies including capacity development to provide quality service delivery. Notwithstanding the milestones that were achieved in the OVC cash transfer pilot project – including finalizing an implementation manual, selecting 10,000 beneficiary children, piloting mobile money (in 200 households) and developing a communication strategy for communities and beneficiaries – additional high-level advocacy and evidence will be needed to address the political bottlenecks hindering the implementation of the cash transfers project.

OUTCOME 6 High quality knowledge on the situation of children and women generated from M&E initiatives and evidence used to influence policy, decision making and positive social and behavioural change by the end of 2015.

Analytical Statement of Progress:

Cross-sectoral outcome achievements are a result of milestones realised through monitoring, evaluation and advocacy, including C4D to support programs. To ensure generation of high-quality information to support policy decision-making and positive social behaviour change, UNICEF Swaziland, working closely with Government, other development partners and civil society organisations, played a leading role in providing financial and technical support to conduct one major household survey as well as several other surveys and studies.

With UNICEF Swaziland, ESARO and HQ's support, the Central Statistical Office of the Ministry of Economic Planning and Development successfully completed data collection for the 2014 MICS. Key summary findings and 2010-2014 MICS trend analysis reports were developed and disseminated to stakeholders. The reports were used to update the UN General Secretary's MDG report, the 2016-2020 UNDAF report and the 2016-2020 Government of Swaziland and UNICEF Country Programme, amongst others.

The main bottleneck constraining evidence generation is lack of quality data to inform timely decision-making. The current information systems are characterised by incompleteness, lack of timeliness, inconsistencies and inaccurate data, which hinder effective intervention, planning and programming.

Investment in real-time data production is the focus for UNICEF; as such, the Ministry of Health was supported to strengthen use of data at regional and facility levels. The use of data requires reliable and timely data, thus UNICEF has supported the availability of data through procurement of a vehicle and development of dashboards that highlight key indicators to be used for decision-making. Introduction of the 'U-report', led by the DPMO is another initiative in which the Country Office has invested to ensure real-time data for decision making.

OUTPUT 1 Capacity of key government institutions, civil society, community-based organisations, faith based organisations, use evidence based communication and social mobilisation to ensure positive behaviour and social change strengthened by the end of 2015.

Analytical Statement of Progress:

To support positive social norms, behaviours and community empowerment, UNICEF Swaziland, in collaboration with the DPMO and the NGO Children's Consortium, oriented religious leaders representing eight faith groups on the CPWA. The faith groups developed action plans to build capacity in their places of worship. Children were also sensitised on CPWA by enlisting their aid to develop related communication materials. Religious leaders pledged to foster dialogue and set priorities for members of their communities, and to continue to advocate for social and legal change. UNICEF and WHO also supported the MoH to orient faith groups and the media on new vaccines, including the rotavirus vaccine. This was important in light of sporadic resistance by some FBOs to immunisation.

With support from UNICEF Swaziland the MoH developed an EPI communication strategy, which informed the development of culturally relevant communication materials on EPI. With support from UNICEF Swaziland, the Children's Consortium developed communication materials and launched a campaign to end VAC. The campaign was used as a platform to lobby parliamentarians to pass the SODV Bill. Parliamentarians signed a pledge to lobby for the passing of the Bill before the end of year. Advocacy for passage of the SODV Bill was also intensified during the Month of the Child celebration in June, launched by the Prime Minister to commemorate the Day of the African Child. These events also provided an opportunity to build community capacity to respond to children's rights and report cases of violence. Children also

expressed their right to protection using art.

To strengthen platforms for engaging communities, especially adolescents and youth, on issues affecting them, UNICEF Swaziland introduced 'U-Report' as an innovative platform allowing an exchange of information between communities and Government. UNICEF recruited 2,568 U-reporters of whom 65 per cent were female and 74 per cent adolescents. The U-Report platform was also linked to a radio programme supported by UNICEF Swaziland that allows young people to engage on issues such as HIV and disclosure, drug and substance abuse, suicide, depression and peer pressure, among others.

UNICEF Swaziland collaborated with Matsapha Municipality to host the 2015 Youth Parliament, where young people engaged parliamentarians and politicians on issues hindering development in their communities.

UNICEF Swaziland and the UNFPA partnered with the Golden Girls to provide mentorship to 200 girls during the International Day of the Girl Child. The Golden Girls also provided job-shadowing opportunities for these girls during the course of the year.

Despite high-level commitment to use U-Report, implementation at a technical level requires further advocacy. UNICEF Swaziland will continue to support implementation of U-Report to generate citizen's opinions for evidence based policy development. Social norms are one of the bottlenecks hindering effective programming for children and adolescents, for instance in area of violence prevention and response. UNICEF Swaziland will support the development of a C4D strategy across the key focus areas (health, nutrition, HIV, education and protection). C4D is one of the strategies to be used during implementation of the new CPD.

OUTCOME 7 High quality knowledge on the situation of children and women generated from M&E initiatives and evidence used to influence policy, decision making and positive social and behavioural change by the end of 2015.

Analytical Statement of Progress:

Cross-sectoral outcome achievements are a result of milestones realised through monitoring, evaluation and advocacy, including C4D to support programs. To ensure generation of high-quality information to support policy decision-making and positive social behaviour change, UNICEF Swaziland, working closely with Government, other development partners and civil society organisations, played a leading role in providing financial and technical support to conduct one major household survey as well as several other surveys and studies.

With support from UNICEF Swaziland, ESARO and UNICEF HQ, the CSO of the Ministry of Economic Planning and Development successfully completed data collection for the 2014 MICS. Key summary findings and 2010-2014 MICS trend analysis reports were produced and disseminated to stakeholders. A child-friendly version of MICS 2014 was also drafted. The reports were used to update the UN General Secretary's MDG report, the 2016-2020 UNDAF report and the 2016-2020 Government of Swaziland and UNICEF Country Programme, amongst others. The MICS data significantly contributed to boosting evidence for development planning and the SDGs.

The MOH received UNICEF support to strengthen its use of data at the regional and facility levels. The use of data requires reliable and timely data, thus UNICEF supported availability of data through procurement of a vehicle as well as developing dashboards that highlight key indicators to be used for decision-making. UNICEF also supported the Government of

Swaziland to introduce the U-report platform to allow citizens to engage on issues that affect them. The Government, through the DPMO, issued a statement encouraging citizens to join U-report. As a result a total of 2,568 U-reporters, 74 per cent of whom are adolescents, were recruited in just three months. The U-report platform was also adopted by the Ministry of Health as a quality assurance tool, allowing clients to provide feedback to service providers.

UNICEF Swaziland focused on intensifying advocacy for ending violence against children and women. Civil society organisations (including Save the Children, World Vision and Swaziland Action Group against Abuse) engaged 12 communities in dialogues aimed at steering community action towards ending violence. These dialogues were also used as an opportunity to popularise reporting structures, including the One-Stop Centre – which is a one-stop shop for survivors of violence – and to point the communities to other service providers such as the police domestic violence and child protection unit and community child protectors who stand ready to provide support to survivors of violence.

This campaign also provided an opportunity to engage MPs who are members of the children portfolio committee to advocate for the long outstanding SODV bill. Some 20 MPs signed a pledge to work to end violence in their communities and to ensure that the SODV bill is passed into law. Monitoring of media coverage of violence cases and all the articles published in the two local newspapers were compiled into a booklet that was shared with parliamentarians as evidence of the prevalence of violence in the country.

Faith groups were also engaged as part of the end violence campaign, particularly on the issue of ending corporal punishment. Key messages of the end-violence campaign were also aired on local radio and jingles were developed and aired to reinforce the importance of preventing and reporting cases of violence. Children from the 12 targeted communities used art to express their views on violence, providing a means for children who might not be able to express their opinions verbally.

To promote positive social norms, behaviours and community empowerment UNICEF, in collaboration with the DPMO and the NGO Children's Consortium, oriented leaders of eight different faith groups (Bahai, Islamic faith, Nazareth Baptist, Seventh day Adventist, League of churches, Conference of churches, Council of churches and non-affiliates) on the 2012 CPWA. The religious leaders pledged to foster dialogue and set priorities for members of their communities and continue to advocate for social and legal change, since they have the trust of individuals, families and communities. More in-depth capacity building on the CPWA for religious leaders is planned for 2016.

June, which is recognised as the Month of the Child in Swaziland, also provided UNICEF and partners opportunities to advocate for a violence-free society. Children were engaged in a panel discussion with parents, teachers and community and religious leaders to discuss strategies for addressing VAC. The Ministry of Education made a commitment to ban corporal punishment in all schools. In this regard, the Minister of Education issued a policy statement to the effect that corporal punishment should be banned in all schools. UNICEF, in partnership with World Vision, then conducted a dialogue with teachers' representatives from all four regions to discuss the need to use positive discipline in schools as an alternative to corporal punishment. Teachers identified the need to further discuss alternative forms of discipline.

UNICEF continued to nurture its partnership with the Golden Girls, who are a group of women in political, corporate leadership positions in Swaziland who collaborate with UNICEF to mentor

adolescent girls. In the year under review the Golden Girls mentored 200 adolescent girls, using speed-networking techniques, during the Day of the Girl Child.

OUTPUT 1 Quality data for evidence based policy planning, monitoring and evaluation and accountability for the rights of children improved by the end of 2015.

Analytical Statement of Progress:

The Country Office also supported the development of the 2014 Key Summary Findings report for the MICS, which was successfully disseminated to stakeholders in May 2015. A 2010-2014 MICS Trend Analysis Report, which compares key national indicators in 2010 and 2014 was also produced. The 2014 MICS Final Report is at a draft stage and will be disseminated in the first quarter of 2016. A child-friendly version of MICS (2014) has been drafted and will be printed and disseminated in 2016.

An evaluation of child-friendly schools was conducted in collaboration with the MoET and UNESCO. The report has been finalized and is awaiting validation by the Ministry. UNICEF Swaziland established a Research Committee in line with a recommendation in the ESARO Research Strategy. The committee, led by the Representative, provides guidance and ensures quality assurance on all research, surveys and evaluations including the on-going drivers of violence survey conducted by the DPMO in collaboration with UNICEF and the University of Edinburgh.

To monitor programme performance, UNICEF Swaziland under the leadership of the Ministry of Economic Planning and Development conducted mid- and end-of-year reviews to track programme performance. Government, civil society, FBOs, CBOs and UN agencies participated in the reviews. The mid-year review provided an opportunity to revisit the 2015 annual work plan and to set priorities for the remainder of the year. The new CPD with expected results to be achieved in the duration of the CPD were discussed with partners. UNICEF Swaziland supported technical support to the development of UNDAF by providing updated data from MICS to inform baseline information for 2016.

Consistency in updating key national indicators remains a challenge as some indicators such as HIV prevalence has not been updated since 2007 when the Demographic and Health survey was conducted. Lack of efficient routine information systems to provide real time data to inform decision making remains a challenge. UNICEF Swaziland in collaboration with ESARO will continue to support piloting of real time monitoring through use of HMIS and U-Report to generate health, HIV, nutrition and WASH data from health facilities and from citizens in order to inform decision-making at regional and health facility levels. The MoH is rolling out a client management information system, thus providing an opportunity for sustaining and scaling-up the real-time data initiatives being piloted. The introduction of U-Report in Swaziland as a platform for collecting information from citizens is also an opportunity for real-time monitoring.

OUTCOME 8 Management of financial, human resources and accountability of results improved by the end of 2015.

Analytical Statement of Progress:

The CMT met 12 times in 2015. The 15 Office programme and management priorities/results for 2015 were outlined in the AMP and reviewed as part of CMT meetings, mid-year and annual

reviews. Audit recommendations were regularly monitored by CMT and all audit observations were successfully closed during the second half of the year. All statutory office management committees, such as the contract review committee, central review body and property survey board exist and met regularly.

As part of efforts to identify and manage risks in the programme environment, the Office hosted an ESAR ERM workshop bringing together staff from BNLSS countries, including Comoros, during which the office risk profile was updated. The outcome of the assessment was used to develop interventions to mitigate identified high risks and update the office risk profile, as well as initiate a review of all critical work processes (to be concluded in early 2016).

Issues affecting staff welfare were discussed and addressed during joint consultative committee meetings between Staff Association and management. Four joint consultative committee meetings were held during the year.

UNICEF contributed to the UN Coherence agenda by actively participating in the UN Country Team, various technical workings groups and the operations management team, and providing leadership for the formulation of the new UNDAF 2016-2020 and the development of the UN business operations strategy (on-going).

OUTPUT 1 Effective and Efficient governance and systems strengthened by the end of 2015.

Analytical Statement of Progress:

Development of the 2015 AMP was key to effective leadership during the reporting period. Effective and efficient management performance, including RMT indicators, was tracked weekly through Senior Management Team and monthly CMT meetings. The CMT met 12 times and monitored the implementation of 15 programme and operational indicators aligned to regional priority indicators. When necessary, special CMT meetings were convened to discuss progress on the CPD and CPMP. Operational and programme management performance were monitored through monthly coordination meetings to provide updates on emerging issues, review implementation of the UNDAF and CPD roadmaps and address performance and management bottlenecks. To respond to changes in UNICEF policies and guidelines, the Country Office revised all statutory committee terms of reference to reflect changes, which were approved by the CMT and signed off by the Representative. A Research Committee was established by the CMT as a result of newly introduced research strategy by the Regional Office. The committee provided oversight for all research conducted in the Country Office.

UNICEF Swaziland built staff capacity in enterprise risk management and for profiling and managing risks. UNICEF Swaziland identified seven risks, of which two were rated 'high', including HR capacity and knowledge gaps on HACT. UNICEF Swaziland established and implemented a HACT plan to manage risk and enhance accountability. In addition the utilisation rate of programme budget allotments were monitored on a monthly basis and discussed at CMT and programme coordination meetings so that appropriate actions could be taken on time. During the first quarter of the year UNICEF Swaziland developed planning tools to strengthen its operational systems, including a supply plan, individual and institutional contract plans and leave plans, which were approved by the Head of Office. These plans were updated quarterly.

As part of its effectiveness and efficiency initiative, UNICEF Swaziland continued to adhere to work processes reviewed last year, and changes have been effected in line with new policies and guidelines, especially with regard to HACT and Programme Cooperation Agreement guidelines.

UNICEF staff members undertook mandatory security training, including basic and advanced security in the field, eHACT and ethics and integrity training. Staff continue to obtain security clearance from UNDSS prior to travel.

OUTPUT 2 Effective and Efficient management and stewardship of financial resources.

Analytical Statement of Progress:

To reduce financial risks, the CMT monitored its cash flow projections against actual expenditure and financial management indicators on a monthly basis to ensure effective and efficient use of resources. The indicators included budget implementation, bank reconciliations and outstanding direct cash transfer (DCT) liquidations. At the end of the year, outstanding DCTs under six months were at 12 per cent. The cash flow committee continued monitoring cash flow projections versus actual expenditure on a monthly basis and, as a result, all cash-flow related issues were addressed.

UNICEF Swaziland applied internal measures to rationalise business operations and improve efficiency and effectiveness by continuously reviewing work processes, consolidating work and travel plans and streamlining operational processes such as HR and supplies with the hub in Pretoria. UNICEF Swaziland continued to source its programme supplies and institutional contracts through the BNLSS+Angola supply hub in Pretoria.

UNICEF Swaziland implemented and monitored various cost-saving measures, including an internal policy on travel – travelling economy class and using shuttle services between Swaziland and South Africa – and using Skype to reduce telecommunication costs, especially for international calls. In collaboration with other UN agencies, UNICEF Swaziland maintained a service level agreement with a local bank to reduce costs and secure benefits for the organisation and staff members. In addition, UNICEF Swaziland reduced costs by sharing the premises with other UN agencies, which also provided opportunities to share ideas and increase collaboration on both operations and programming.

The Country Office conducted a physical inventory count and the results were reconciled with the records in VISION.

Nevertheless, UNICEF Swaziland needs to strengthen its grant management, tracking and monitoring of advances to partners to support full utilisation and, where possible, mitigate low absorption capacity and better use meagre resources.

OUTPUT 3 Human Resources

Analytical Statement of Progress:

UNICEF Swaziland achieved a 100 per cent performance appraisal completion rate by mid-year. This also enhanced personal development for staff. E-PAS also increased financial accountability by mainstreaming all staff e-PAS tasks related to financial management. Mandatory staff courses such as basic and advanced security in the field and ethics and integrity were completed by all staff. All staff were successfully trained on financial processes and internal control in April and also provided with information on the new PCA guidelines, including HACT guidelines.

In collaboration with other UN agencies, UNICEF staff were trained on HACT. The training

resulted in improved accountability for organisational resources.

UNICEF Swaziland had a staff complement of 23 at the beginning of the year: 13 women and 10 men. There were eight national professionals, nine general service staff and six international professionals, of whom 54 per cent were female. Two national professionals and one general service staff member resigned; the latter was replaced. One international professional post was abolished, resulting in a total of 20 staff by year end. One personal assistant (PA) on temporary assignment was recruited, and seven short-term contracts were approved to fast-track the implementation of the Country Programme and support the development of the new programme. To enhance office capacity, UNICEF Swaziland engaged six stretch assignments intermittently to support operations and programming whose time equates to six months of work.

Development of both the 2016-2020 CPD and CPMP took into consideration programming in middle-income countries and the national context. All staff job descriptions were reviewed to ensure a focus on policy engagement, analysis and HIV programming, and in line with Global Shared Services Centre changes.

UNICEF Swaziland developed a plan to address barriers to work/life balance and stress management, which included orientation of staff by the regional staff counsellor. HR clinics were facilitated to empower staff on UNICEF policies on work/life balance, such as flexi-time. Two group training sessions were held for staff during the year under review. One sought to enhance understanding of, and address barriers to, achieving work/life balance and stress management, and was facilitated by the regional staff counsellor. The second was on HACT, facilitated by the UN operations management team under UNICEF leadership.

The Agora learning portal was embraced as an innovative learning tool by the Local Learning and Training Committee and staff members, providing more robust learning opportunities on various topics. It was easily accessible and provided a more streamlined approach to building staff capacity.

Under the auspices of UN Caring for Us, a workshop for over 120 children of UN staff members, including some living with disabilities, was conducted to educate and raise their awareness about different forms of abuse and HIV/AIDS.

OUTCOME 9 Evaluation of specific programs in health, education and child protection supported.

Analytical Statement of Progress:

The 2015 AMP was drafted in February and finalised in May, and contained targeted key improvements in operations and management that formed the basis of CMT oversight for that period. The required priority improvements centred on ensuring that standard operating procedures for country programme implementation were adhered to, and that required controls were in place to support the achievement of UNICEF's mission.

The development and signing of the Annual Work Plan was completed in February, and the monitoring of its implementation was conducted through a mid-year and annual review. The reviews allowed for reflection on the progress of results, challenges, and future opportunities and actions.

Weekly all-staff meetings enabled sharing of relevant programme and operations information. Monthly programme coordination meetings served as fora to provide updates on emerging programme issues, review implementation of the UNDAF and CPD roadmap, programme performance and discuss and manage programme and operations bottlenecks. Key programme updates and changes in the country programming context were discussed, allowing for modification of strategic approaches and highlighting key areas for advocacy. Programme risks were assessed through HACT quality assurance, including spot-checks.

HACT training was conducted for both in-house staff and implementing partners (Government and NGOs). Key result areas (DCT disbursement and accountability, financial quality assurance processes, closing of travel authorisations, timely release of donor proposals and reports, value of supplies in UNICEF stores, etc.) were monitored through monthly all-staff meetings, including the CMT, and PCMs, with a considerable degree of success, as demonstrated by positive scores on performance indicators.

In preparation for the Country Programme 2016-2020, the Swaziland Country Office held a 'strategic moment of reflection', for which ESARO provided technical support in all the programmatic areas of the CPD, ESAR consultations and peer consultations. The CPD 2016-2020 was endorsed in September and the programme budget review submission was made in December.

OUTPUT 1 Special Purpose

Analytical Statement of Progress:

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The development and signing of the annual work plan was completed in February, and the monitoring of its implementation was conducted through a mid-year and annual review. The reviews allowed for reflection on the progress of results, challenges, and future opportunities and actions.

Weekly all-staff meetings enabled sharing of relevant programme and operations information. Monthly programme coordination meetings served as fora to provide updates on emerging programme issues, review implementation of the UNDAF and CPD roadmap, programme performance and discuss and manage programme and operations bottlenecks. Key programme updates and changes in the country programming context were discussed, allowing for modification of strategic approaches and highlighting key areas for advocacy. Programme risks were assessed through HACT quality assurance, including spot-checks.

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'strategic moment of reflection', for which the Regional Office provided technical support in all the programmatic areas of the CPD, ESAR consultations and peer consultations. The CPD 2016-2020 was endorsed in September and the Programme Budget Review submission was made in December.

OUTPUT 2 External relations and partnerships, communication and resource mobilization strengthened.

Analytical Statement of Progress:

UNICEF Swaziland facilitated visits from Dutch and UK NatComs and secondment of a staff member from the UK Natcom. This support resulted in documentation of human interest stories for dissemination, including stories on best practices for providing life skills to adolescents living with HIV, mothers in PMTCT programmes who gave birth to HIV-negative children, violence response and children with disabilities in Swaziland. This documentation and engagement with NatComs resulted in increased resources.

UNICEF Swaziland hosted several advocacy events to keep children's issues at the top of the national agenda – The Day of the African Child, Day of the Girl Child and others.

Document Center

Evaluation and Research

Title	Sequence Number	Type of Report
Profile of Adolescents in Swaziland	2015/004	Survey
Civil registration and vital statistics system strengthening	2015/003	Survey
2010 and 2014 Swaziland Multiple Indicator Cluster Survey Comparative Report	2015/002	Survey
2015 Swaziland Multiple Indicator Cluster Survey , 2014 Key Findings	2015/001	Survey

Other Publication

Title
One Stop Center brochures
Report all forms of violence against children - posters
Report all forms of violence -flip book
The Children's Games Picture Puzzle
Programme Priorities For The New Country Programme
Strategy for Resource Mobilization 2016-2020
UNICEF Country Programme Document
The Profile Of Adolescents In Swaziland
UNICEF Annual Report, 2014
MICS Comparative Report
2014 MICS Summary Findings

Lessons Learned

Document Type/Category	Title
Innovation	SMS and web based system - U Report