

Swaziland

Executive Summary

2016 marked the beginning of the new 2016-2020 Programme of Cooperation between the Government of Swaziland and UNICEF Swaziland. Significant milestones towards the realization and protection of child rights were achieved, highlighted by the successful implementation of the first year of a new country programme (CP) based on a life cycle approach, which focussed on cumulatively improving children's well-being, protection and development from birth through to adulthood.

In 2016, efforts to realize and protect child rights were impacted by the drought affecting Swaziland, with disastrous consequences for children and families already facing difficulties due to the impact of HIV/AIDS. Upholding its Core Commitments for Children in Humanitarian Action, UNICEF Swaziland mounted a multisectoral emergency response by shifting its programme from a solely development approach to one with a mixed emergency, development and resilience agenda, in order to ensure children's access to life-saving measures and continuity of learning.

Strategic and high-level global and regional advocacy and awareness-raising initiatives, including missions by UNICEF Goodwill Ambassador, the UN Special Envoy on Climate Change, and the Regional Director of UNICEF's Eastern and Southern African Regional Office (ESARO), contributed towards raising national and international attention on the impact of the El Niño-induced drought, with a particular focus on HIV, gender issues and vulnerable communities, in order to leverage domestic and external resources.

UNICEF Swaziland forged strategic partnerships to help realize children's rights, with a focus on adolescent girls. For example, in partnership with the Ministry of Education and Training (MoET) and the UN Educational, Scientific and Cultural Organization (UNESCO), UNICEF Swaziland led the 'World's Largest Lesson' in schools, improving understanding of the UN's Sustainable Development Goal (SDG) 5 on gender equality. In addition, with lead support from UNICEF Swaziland and World Health Organization (WHO), the Government switched from trivalent oral polio vaccine to the bivalent vaccine, introduced two additional vaccines and reached an administrative coverage of 91 per cent for measles rubella, 94 per cent for Vitamin A and 58 per cent for deworming. In partnership with the '7 Fund' and the Baylor College of Medicine, UNICEF Swaziland also consolidated its HIV prevention, care and treatment services for adolescents: participants in 14 teen clubs for adolescents living with HIV were trained to provide orientation on adherence to 1,485 adolescents, resulting in a 94 per cent anti-retroviral therapy (ART) retention rate among club members.

To enhance comprehensive knowledge on HIV and AIDS, UNICEF Swaziland, with support from the US President's Emergency Plan for AIDS Relief (PEPFAR) DREAMS Initiative, rolled out the new HIV and life-skills curriculum to all secondary schools in Swaziland. This facilitated the adoption of the curriculum by 1,085 teachers, thereby benefitting 38,670 students with life skills and HIV prevention knowledge.

The Government made significant investment in knowledge generation with the support of UNICEF Swaziland, as evidenced by the completion of the 'National Study on Drivers of Violence Affecting Children in Swaziland', publication of the multiple indicator cluster survey

(MICS), a study on barriers to paediatric ART initiation and a report on the quality of care in maternal, neonatal and child health (MNCH). Report findings informed evidence-based advocacy and leveraged resources for children, such as the findings of the violence study, which resulted in the development of a violence response policy brief to advocate for a strengthened national violence response.

UNICEF Swaziland made an important contribution to human and child rights reporting by supporting the Government in drafting and validating its combined third and fourth periodic reports on implementation of the Convention on the Rights of the Child, covering the period between 2006 and 2016, as well as reports to African Charter on the Rights and Welfare of the Child.

Overall efficiency gains and cost savings were achieved through the introduction of value-add interventions, as well as by streamlining operational processes in line with Global Shared Services Centre (GSSC) implementation. An internal audit by the Office of Internal Audit and Investigations provided an overall assessment of UNICEF Swaziland governance, internal risk management and controls. In response, the Country Office submitted and is implementing an audit action plan.

Resource mobilization efforts resulted in US\$2.7 million in new grants in 2016, contributing towards UNICEF Swaziland's development and humanitarian response.

Lessons learned in the first year of implementation of the country programme were the importance of integrated emergency preparedness and resilience-based approaches within the development programme, and the need for increased support and time dedicated to partners for the adoption of a life-cycle approach and transition from a siloed approach to holistic planning and programming.

Humanitarian Assistance

The Government of Swaziland declared a national emergency in mid-February 2016, following the worst drought the country had faced in 35 years, brought on by the effects of El Niño. Within the national humanitarian coordination framework, and alongside other UN agencies, UNICEF Swaziland contributed to the inter-agency humanitarian needs assessment, led by the National Disaster Management Agency, as well as subsequent cluster needs assessments in water, sanitation and hygiene (WASH); health and nutrition; social protection; and education. The assessments identified an estimated 350,000 people requiring food assistance and approximately 200,000 people lacking access to potable water. The hardest-hit regions were Lubombo and Shiselweni, where an estimated 189,000 children and a total population of 320,000 people were affected. Pockets of severe need were also identified in Hhohho and Manzini regions.

UNICEF Swaziland, in partnership with the Ministry of Natural Resources and Energy and the MoET supported the development of cluster action plans and coordinated the response to meet needs of affected children and families in WASH and education. Under the framework of the National Emergency Response and Mitigation Action Plan 2016-2022, UNICEF Swaziland appealed for US\$2.98 million to reach the most vulnerable in Shiselweni and Lubombo with WASH, health, nutrition, education and child protection services. The appeal was 53 per cent funded, with 80 per cent of funds received for WASH and nutrition interventions. Critical funding gaps remained across all sectors, except for nutrition and education. More than 50 per cent of committed funds were received in the final quarter of 2016, affecting both the timeliness and scale of the response.

At the outset of the emergency, UNICEF Swaziland aimed to assist 64,000 children and adults with adequate safe drinking water, alternative hygiene and sanitation facilities and supplies. In collaboration with World Vision, UNICEF Swaziland supported water provision to 14,875 children, 5,283 women and 4,872 men in 115 of the worst-affected communities in Shiselweni and Lubombo. UNICEF Swaziland also supported the rehabilitation of 24 non-functional rural water systems to restore water access for 1,027 households, including an estimated 2,724 children.

The WASH and education clusters worked in close collaboration with each other to minimize the impacts of the drought on the school system and ensure that learning continued. UNICEF Swaziland focused on 74,000 students and 2,000 teachers and support staff identified by the education cluster in critical need of WASH interventions. In partnership with World Vision, UNICEF Swaziland supported water trucking to 10,690 girls, 10,213 boys and 976 teachers in 68 schools in Shiselweni and Lubombo regions. Another 53,083 children (26,216 girls and 26,867 boys) were provided with access to handwashing facilities and 16,063 children (7,871 girls, 8,165 boys) from 36 schools in eight constituencies were reached through hygiene promotion.

UNICEF Swaziland targeted its health and nutrition support through the Swaziland National Nutrition Council (SNNC) and the Ministry of Health (MoH). As of December 2016, UNICEF had procured and distributed stocks of ready-to-use therapeutic foods to treat 6,346 cases of acute malnutrition. Community malnutrition screening was expanded in the two worst-affected regions by retraining and equipping 834 community health volunteers to conduct community-level growth monitoring and referrals and promote good infant and young children feeding practices. UNICEF supported the vaccination of 47,233 children, Vitamin A supplementation for 104,015 children and deworming for 96,264 children through financial contributions to MoH and the WHO-led expanded programme on immunisation (EPI) and deworming campaigns.

To enable real-time monitoring and reporting, UNICEF Swaziland supported the strengthening of emergency surveillance systems in the nutrition and education sectors through the introduction of RapidPro. The Swaziland National Nutrition Council adopted RapidPro to facilitate real-time reporting on selected indicators from 25 of the 41 health centres responsible for treating malnutrition. In education, 851 head teachers were oriented on RapidPro to accelerate reporting of water-shortages. UNICEF Swaziland partnered with Red Cross, and key Government partners to strengthen disaster preparedness for seasonal severe weather through awareness campaigns, training of regional and district level volunteers and procurement of WASH supplies for pre-positioning.

UNICEF Swaziland's emergency response faced two main challenges: the need to expand the regular programme to incorporate the humanitarian response and limited financial resources. These challenges combined to constrain programme implementation and achievement of planned targets.

In 2017 UNICEF Swaziland will build on lessons learned to strengthen disaster preparedness and the transition to resilience-building interventions, such as the development of alternative water sources and strengthening community coping mechanisms in drought-prone areas.

Emerging Areas of Importance

The second decade. Using the life-cycle approach to programming, the CP 2016-2020 placed greater focus on the second decade of life than was the case in previous programmes. It aimed to increase protection from violence and access to quality health

services and secondary education for adolescent girls and boys aged 10-19 years by 2020, through increased investment, better national coordination and the provision of services tailored to adolescents, particularly in the areas of protection against violence; education and quality learning outcomes; and HIV prevention, care and treatment. A lesson learned in the first year of CP implementation was that support is required by partners to transition from a siloed to a holistic approach to programming. As a result, orientation of partners on a holistic life-cycle approach to improve synergies and maximize results will be prioritized in 2017. As part of the increased focus on adolescents, UNICEF Swaziland applied and institutionalized adolescent participation and engagement as a key strategy, using the U-Report platform, and supported adolescent participation in programming, such as during the review of the primary school curriculum.

UNICEF recognized the unique challenges involved in reaching, engaging with and focussing on adolescents, as well as their parents and caregivers, in behaviour- change programming. As a result, it established a chief of youth and adolescent development within its staffing structure to oversee and support programme interventions within the Office's adolescent protection, learning and development section.

Ending violence against children. Within the framework of the global UNICEF End Violence against Children (VAC) campaign, UNICEF Swaziland aimed at strengthening the enabling environment to prevent violence against children and adolescents, with a focus on national capacities to legislate, plan and budget for scaling-up interventions that prevent and respond to violence, abuse, exploitation and neglect of children, including adolescents. Implementation and awareness of the Children's Protection and Welfare Act of 2012 and advocacy for enactment of the Sexual Offences and Domestic Violence Bill and its subsequent implementation were prioritized. The CP supported the roll-out of the One-Stop Centre (OSC) model to Manzini region, to ensure equitable access to services; operationalization of a centre in Lubombo region is planned for 2017. UNICEF Swaziland also supported a national study to determine the drivers of violence affecting children. The findings informed the development of a violence response policy brief advocating for a strengthened national response.

Quality and inclusive education. Strengthening institutional capacity of the MoET for improved application of quality and inclusive education remained a priority for UNICEF Swaziland. In collaboration with MoET, the training of 155 teachers on contemporary child-friendly methodologies for teaching maths and science resulted in a specialized cadre contributing towards improved learning outcomes. Trained teachers subsequently conducted orientations in their respective schools; the roll-out of child-friendly methodologies is planned for 2017.

HIV. To enhance comprehensive knowledge on HIV and AIDS, and with support from PEPFAR's DREAMS Initiative, UNICEF Swaziland rolled out the new HIV and life skills curriculum to all secondary schools in the country. In addition, UNICEF advocated for the mainstreaming of HIV prevention education in the revised curriculum for primary schools. As part of global initiatives for the prevention of HIV and violence (including the 'All In! #End Adolescent AIDS' initiative and 'Start free, stay free and AIDS free'), UNICEF Swaziland also sought to improve treatment adherence among adolescents living with HIV by supporting psychosocial interventions through teen peer clubs.

Summary Notes and Acronyms

DREAMS initiative: DREAMS is a partnership supported by the U.S. PEPFAR, and the Bill & Melinda Gates Foundation, among others, to reduce new HIV infections among adolescent girls and young women in ten sub-Saharan African countries, including

Swaziland. The goal of DREAMS is to help girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women.

HIV and life skills curriculum: The HIV and life skills curriculum is a new initiative adopted by Swaziland's MoET to develop personal skills needed in everyday adolescent life and supports responsible social behaviour and empowerment of adolescents in various skills. It helps learners understand themselves and build meaningful relationships with others, providing both knowledge and skills to make sound personal decisions. It targets adolescents in public secondary schools, with the aim of enhancing comprehensive knowledge and information on life skills to curb the HIV and AIDS pandemic. The curriculum was launched in 2015, with roll out commencing in 2016, supported by UNICEF Swaziland and partners.

World's largest lesson: The World's Largest Lesson is a global initiative to end all forms of discrimination and violence against all women and girls everywhere, including sex trafficking and other forms of exploitation. The Emma Watson Gender Equality survey is a global survey project that forms part of the World's Largest Lesson.

7: The David Beckham UNICEF Fund: The '7: The David Beckham UNICEF Fund' is UNICEF Goodwill Ambassador and football icon David Beckham's commitment to support UNICEF's work to save and change children's lives around the world.

AIDS	Acquired immunodeficiency syndrome
ART	Anti-retroviral therapy
BFHI	Baby-friendly hospital initiative
BNLS	Botswana, Namibia, Lesotho and Swaziland
BNLSS	Botswana, Namibia, Lesotho, Swaziland and South Africa
C4D	Communication for development
CMT	Country management team
CP	Country programme
CPMP	Country programme management plan
CRC	UN Convention on the Rights of the Child
CRVS	Civil registration and vital statistics
e-FACE	Electronic fund authorization certificate of expenditure
e-HACT	Electronic harmonized approach to cash transfer
EPI	Expanded programme on immunisation
ESARO	Eastern and Southern Africa Regional Office
GBV	Gender-based violence
GSSC	Global Shared Services Centre
HACT	Harmonized approach to cash transfer
HIV	Human immunodeficiency virus
HMIS	Health management information system
HR	Human resources
ICT	Information and communication technologies
IYCF	Infant and young child feeding
IMAM	Integrated management of acute malnutrition
MAM	Moderate acute malnutrition
MICS	Multiple indicator cluster survey
MoET	Ministry of Education and Training

MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoJCA	Ministry of Justice and Constitutional Affairs
MNCH	Maternal, neonatal and child health
MR	Measles and rubella
NatCom(s)	UNICEF national committee(s)
NGOs	Non-governmental organizations
OSC	One-Stop Centre
PEPFAR	US President's Emergency Plan for AIDS Relief
RHM(s)	Rural health motivator(s)
S4D	Sports for development initiative
SADC	Southern African Development Community
SAM	Severe acute malnutrition
SDGs	Sustainable Development Goals
SMS	Short messaging service
SNNC	Swaziland National Nutrition Council
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
OMT	United Nations operations management team
USAID	United States Agency for International Development
VAC	Violence against children
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Capacity Development

Capacity development is a key strategy for achieving the country programme's shift to a more upstream level of engagement.

Significant investments to strengthen nutrition surveillance were made with MoH and SNNC. Examples include training for 12 master trainers on screening and referral for malnutrition, who in turn trained 834 rural health motivators; 21 health workers on the integrated management of acute malnutrition (IMAM); and 317 health workers on the baby-friendly hospital initiative (BFHI) to improve infant and young child feeding (IYCF) practices. These skills equipped staff to improve monitoring and referrals for malnutrition. Some 280,102 malnutrition screening contacts took place nationwide; 895 children were treated for acute malnutrition.

Building a cadre of specialized trainers was prioritized in education through the training of 48 teachers from seven inclusive schools to support learners with special needs, and 155 mathematics and science teachers on contemporary teaching strategies to improve education quality. In the health sector, 20 school health nurses received training on screening for disabilities and subsequently screened 25,000 students (12,000 girls and 13,000 boys); of these, 12 were referred to an audiologist and six were fitted with hearing aids.

UNICEF Swaziland supported the use of innovations and technology in the health and education sectors for timely and real-time monitoring of service provision and improved accountability, training health workers from 25 health facilities and 851 head teachers in the

use of RapidPro. Staff from 12 health facilities and two regional health management teams were trained in the analysis and use of data for programme improvement by using dashboards.

In emergency and resilience, UNICEF Swaziland staff received an emergency preparedness and response training, articulating the application of Core Commitments for Children, and 53 Government officials and volunteers were trained in disaster preparedness, severe weather monitoring and emergency response.

Evidence Generation, Policy Dialogue and Advocacy

The national drivers of violence affecting children study was validated and launched by the Deputy Prime Minister's Office in November, with UNICEF Swaziland technical and financial support. The study found three structural drivers of VAC: poverty, HIV and gender norms and inequalities, underscoring the value of a multi-sectoral approach in Swaziland. A plan of action will be developed to advocate for effective programming to address key findings.

To enhance evidence-based decision making, UNICEF Swaziland, in collaboration with MoH's health management information systems and Institute of Health Measurement, supported use of real-time data in 12 pilot health facilities through the development of six dashboards presenting analysed health data. Health managers were also trained to interpret and use the dashboards to better identify operational bottlenecks and undertake corrective actions. U-Report was introduced at six health facilities to gather and track client feedback on the quality of services provided; indicators such as facility cleanliness, patient waiting time and availability of drugs were collected as part of U-Report.

UNICEF Swaziland launched the Swaziland 2014 MICS final report in November 2016, which provided disaggregated data on the wellbeing of children, women and men. Of note was the reduction in the under-five mortality rate from 104 to 67 deaths per 1,000 live births between the years 2010 and 2014. MICS data was used by the Government, civil society partners and the UN for evidence-based programming in various sectors, notably in updating the 2016-2020 Swaziland United Nations Development Assistance Framework.

To ensure the availability of relevant statistical data for younger audiences, UNICEF Swaziland designed and disseminated a child-friendly MICS version to 150 school children who attended the UNICEF 70th anniversary commemorations. Further packaging and dissemination of information contained in the MICS report will continue in 2017.

Partnerships

In partnership with UN agencies and other stakeholders, UNICEF Swaziland supported the National Emergency Response Council on HIV and AIDS to host a national conference on HIV and AIDS. As part of conference preparations, and promoting adolescent participation, UNICEF Swaziland led consultations with children and adolescents on their views and experiences on HIV prevention programmes. Conference participants shared successes and lessons learned and agreed on a way forward toward a sustainable and coordinated national response.

Strategic partnerships were established to achieve children's rights, with a focus on adolescent girls. In partnership with the MoET and UNESCO, UNICEF Swaziland led the 'World's Largest Lesson' at 23 schools, improving both teacher and student understanding on SDG 5: gender equality. In total, 9,200 primary and secondary school students, including those living with disabilities, were sensitized on the SDGs through a combination of lessons, video presentations and active participation in poetry, poster art and debates on SDG 5.

An existing private partnership with the 'Golden Girls' (a group of women in leadership positions in the private sector), Government and civil society organizations, was strengthened to empower adolescent girls and contribute towards the Youth Parliament in Swaziland. The Golden Girls provided mentorship on adulthood and careers to 250 adolescent girls during the International Day of the Girl Child. UNICEF Swaziland also partnered with the private sector, civil society, and Government in hosting the Youth Parliament forum, which deliberated on issues of HIV prevention and violence against children. The recommendations from these deliberations will inform future programming on these two issues.

Partnerships with World Vision, Red Cross, and Government ensured that UNICEF Swaziland upheld its Core Commitments for Children in Humanitarian Action through the implementation of its emergency response plan and support to national assessments informing sector plans.

External Communication and Public Advocacy

UNICEF Swaziland hosted UNICEF Goodwill Ambassador David Beckham and the Lithuania National Committee to leverage support for HIV-prevention and the drought response. This resulted in a global call in support of children already affected by HIV and AIDS, as well as funding for the drought response. The National Committee committed to supporting UNICEF Swaziland in 2017 and held a marathon fundraiser with 1,500 participants, including the President of Lithuania.

UNICEF Swaziland partnered with the Government, and World Vision to increase awareness of child protection, health and hygiene issues in emergencies, and to mobilize communities in Shiselweni and Lubombo regions to play an active role in promoting and protecting their rights. Dialogues were held with over 400 students, chiefs, members of parliament, faith-based organisations, community care workers and the media.

UNICEF Swaziland celebrated UNICEF's 70th anniversary with the ESARO Regional Director. The 70th anniversary commemoration attracted over 300 guests from Government, civil society and the private sector to celebrate milestones in children's rights, raise visibility of the impact of the drought on children and advocate for increased efforts to prevent violence against children, including the enactment of the Sexual Offences and Domestic Violence Bill.

The U-Report platform reached 10,630 U-Reporters, of which 3 per cent were under the age of 14 and 26 per cent were between 15-19 years of age, on issues including HIV and violence prevention. Together with UNICEF Swaziland's website, Twitter and Facebook accounts, 13,089 visitors were engaged on issues affecting children and adolescents.

In collaboration with UN agencies and UNICEF ESARO, UNICEF Swaziland advocated for the inclusion of nutrition and WASH in the Southern African Development Community (SADC) Health and HIV Ministers meeting agenda, and provided support to the WASH and nutrition concept notes, which were adopted for use by the SADC ministers of health.

South-South Cooperation and Triangular Cooperation

Swaziland was one of four countries that participated in four real-time data information system exercises for planning and monitoring, supported by the Bill & Melinda Gates Foundation. In the spirit of South-South cooperation, UNICEF Swaziland hosted an experience-sharing visit with 40 participants from Kenya, Zimbabwe, Uganda, Swaziland and a Bill & Melinda Gates Foundation representative. The visit focused on experiences with real-time monitoring and response related to the delivery of essential services.

UNICEF Swaziland advocated for the Ministry of Home Affairs (MoHA) to build a civil registration and vital statistics (CRVS) system, through experience-sharing visits to Namibia and Zambia. The collaboration improved the Government's understanding of the processes for conducting comprehensive CRVS system assessments as well as considerations for the development of a Birth, Marriages and Death's Act. The lessons gained from the visits will inform both the draft Civil Registration Bill and revision of the Birth, Marriages and Death's Act.

Technical support from UNICEF Mozambique on communication for development (C4D) principles in emergencies resulted in improved understanding and capacity among 25 communication and programme officers from key ministries and NGOs. The training highlighted minimum standards to uphold when implementing communication in support of emergency interventions, with the objective of improving C4D interventions with affected communities.

Swaziland's new role as chair of the Southern African Development Community (SADC) presented an opportunity for advocacy on children's rights in the region. Dividends were already evident in the outcome of the SADC health minister's meeting, which passed a resolution to integrate WASH and nutrition into the SADC strategy.

Identification and Promotion of Innovation

In 2016 UNICEF Swaziland extended the use of RapidPro in emergency response to enable real-time monitoring and reporting of the effects of the drought on education and nutrition, strengthening the emergency surveillance system. The SNNC implemented the short messaging service (SMS)-based system to better track cases of malnutrition in children, using near real-time reporting to monitor increases in cases and identify potential hotspots. Previously, the national integrated management of acute malnutrition (IMAM) reporting system had been paper-based, with facilities completing and submitting paper reports to the SNNC monthly, where possible. IMAM reporting was not integrated in the national health management system, so data was not captured through this tool.

UNICEF Swaziland provided technical assistance and financial support to train health care providers on the application of RapidPro at therapeutic feeding sites. Twenty-five of the 41 sites had health care workers trained to report through RapidPro. The first IMAM U-Report was received in June 2016. However, challenges in surveillance systems and limited previous data made it difficult to track improvement in case identification and follow-up.

Although some challenges were identified in the use of RapidPro, relating mainly to data entry and system interruptions, UNICEF Swaziland and the SNNC were encouraged by the initial results, which suggest potential for expanding the system. U-Report greatly improved overall reporting timing and accuracy, as it alleviated the challenges of paper-based reporting, in terms of the need for copies of forms, collection and delivery of completed forms to a central location and data entry errors. In 2017, UNICEF Swaziland plans to work with partners to scale-up the RapidPro application, including expanding coverage across all IMAM sites, as well as to the education sector and other areas of programming, such as community surveillance and HIV programming.

Support to Integration and Cross-sectoral Linkages

To increase access to equitable services for gender-based violence, UNICEF Swaziland collaborated with MoH, Ministry of Justice and Constitutional Affairs (MoJCA), Royal Swaziland Police, Deputy Prime Minister's Office and others to identify and renovate an additional one-stop centre site. This model offers a comprehensive response to women and

children who had been victims of sexual and gender-based violence, including free medical care, psychosocial counselling, legal support and social services. With an additional centre under construction at a referral hospital, UNICEF Swaziland strengthened national capacity to address high rates of gender-based violence.

UNICEF Swaziland generated evidence on the impact of the El Niño-induced drought on children, women and men through supporting sector assessments in health and nutrition, WASH, education and child and social protection. An important lesson learned during these multisectoral assessments was the importance of integrating protection during the planning stage, so that the emergency response incorporates protection issues supported by evidence.

UNICEF Swaziland supported the MoHA and MoH to strengthen the birth registration system. Based on findings from the Government-led comprehensive country assessment on birth registration and the comprehensive plan of action, the MoHA and MoH piloted the decentralisation of birth registration services through selected hospitals, with the aim of registering newborns at health facilities. Through UNICEF Swaziland's advocacy and policy support to MoHA, MoH, MoJCA and the Attorney General's Office, the national Birth, Marriages, and Deaths Act was reviewed to allow for birth certification at the sub-national level.

Through the joint Botswana, Namibia, Lesotho, Swaziland and South Africa (BNLSS) social protection work plan, UNICEF Swaziland supported the drafting of four budget briefs focusing on the macro, education, health and social protection budgets. These will be used to engage governments on expanding the fiscal space to respond to children's rights.

Service Delivery

UNICEF Swaziland and WHO supported the MoH in-service provision and core capacities in several intervention areas: sensitization of 45 health workers on the polio endgame strategy; introduction of two new vaccines, for measles & rubella and integrated polio vaccine; completion of the integrated measles & rubella campaign, which targeted children aged nine months to 14 years and reached an administrative coverage of 91 per cent for measles and rubella, 94 per cent for Vitamin A and 58 per cent for the deworming drug albendazole; and the successful switch from trivalent to bivalent oral polio vaccine, to ensure that all children received the recommended vaccines according to WHO global guidance. UNICEF Swaziland provided technical support for the school-based mass campaign to administer deworming drugs (albendazole and praziquantel), which reached national coverage of 76 per cent.

UNICEF Swaziland supported the procurement and distribution of therapeutic feeding supplies to 29 health facilities to strengthen the management of acute malnutrition, which in turn led to the treatment of 895 children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). Community-based screening for malnutrition was strengthened by rural health motivators, who were not only provided with anthropometric equipment but also trained in malnutrition screening and referrals.

In partnership with the Baylor College of Medicine, UNICEF Swaziland provided peer support services to 1,485 adolescents through 14 teen clubs for adolescents living with HIV. The support contributed to ART retention rates of above 94 per cent among teen club members. In addition, the partnership supported an in-reach approach, with 110 home visits conducted during the year, reaching 132 clients with poor adherence to treatment, high viral load and low CD4 counts.

Human Rights-Based Approach to Cooperation

UNICEF Swaziland implemented the first year of the new country programme, which was grounded on equity and human rights-based programming, with an emphasis on active engagement and participation by adolescents. The CP was informed by a robust situation analysis of the structural causes of the non-realization of rights. An important contribution towards human and child rights reporting was the support extended by UNICEF Swaziland to the Government in the drafting and validation of the combined third and fourth periodic report on implementation of the Convention on the Rights of the Child, covering the period between 2006 and 2016, as well as reporting to the African Charter on the Rights of Women and Children. The reports were validated in November, to be submitted to the Committee on the Rights of the Child in 2017, and demonstrate Swaziland's progress on the domestication of responsibilities and commitments contained in the agreements, as well as on progress toward addressing the concluding observations from the second periodic report.

The use of U-Report in health facilities was an important contributor to improving social accountability and empowering client voices in the provision of services. Discussions were held in 2016 related to U-Report's expansion beyond health services in 2017, which would further strengthen accountability mechanisms between the Government and its citizens.

To ensure that children living with disabilities are given equal opportunity to enjoy their rights, UNICEF Swaziland intensified advocacy for the enactment of the Disability Bill, orienting 20 Senate members on the bill, which was debated in Parliament. UNICEF Swaziland, in collaboration MoET, Peace Corps and the Swazi Federation of Disabled Persons supported the development and launch a Swazi sign language manual. The manual addresses communication barriers between students with hearing impairments and their parents and teachers, promoting inclusivity in the family and the classroom and will be rolled out at all of Swaziland's inclusive schools in 2017. UNICEF Swaziland continued to contribute towards building a cadre of teachers in specialized inclusive education approaches; nine teachers completed the second and final year of specialisation, contributing to an expansion of quality inclusive education services in Swaziland.

Gender Equality

Several initiatives were established as first steps toward operationalizing gender programming in the new Country Programme. An orientation for UNICEF Swaziland focal points contributed towards gender programming, using the Gender Action Plan. In addition, the promotion of gender-responsive adolescent health and addressing gender-based violence in emergencies were key focus areas.

In partnership with the Global Fund, UNICEF Swaziland supported MoET with the roll-out of life skills curriculum at 255 secondary schools. The curriculum provided age-appropriate information on HIV and adolescent sexual and reproductive health to 47,913 girls and 48,463 boys in 2016. Jointly with the United Nations Population Fund and other partners, UNICEF Swaziland contributed to the provision of information on menstrual hygiene during the International Day of the Girl Child, as well as dignity kits for 200 girls in drought-affected communities. As part of a project with World Vision, 11,902 girls from 57 schools benefited from sanitary bins to support menstrual hygiene management, while 26,647 girls and 25,603 boys were sensitized on positive hygiene practices and supported with handwashing facilities. UNICEF Swaziland contributed to these school-based initiatives.

Adolescents living with HIV benefited from teen club sessions supported by UNICEF Swaziland and coordinated by the Baylor College of Medicine and MoH. To address gender-based violence in emergencies, UNICEF supported partners to conduct community dialogues on child protection in emergencies. UNICEF Swaziland mobilized financial support

of MoET and the global initiative to sensitize children on the SDGs; in total, 23 schools were oriented on SDG 5, on gender equality.

To promote gender-responsive adolescent health and HIV prevention, UNICEF Swaziland in partnership with the Swaziland Olympic and Commonwealth Games and MoET contributed to the sports for development (S4D) initiative. This initiative encouraged participation of girls in sports activities among 72,255 students enrolled in 50 primary schools and 100 targeted secondary schools. Through the training of 1,000 teachers as well as youth leaders, adolescents both in and out of school increased their knowledge about HIV through activities and peer education through sport.

Environmental Sustainability

UNICEF Swaziland established a partnership with Red Cross to support disaster preparedness and response capacities in Shiselweni, Lubombo and Hhohho regions. Fifty-three regional and sub-regional level officials from the National Disaster Management Agency and Department of Water Affairs and Red Cross community volunteers, covering a population of roughly 10,000 people, were trained on disaster preparedness and management, response coordination, severe weather monitoring and community engagement through C4D, as part of severe weather preparedness activities. UNICEF Swaziland contributed to this partnership, which will continue to engage relevant duty-bearers with tools for preparedness and response in 2017 in three areas: targeted C4D activities regarding safe behaviours and actions in flood situations, radio messages regarding safe preventive and response behaviours targeting the general public and a school messaging campaign.

UNICEF Swaziland implemented greening initiatives within the office such as paper recycling, plastic and glass collection areas and enforced printing procedures. Paper consumption was significantly reduced through a more rigorous practice of electronic revision of draft and internal documents.

Construction of the new UN building continued in 2016, with oversight by the joint UN Operations Management Team (OMT), chaired by the UNICEF Swaziland Representative. The new building promotes the UN 'Greening the Blue' Initiative and will feature solar panels on the roof, automated low-energy lighting to illuminate work-spaces and rainwater collection. It is expected to contribute towards reducing greenhouse gas emissions, and will be completed in 2017.

Effective Leadership

To enhance effective leadership, the country management team (CMT) held 10 meetings and reviewed key performance indicators, complied with risk management practices and ensured effective and efficient use of resources. The team reviewed guidance on '8 opportunities to streamline effectiveness', reducing the number of statutory committees from 16 to five. The contract review committee, small-scale funding agreement and programme cooperation agreement review committee limits were increased to the global minimum threshold.

The Office of Internal Audit and Investigations conducted an internal audit in June, supported by an audit task team and the country management team. The audit report was finalized in December, and the country management team developed and submitted an audit action plan to be implemented by the third quarter of 2017.

The joint consultative committee met quarterly, allowing office management and the local staff association to address and agree on key staff priorities, such as the work environment

and the global staff survey action plan.

The UN, as a part of joint harmonized approach to cash transfers (HACT) activities, hired a firm to conduct micro-assessments of 20 implementing partners. UNICEF Swaziland's HACT assurance plan to mitigate operational and financial risks was monitored during programme coordination meetings. All programme staff completed online training for e-HACT and electronic fund authorization certificate of expenditure (e-FACE).

UNICEF Swaziland participated in the BNLSS review of operations and programmes and developed a change management plan, informed by consultations with staff, the staff association and senior management. The proposed operations structure was reorganized to respond to the split functions between UNICEF Swaziland and the BNLSS hub.

The business continuity plan and enterprise risk management were reviewed and updated with lessons learned from a simulation exercise. As part of 'Delivering as One', UNICEF Swaziland contributed to the on-going preparation process of the UN business operations strategy.

Financial Resources Management

Management of financial resources was analysed throughout the year at programme, operations and country management team levels. The utilisation rates of programme budget allotments were monitored monthly and discussed in the country management team and at programme coordination meetings; appropriate actions were taken on time to improve programme budget allotment contribution management. During monthly programme coordination meetings, standard indicators were reviewed, including fund utilisation rate and compliance with the donor reporting schedule. This review allowed UNICEF to take rapid action to ensure that results were achieved in an efficient manner.

The cash flow committee monitored monthly office cash flow projection versus actual expenditure and addressed any cash flow-related issues. Lessons learned at the end of the year highlighted that additional measures were required to ensure proper projections; measures such as fortnightly projections and cash-flow projections based on submitted requests with supporting documentation were adopted as a result.

The HACT assurance plan was reviewed during monthly programme coordination meetings. HACT assurance activities were conducted and quarterly reports submitted to UNICEF ESARO on the implementation of the HACT plan. UNICEF Swaziland strengthened the capacity of new partners on the HACT framework, financial and narrative reporting for improved efficiency.

The UN maintained a service-level agreement with Standard Bank, and negotiated for competitive rates and improved services.

Operating expenses were reduced through minimum printing and copying, as a result of greening initiatives; the use of corporate contracts with a cellular telephone services also contributed to reduced costs.

Implementation of resources as of 19 December 2016 was: BMA, 97 per cent; CA, 100 per cent; other resources-emergency 92 per cent; other resources-regular, 90 per cent; and regular resources, 93 per cent. Total implementation was 91 per cent. In relation to DCTs, those outstanding for zero-to-three months totalled US\$246,835 (24 per cent) and from three to six months US\$523,962, or 50.5 per cent

Fundraising and Donor Relations

UNICEF Swaziland actively mobilized resources for the Office of Humanitarian Action for Children appeal to fund the drought response plan. It issued monthly situation reports on drought impact and response and identified funding gaps. New funds were received from UN Office for the Coordination of Humanitarian Affairs, United States Agency for International Development, Canadian Government, and UNICEF Humanitarian Thematic fund in support of UNICEF Swaziland, accounting for 53 per cent of the appeal. UNICEF Swaziland also prioritized regional appeals for the drought by providing inputs to the Regional Inter-agency Standing Committee and Southern African Development Community appeals.

UNICEF Swaziland made significant strides toward increasing the quality and quantity of alternative channels for attracting donors, through the Lithuania and United Kingdom UNICEF National Committees. Visits resulted in a high volume of media attention and televised appeals through the '7: The David Beckham UNICEF Fund' as well as a fundraising event in Lithuania in support of the UNICEF Swaziland programme. The Beckham Fund committed to supporting 27 per cent of UNICEF Swaziland's annual budget for HIV and AIDS over the next three years. New funding was also received from PEPFAR for improving the group's support for empowering adolescent girls and the Youth Parliament.

In the first year of the new Country Programme, UNICEF Swaziland exceeded its 2016 OR fundraising target of US\$2,740,000 by raising US\$ 2,765,555. Available funds were utilized before their expiry date.

UNICEF Swaziland standard operating procedures for reporting were improved. Six of seven donor reports were submitted on time, following quality control and monitoring mechanisms established by the country management team. To continuously improve reporting performance, donor feedback forms were submitted along with the reports.

Evaluation and Research

To strengthen programme monitoring, evaluation and accountability, UNICEF Swaziland supported nine studies and surveys outlined in the 2016 integrated monitoring and evaluation plan. These included studies on out-of-school children and on the drivers of violence against children in Swaziland, a multidimensional overlapping deprivations analysis, a MICS, an evaluation of child-friendly schools (Inqaba in siSwati), a study on barriers to paediatric ART initiation, a study on the quality of maternal, newborn and child health, a child-friendly budget analysis and a comprehensive assessment of the health, nutrition and WASH situation of women and children. Five of the nine were completed, while two were on-going and two were carried over to 2017, resulting in a 56 per cent completion rate.

In collaboration with the MoET, UNICEF Swaziland conducted an independent evaluation of the child-friendly-schools initiative. The report was finalized and validated with stakeholders, providing an opportunity to present results and solicit views for strengthening the overall quality of the report. To ensure that the MoET incorporated the findings and recommendations of this evaluation into its programming on child-friendly schools, UNICEF Swaziland systematically the evaluation collaborated with the ministry during every step of the finalization of the report, which was nearly complete by end-2016. The management response developed for follow up will take place in the coming year.

UNICEF Swaziland benefited from its participation in the global initiative on 'Demonstrating UNICEF's Contribution to Results' through the transfer of knowledge and guidance that helped to shape the theory of change for the new programme and establish a culture of managing for results.

UNICEF Swaziland’s research and evaluation committee was one of the key committees supporting quality assurance of all research and evaluation Office. It met twice in 2016 to provide guidance and quality assurance on research, surveys and evaluations.

Efficiency Gains and Cost Savings

UNICEF Swaziland maintained its internal policy of economy-class travel and the use of shuttle services between South Africa and Swaziland as opposed to air travel, where applicable. The common UN very small aperture terminal contributed to reduced costs and provided high-speed connectivity, with hardware savings estimated at US\$28,000 over five years. Internal shared telecommunications services were also incorporated by the UN, providing free calls within the UN, instead of the normal costing of US\$0.06 a minute.

In addition, UNICEF Swaziland benefited from cost savings and efficiency through the shared UN premises, affording the opportunity to share and maximize the use of meeting and conference spaces and increase inter-agency collaboration from both an operational and programming standpoint. The use of stretch assignments resulted in cost savings when addressing capacity gaps in areas in the new adolescent, protection and learning and development sections operations, avoiding the need to engage consultants.

UNICEF Swaziland implemented and monitored various cost-saving measures to reduce procurement transaction costs. Efficiencies were achieved through continued use of the service-level agreement with one bank to reduce bank charges, eliminating the need to source quotations from different service providers in areas where joint UN procurement of common services existed, such as security, office space management, cleaning and conducting market surveys for the establishment of common long-term agreements. Overall, the estimated savings were approximately US\$13,400 and US\$1,629 annually over a five-year lease on reduced office space rental rates.

In addition, UNICEF Swaziland adopted internal measures to improve business operations, reviewed work processes, work and travel plans, and streamlined operational processes in line with GSSC implementation (including the BNLSS hub in Pretoria), with overall savings estimated at US\$71,000.

Supply Management

UNICEF Swaziland acquired supplies and services valued at US\$1,608,894, as detailed below. The increase in the value of supplies from US\$647,939 in 2015 was due to the procurement of ready to use therapeutic food and micronutrients, as well as water treatment kits in support of the emergency response plan.

Item description	US\$ Total
Programme supplies	628,269
Operational supplies	4,137
Services	525,595
Total	1,175,001

Support to implementing partners in procurement services (construction) amounted to US\$433,893 as per table below:

Procurement services	US\$ Total
Ministry of Health	373,332
NGOs	60,561
Total	433,893

UNICEF Swaziland continued to procure all its administrative supplies, workshop/ conferencing facilities and printing services through local vendors using global long-term agreements valued at US\$396,369. The sourcing of programme supplies and institutional contracts continued through the Botswana, Namibia, Lesotho and Swaziland (BNLS) Supply Hub in Pretoria, South Africa, valued at US\$327,310. Off-shore procurement was completed through UNICEF's Supply Division and was valued at US\$451,323 in 2016. All goods and services were directly delivered to implementing partners, in accordance with best practices of avoiding warehouse costs.

Security for Staff and Premises

Based on the UN Department of Safety and Security assessment in 2016, UNICEF Swaziland Country Office maintained a security level 1. The Department conducted its annual security risk assessments of the premises and identified key weaknesses and strengths. The building standoff point remained a challenge due to its location; however, this will be addressed when the UN moves to new premises in 2017.

UNICEF Swaziland maintained well-established mechanisms to ensure safety and security at the work place through the following established security measures: standard operating procedures, central access control card systems, fire alarm, and perimeter guards. Staff members were provided with clear instructions should an emergency evacuation be required at the premises.

UNICEF Swaziland remains an active member of the UN security management team, which provided updates on in-country security situations. All UN staff, including UNICEF Swaziland staff members and security guards, had security warden training in fire-fighting and evacuation. Radio checks were performed monthly by the UN Department for Safety and Security focal point. Security advisories were sent periodically to alert staff of any security developments in or outside of Swaziland. Under the UN Cares programme, all UN personnel and their family members were trained on the use post-exposure prophylaxis kits during UN Day.

Improved security awareness and conditions of UNICEF personnel was ensured through the revision of all mandatory security trainings and completion of the senior management team online training programme by senior management. Adherence to security clearance and travel authorizations was maintained.

To ensure safe and secure programme delivery in emergency situations, UNICEF Swaziland updated its business continuity plan following a simulation in July with key staff. The simulation led to a subsequent exercise in lessons learned that informed updates and preparedness plans.

Human Resources

Six recruitment processes were carried out for fixed-term positions in the new country programme structure, of which four positions were concluded and two remain in progress. While the recruitment benchmark was monitored closely at monthly country management

team meetings, UNICEF Swaziland experienced delays in complying with the 60-day maximum per process due to limited human resources capacity. UNICEF engaged five stretch assignments, 12 individual contractors, and three stand-by partners to support the emergency response. UNICEF Swaziland achieved a 100 per cent performance appraisal completion rate by mid-year and achieved gender parity at 1:1.

The local learning and training committee developed a training plan that focussed efforts on completing group trainings and obligatory courses, including e-HACT, e-FACE, gender equality, UN coherence, HIV, results-based management and new human resources platforms. The average staff member dedicated over five days to group training in 2016. UNICEF Swaziland maintained one trained peer support volunteer, who provided support on stress management, and a respectful workplace advisor.

In line with the transition to the BNLSS operations hub, UNICEF Swaziland proposed changes its operations structure, abolishing two positions (operations manager and admin/finance officer), and the creation of one position (operations specialist). The proposed operations staffing structure was reorganized to respond adequately to the split functions between UNICEF Swaziland and the BNLSS hub. Following the BNLSS review meeting in Pretoria by the security management team, a change management plan was developed in collaboration with the local staff association.

The staff association and management organized a staff retreat with sessions on emotional intelligence, teamwork and managing work-life balance. The retreat served to improve the working environment, strengthen team spirit and increase awareness through emotional intelligence.

Effective Use of Information and Communication Technology

In accordance with UNICEF standards and policies, UNICEF Swaziland provided a secure information and communication technologies (ICT) infrastructure. Security threats were identified to staff through global broadcast messages, however, no security intrusion (internally or externally) was recorded in 2016. UNICEF Swaziland used the Cloud-based system offered by Office 365, with built-in security and continuous compliance, while simplifying in-house IT functions.

A unified Wi-Fi system was established, improving connectivity for the projection of presentations and video conferences in the boardroom and allowing for safe connectivity by UNICEF Swaziland's partners while visiting the premises. The Office experienced a stable environment under the Windows 8.1 platform operating system; however, challenges were experienced in the overall application of services due to limited internet bandwidth, which resulted in intermittent slow connectivity or reduced speed.

ICT provided technical support to the programme section on the U-Report platform and to support polling as part of investment in innovation. Furthermore, using virtual technology, UNICEF Swaziland participated in global and regional webinars that enhanced staff learning and support of the Global Shared Services Centre, Go-live transition, as well as knowledge and good practices on real-time monitoring. Through the ESAR Webinar series, UNICEF Swaziland presented its experience on data use and action by frontline health workers and health management teams to regional colleagues, contributing to knowledge-sharing for identifying and disseminating good practices and technical guidance and fostering dialogue on emerging related topics.

The 'My HR portal' was embraced as an innovative tool by managers and staff members, providing an opportunity for online learning and performance appraisals, as well as

streamlining recruitment processes. 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 RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school.

Analytical Statement of Progress:

The child survival and development section aimed at ensuring that young girls and boys are immunized, healthy, registered at birth and ready for school. Significant progress was made during the year in the creation of enabling environment that will facilitate programme implementation and achievement of results for children. Two of the four regions of the country maintained about 80 per cent Penta-3 coverage; at least 80 per cent of children younger than one year received Penta-3 and 83 per cent had the measles vaccine; 85 per cent of HIV-positive mothers received ART for prevention of mother-to-child transmission of HIV (PMTCT); 72 per cent of children aged zero-to-14 years living with HIV received ART, and birth registration reached 53.5 per cent.

UNICEF Swaziland, in collaboration with WHO, supported the MoH to procure and introduce two new vaccines (inactivated polio vaccine and measles & rubella, MR) and successfully make the switch from trivalent oral polio vaccine to bivalent oral polio vaccine, to ensure that all children receive the recommended vaccines according to WHO global guidance. UNICEF Swaziland and partners assisted the Government in conducting the integrated MR campaign for children aged nine months to 14 years, achieving administrative coverage of 91 per cent for MR, 94 per cent for Vitamin A and 58 per cent for albendazole. UNICEF Swaziland supported the EPI review that informed the MoH's resource mobilization strategy and a comprehensive multi-year plan.

UNICEF Swaziland provided technical support to the MoH for implementation of the new ART guidelines in Swaziland. A focus of the support was to ensure that all identified HIV-positive children, as well as pregnant and lactating women, can access ART. In partnership with a local NGO, UNICEF Swaziland supported capacity strengthening of parents and caregivers on early stimulation and provision of safety, care, learning and nutrition to children zero-to three years old, especially in day care centres and households. With a focus on vulnerable households, 45 care givers conducted 13,142 home visits to identify children in need of services and disseminate messages to caregivers on health, nutrition and child protection, as well as making referrals when necessary.

UNICEF Swaziland worked in partnership with the MoHA and MoH on a pilot for health facility-based birth registration in one of the major hospitals to facilitate birth registration, which remains low at 54 per cent. To strengthen South-South cooperation on birth registration, UNICEF Swaziland supported MoHA and MoH officials to participate in a mission to Namibia to learn about integrating birth registration in hospitals.

UNICEF Swaziland, in collaboration with the MoH and the SNNC, trained 12 master trainers on nutrition surveillance, who in turn trained 834 rural health motivators on screening and referral for malnutrition; built capacity among 21 health workers on IMAM, to enhance facility-based service provision and trained 317 health workers on the BFHI to improve infant and young children feeding practices. Rural health motivators screened 280,102 children

and identified 165 children with wasting. In total, 895 children were treated for acute malnutrition.

In response to drought, UNICEF collaborated with World Vision to support water provision for 14,875 children, 5,283 women and 4,872 men in 115 of the most affected communities in Shiselweni and Lubombo. UNICEF Swaziland also supported the rehabilitation of 24 non-functional rural water systems to restore water access for 1,027 households (including an estimated 2,724 children). UNICEF Swaziland supported water trucking to 68 schools in Shiselweni and Lubombo regions, benefitting 10,690 girls, 10,213 boys and 976 teachers. Another 53,083 children (26,216 girls and 26,867 boys) were provided with access to handwashing facilities and 16,063 children (7,871 girls, 8,165 boys) from 36 schools in eight constituencies were reached through hygiene promotion.

UNICEF Swaziland supported the Government in the procurement of drought- response-related supplies in health, WASH and nutrition, to support regular and emergency programming. As of December 2016, UNICEF Swaziland had procured and distributed sufficient stocks of ready to use therapeutic foods to treat 6,346 cases of acute malnutrition. Community malnutrition screening was expanded in the two worst affected regions through the re-training and equipping of 834 community health volunteers. UNICEF Swaziland, in collaboration with WHO, financially supported MoH to conduct EPI and deworming campaigns, which reached 83,780 children with Vitamin A supplementation and 77,664 children with deworming medication, achieving national coverage of 76 per cent.

UNICEF Swaziland successfully co-led the WASH and education clusters in collaboration with the National Disaster Management Agency and participated in the health and nutrition cluster. Further support was provided for conducting health, nutrition and WASH assessments that informed development of sector plans. The assessments were implemented and monitored by Government and civil society partners, with support from UNICEF Swaziland. Finally, the capacity of Swaziland's health management information system (HMIS) to generate real-time data was strengthened to inform evidence-based programming and decision making at both facility and regional levels. In addition, U report was introduced in 12 health facilities (three per region), to collect client feedback on services provided. While some challenges in U-Report were noted by health workers, such as service interruptions and data entry errors, the overall benefits of U-Report in collecting and compiling data from hard-to-reach areas were appreciated by the Government and relevant ministries, so that expansion into other sectors is now under discussion.

OUTPUT 1 Appropriate legislation, policies, strategic plans and budgets for maternal, newborn child health, WASH, ECD and nutrition improved.

Analytical Statement of Progress:

The CP aimed to ensure that appropriate legislation, policies, strategic plans and budgets for MNCH; WASH; ECD; and nutrition are improved. Key results achieved during the year included: drafting the Food and Nutrition Council Bill and a food and nutrition policy, which is ready for submission to Cabinet through the Director of Health Services; drafting the ECD policy, in consultation with the MoET; and the initiation of a process to finalize the ECD policy. Slow progress toward finalization and approval of most planned policies (such as the Public Health Bill and the food and nutrition policy) led to delayed implementation of some activities, affecting achievement of some results.

Overall, birth registration rates remain low at 54 per cent, and continued efforts were required to strengthen the enabling environment for CRVS. UNICEF Swaziland's advocacy with the Ministry of Home Affairs prioritized the ongoing review of the Birth, Marriage and

Death Act, with a view to expanding access to birth registration by making it available at health facilities.

The MoH completed and disseminated the study on barriers to paediatric ART initiation, with the support of UNICEF Swaziland. The findings raised important issues related to stigma, stressing the need to address stigma in order to scale up paediatric ART at health facilities. To generate knowledge in maternal and child health, an assessment of the quality of maternal and neonatal care was conducted by the MoH with technical and financial support from UNICEF Swaziland, UNFPA and WHO. The assessment revealed that there is no system in place at most of the assessed facilities to ensure that more serious conditions are accorded higher priority for medical attention.

UNICEF Swaziland successfully advocated with the SADC to incorporate nutrition and WASH into the agenda of its health and HIV ministers meeting, hosted in Swaziland. This led to endorsement of two concept notes, on WASH and nutrition, which had important implications for children in the SADC region, including Swaziland. Major inequalities across populations in Swaziland on access to safe water and sanitation exist and the sector remains highly fragmented with numerous stakeholders providing services and capacity development. To improve overall coordination of the sector, UNICEF Swaziland supported the first water and sanitation joint sector review meeting, which informed development of the WASH sector plan. This plan will inform the water and sanitation sector-wide approach process, relevant within Swaziland's context as a middle-income country.

UNICEF Swaziland, in collaboration with WHO, provided technical support to the Government to initiate preparations for the elimination of MTCT certification and taking forward operationalisation of the 'Start free, Stay free and AIDS free' agenda in Swaziland. The Government's commitment to procurement of HIV supplies (especially ART) using domestic resources will facilitate the operationalization of the two agendas and ensure sustainability and continued ownership of the programme.

OUTPUT 2 Capacity of key government institutions to provide quality health, HIV, nutrition, ECD, WASH and birth registration services increased.

Analytical Statement of Progress:

The programme aimed at strengthening capacity of key Government institutions to provide quality health, HIV, nutrition, ECD, WASH and birth registration services. Results achieved include: development of a draft WASH sector plan; health facility- based birth registration piloted at one facility in collaboration with MoHA and MoH, which resulted in 339 (24 per cent) of births registered at the facility over a two- month period; 80 per cent of designated basic emergency obstetric and newborn care facilities were operational; no stock-outs of oral rehydration solution were reported (but a stock-out of BCG vaccine for more than one month was reported) and 92 per cent of the health facilities provide ART for PMTCT and paediatric care. However, the scale-up of community-led total sanitation remains a bottleneck due to lack of trained facilitators for community mobilization; implementation has been prioritized in 2017.

UNICEF Swaziland, in partnership with WHO and UNFPA, supported: the MOH 'Comprehensive Health and Nutrition Assessment' that informed the health and nutrition component of the El Niño drought emergency response; provision of a WASH and nutrition intervention package reaching 25,030 people with safe water through water trucking; hygiene promotion services reaching 16,036 students in 37 schools and 10,903 community members; rehabilitation of 16 hand pumps and installation of two new hand pumps, benefitting 5,327 people; capacity for rain water harvesting in 23 schools, benefitting 7,174

pupils and 1,754 households; provision of sanitary bins and construction of burn pits at 105 schools, benefitting 11,902 girls; procurement and distribution of 462 weighing scales, 144 height boards, 4,900 MUAC tapes and therapeutic foods (Plumpy Nut, F75, F100), leading to treatment of 895 children (573 SAM; 322 MAM); training of 12 health workers who in turn trained 786 rural health motivators (RHMs) on MUAC screening and IYCF and; screening of 280,102 children of which 165 children had wasting and 812 were underweight and completion of 10 nutrition campaigns in drought-affected areas. The capacity of community committees is being built to ensure sustained community capacity to maintain WASH facilities, post-emergency. In addition, RHMs' capacity on nutrition management will ensure that timely nutrition issues are addressed in case of future emergencies.

UNICEF Swaziland supported procurement of Eco tabs to reduce stench and sludge at 20 schools pit latrines and supported the MoH on: the training of 314 health workers from seven hospitals on BFHI; implementation of the integrated MR campaign, reaching administrative coverage of 90.5 per cent for MR, 94.4 per cent for Vitamin A and 103.4 per cent for albendazole (post-MR coverage cluster survey results reflected 94 per cent MR, 68 per cent Vit A and 58 per cent albendazole). In addition, as part of Africa Vaccination Week, 45 nurses were oriented on the Polio Endgame Strategic Plan 2013 -2018, with UNICEF Swaziland support. However, human resource shortages among several implementing partners resulted in delayed and or partial implementation of planned activities and irregular provision of services. Furthermore, the focus on the drought response shifted some attention and resources from regular programmes.

OUTPUT 3 Capacity of parents and caregivers to provide integrated quality ECD (early stimulation, learning, safety, care and nutrition) strengthened

Analytical Statement of Progress:

UNICEF Swaziland aimed at improving the capacity of parents and caregivers to provide integrated ECD standards on early stimulation, learning, safety, care and nutrition. Minimal progress was made toward achieving key results for the output due to human capacity and lack of policy constraints. Thus only 10 of the 20 target communities were reached with key nutrition information; 45 of the targeted 15 parents/primary caregivers were trained on positive parental practices; no ECD facilitators/teachers received training funded by UNICEF; and the process of developing an early learning policy and early learning programme was slow.

UNICEF Swaziland supported a local NGO (Siphilile) to develop and print informational materials on ECD and train 45 caregivers on positive parental education, which significantly increased awareness on early child stimulation. Caregivers reading books to children increased from 16 per cent in July to 29 per cent in October 2016. The integration of nutritional screening and services as part of ECD fits within the cross-sectoral approach of the new CP, as it permits better outreach to the most vulnerable children.

Five daycare mentors were supported by UNICEF Swaziland to conduct 163 day care visits targeting children zero-to-three years; in total, 880 children were screened for malnutrition; five were underweight and referred for management. Forty-seven community mentor mothers were supported to conduct 13,142 household visits to disseminate information on child health, protection and early stimulation. During these visits, 1,896 people were reached with immunization messages, 775 with child protection information and 1,058 reached with early stimulation information. The visits resulted in 32 referrals for immunization, as well as six for malnourished children, of which four were rehabilitated and two are still being treated.

In 2016, ECD interventions were implemented in one community with informal settlements where infants are exposed to multiple risks. In 2017, the interventions will be extended to

cover more communities, with support from both MoE and MoH.

OUTPUT 4 Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.

Analytical Statement of Progress:

The programme aimed at strengthening HMIS and education management information system (EMIS) capacity to provide timely, disaggregated information in the context of monitoring for results. In collaboration with the MoH and the Institute of Health Measurement, UNICEF Swaziland provided financial support for strengthening HMIS capacity. In 2016, 12 computers were procured for these health facilities and dashboards with analysed data were installed. Two champions per facility were identified and trained in the use of the dashboards. Because of this capacity development, 12 health facilities were able to interact with their data and determine actions to be undertaken to improve the quality of health services. Age- and gender-disaggregated data across various health services derived from the dashboard was used during monthly review meetings to assess performance, and actions were taken to address the identified bottlenecks.

U-Report was another tool introduced in these health facilities to gather client feedback on the quality of services received. Health workers were trained in the use of the U-Report with UNICEF Swaziland support. This capacity-building exercise enabled health facilities to integrate and respond to client's expectations through feedback provided. In some instances, the feedback has informed health education information provided to clients. For instance, clients reported that cleanliness was poor in one of the health facilities, thus in the health education sessions the importance of using waste bins all the time was emphasized. U-Report was further introduced at 25 therapeutic feeding sites for timely reporting of data on malnourished children and stock monitoring. This facilitated timely reporting and follow-up on challenges during the emergency response to nutrition.

Despite these achievements, a weak surveillance system for nutrition and lack of integration of other key nutrition indicators in monthly HMIS reports affected complete reporting on children reached with nutrition services. However, the introduction of U-report in selected facilities enhanced timely reporting from the facilities and the integration of key nutrition indicators in the new client management information system being piloted in the country will ensure that standard nutrition data is routinely generated at the national level to inform programme improvement. Strengthening the HMIS using various platforms should inform resource allocation to improve evidence generation and ensure efficiency in Government resource utilization, since most health programmes are supported by domestic funding.

OUTCOME 2 By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education.

Analytical Statement of Progress:

In the reporting year, UNICEF Swaziland's advocacy on adolescent violence led the Government to launch the multi-sectoral task team on violence, responsible for coordinating national violence prevention and response in all settings.

To support advocacy and programming on violence UNICEF Swaziland partnered with the Government to conduct a study on the drivers of violence, which revealed key social norms that should be addressed to curb the problem

Additional evidence was generated through UNICEF's continued support of the national surveillance system on violence, which disseminated an annual report to stakeholders. In

partnership with UNFPA and the deputy prime minister's office, a national strategy for responding to VAC was developed to guide the national response.

Equitable access to integrated services on in Swaziland was provided through the OSC initiative, which was expanded to two more regions (Lubombo and Manzini), with UNICEF and PEPFAR support. The OSC communication strategy was initiated in 2016 to create demand for the integrated services; it will be finalised in 2017

HIV prevention and response among adolescents remains critical in Swaziland, where high-risk population groups for new infections include women aged 18–19 years (incidence of 3.8 per cent), and 20–24 years (4.2 per cent). UNICEF Swaziland, in collaboration with the MoET, Bantwana Initiative, CANGO (the Co-ordinating Assembly of NGOs), and UNFPA facilitated the roll-out of the life skills curriculum at all 255 secondary schools in the country. In addition, UNICEF Swaziland supported the Swaziland Olympics and Common Wealth Games Association and MoET to improve HIV prevention among vulnerable adolescents, particularly girls, through the S4D initiative. This initiative reached 150 targeted schools and encouraged girls' participation in sports activities among 72,255 students. Furthermore, UNICEF Swaziland provided technical and financial support, in partnership with Baylor University, to improve access to psychosocial support for 1,485 adolescents living with HIV who were receiving ART, improving adherence to the ART regimen.

To improve health and quality of learning outcomes for adolescents, especially those with disabilities, UNICEF Swaziland supported the screening of 25,000 (12,000 girls and 13,000 boys) students for hearing impairments and other disabilities which can affect student performance. Referrals were carried out in a multi-sectoral partnership with the MoH and MoET.

The evaluation report on child-friendly schools was completed and validated in 2016, in collaboration with the MoET. UNICEF Swaziland systematically collaborated with the MoET to finalize the evaluation report, which resulted in strong ownership of the evaluation results and subsequent management response.

UNICEF Swaziland supported the MoET and UNESCO to facilitate the World's Largest Lesson, a global initiative for which teachers and students from 23 schools were oriented on SDG 5, gender equality.

OUTPUT 1 Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.

Analytical Statement of Progress:

Tremendous progress was made towards capacity development of the Government on issues of disability and prevention and response to violence against children. UNICEF Swaziland supported the deputy prime minister's office's Disability Unit to raise awareness among members of Parliament (both House of Senate and House of Assembly) on a draft Disability bill. As a result, the bill will be presented and debated in both houses of Parliament in the first quarter of 2017. The bill calls for improved allocation of resources, inclusive standards for services, professional training and referral systems and accountability mechanisms for children and people living with disabilities. Once enacted, it will guide the completion of the draft national plan of action for persons with disabilities, which highlights key interventions for inclusive programming in Swaziland.

To strengthen the violence against children response, UNICEF Swaziland supported the deputy prime minister's office in conducting stakeholder consultations for the development of

the national strategy on violence, which was launched in November 2016. Furthermore, through joint advocacy for strengthening the coordination and response to violence, a national high-level task force on violence and its implementing arm, the multi-sectoral technical task team on violence were both launched in November 2016.

To strengthen Government capacity to legislate, plan and budget for the response to the neglect of children, UNICEF Swaziland and the MoHA initiated development of a review of the Civil Registration Act (Births, Marriages and Deaths) through support for a learning visit to Namibia for MoHA, MoH and UNICEF Swaziland officers. The visit facilitated harmonization and amendment of the CRVS legislation, policies and guidelines in line with the international standards. The bill will be tabled to Parliament for debate in 2017, after consultation with stakeholders. This process was informed by the national assessment of barriers to CRVS completed and launched last year through financial and technical assistance from UNICEF, WHO, the United Nations Economic Commission for Africa and the African Development Bank. Further, UNICEF Swaziland continued to provide technical assistance for drafting the new bill.

OUTPUT 2 Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.

Analytical Statement of Progress:

In collaboration with MoH, the Nazarene health institutions and in partnership with PEPFAR, UNICEF Swaziland continued to improve access to post-violence comprehensive treatment and care by supporting the roll out of One-Stop Centres (OSC) to two additional sites: Lubombo Referral Hospital and the Nazarene RFM Hospital. The latter was refurbished and the OSC will be fully functional in 2017. This has enhanced equitable access to services by violence survivors to two more regions (Lubombo and Shiselweni) in addition to the current OSC in Mbabane (Hhohho region).

To create demand for OSC services, UNICEF Swaziland supported the development of a draft communication strategy. Consultations were held with 20 partners; the OSC communication strategy will be finalized in the first quarter of 2017. The primary target will be girls and women, since they are more susceptible to violence and abuse.

Coordinating the violence response has been posed challenges. However, UNICEF Swaziland's advocacy efforts resulted in the launch of the national multi-sectoral technical team on violence in November 2016 by the Deputy Prime Minister.

OUTPUT 3 Safe and protective environments in schools improved.

Analytical Statement of Progress:

Violence in an around schools continues to impact retention and hinder the full development of adolescents in Swaziland. To improve reporting of violence happening in and around schools, UNICEF Swaziland, in collaboration with Child Help line South Africa and the MoET, engaged a consultant for the establishment of a toll-free line.

To ensure protective school environments for all students, including those with disabilities, UNICEF Swaziland supported the MoH to procure disability screening equipment for use in schools by the School Health Department. The equipment procured included ear and hearing care equipment. To date, 25, 000 students in all four regions were screened (12,000 girls and 13,000 boys).

OUTPUT 4 Adolescents completion of quality education increased.

Analytical Statement of Progress:

To enhance the completion of quality education, UNICEF Swaziland, in partnership with MoET, supported capacity strengthening for 155 mathematics and science teachers on innovative contemporary teaching strategies for use in schools with limited facilities. These strategies include innovative and child-friendly methods designed for large classes that emphasize the use of readily available and easily accessible inexpensive teaching materials. To advance the equity agenda within the context of improving quality education, UNICEF Swaziland also provided support to 48 teachers from inclusive schools (mandated to meet the needs of all learners – whatever their gender, life circumstance, state of health, disability, stage of development, capacity to learn, level of achievement, financial or any other circumstance) in Swaziland to pursue an accredited degree programme in special needs education. As a result, all the inclusive schools in the four regions of the country will have the capacity to provide inclusive education and support to all students, particularly those with special needs.

UNICEF Swaziland also provided support for the development of a training manual for in-service staff and regional inspectors for primary schools on inclusive education, to ensure equitable quality education for children with disabilities. Support was also provided for development of a sign language manual to be used by parents, students and teachers to bridge the communication barrier for children with hearing impairment. The manual was successfully launched in November by the MoE and is currently in use by parents, guardians and teachers.

To ensure a conducive policy environment for education, UNICEF Swaziland advocated for a review of the recently-expired education sector policy, in order to address current topical issues in the sector. The MoET has committed to review the policy in consultation with stakeholders; UNICEF Swaziland provided technical support to develop terms of reference for a consultancy to lead the policy review in the first quarter of 2017.

To enhance opportunities for resource mobilization and leverage partnerships, the MoET, with support from UNICEF Swaziland, finalized and submitted a grant application to the Global Partnership for Education to fund the review of the education sector and update the education strategic plan (2010-2020), which will commence in 2017.

OUTPUT 5 HIV prevention, care and treatment services for adolescents strengthened.

Analytical Statement of Progress:

Significant achievements were made in strengthening HIV prevention, care and treatment services for adolescents. In partnership with the Baylor College of Medicine, UNICEF Swaziland supported capacity building for 14 teen clubs for adolescents living with HIV. The clubs provided peer support services to 1,485 adolescents. Furthermore, adolescent friendly materials (posters) with key messages to encourage adherence to ART were pretested, printed and distributed through various outlets, including health facilities, teen clubs and youth clubs. This led to 94 per cent ART retention rates among teen club members. The initiative has proven the importance of engaging and listening to adolescents to address their challenges.

A total of 320 teen club members were trained on leadership skills. As a result, they were all assigned coordination and leadership roles in their respective teen club centres.

In addition, through this partnership, 110 home visits were conducted through the in-reach initiative, which reached 132 clients with poor adherence to treatment, high viral load and low CD4 counts. This was made possible through contribution from the '7' Fund, courtesy of the UK national committee for UNICEF. As of 2017, the experience with teen clubs will be leveraged in UNICEF advocacy for improving HIV prevention, scaling up HIV treatment for adolescents and mainstreaming adolescent participation in the national AIDS response.

With support from UNICEF Swaziland and in partnership with the Swaziland Nazarene health institutions, 22 nurses from 11 health facilities were trained on youth-friendly services. Following this training, seven health facilities established teen clubs, and to date 546 adolescents were recruited (340 females and 206 males).

The National Emergency Response Council on HIV and AIDS, with support from UNICEF Swaziland and in partnership with UNAIDS and UNFPA, hosted a national conference on HIV and AIDS. The conference aimed at providing Government and community entities an opportunity to share successes and lessons learnt. Following the conference, recommendations on how to sustain the gains achieved in the HIV response were identified. Among the recommendations was the need for Swaziland to strengthen its adolescent prevention programmes. Prior to the conference, UNICEF Swaziland collaborated with the MoET to facilitate consultations with 150 adolescents, including those living with HIV, to solicit their views on HIV prevention initiatives. The young people were provided an opportunity to present their views during the conference and their inputs were used to inform programming.

OUTPUT 6 Capacity of primary and secondary educational institutions to disseminate comprehensive knowledge on HIV and AIDS strengthened.

Analytical Statement of Progress:

To enhance comprehensive knowledge on HIV and AIDS, UNICEF Swaziland in partnership with PEPFAR, through the DREAMS initiative, supported the roll-out of the guidance and counselling curriculum launched in 2015 to all 255 secondary schools. A total of 1,085 teachers and 3,859 parents of school-going children were sensitized on the content of the curriculum and their roles in enhancing life skills education. Through this training, 38,670 students were reached with life skills and HIV prevention information through the school system.

UNICEF Swaziland, in partnership with UNFPA, UNESCO and the MoET, provided technical support for a review of the primary school health and physical education syllabus to mainstream comprehensive life skills education. Identification of gaps is on-going and will be completed in 2017.

OUTPUT 7 Perceptions, attitudes and knowledge on key harmful social norms improved.

Analytical Statement of Progress:

In the context of addressing social norms around violence, important data gaps persist. UNICEF Swaziland, in partnership with the deputy prime minister's office, continued to strengthen the generation of data relating to VAC. The national violence surveillance/drivers of violence report and 2014 MICS were disseminated to stakeholders. The reports identified key social norms around HIV and violence, which will be prioritized for programming in 2017.

To improve community awareness, prevention and response to child abuse, UNICEF Swaziland partnered with the Royal Swaziland Police (RSP) to sensitize 2,000 community

members on violence against children and women. The targeted communities pledged to partner with RSP's domestic violence and child protection unit to curb violence against children and women by identifying and reporting perpetrators and supporting survivors of violence in their communities.

UNICEF Swaziland partnered with the Swaziland Olympic and Commonwealth Games and MoET to support the S4D initiative, with the aim of improving HIV prevention among vulnerable adolescents, with a focus on girls. This initiative reached 72,255 students enrolled in 50 primary schools and 100 targeted secondary schools. The S4D initiative provided opportunities for girls to participate in sporting activities that are traditionally for boys, such as soccer. To ensure that children with disabilities were not left out, three primary schools supporting inclusive education were also included in the project. To ensure sustainability, 1,000 teachers from the selected 100 secondary schools were trained in the use of sport and games for HIV discussions, including guidance and counselling officers. Youth leaders trained on the initiative provided peer education (through sport) to children out of school, who were reached through community structures.

OUTCOME 3 UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders

Analytical Statement of Progress:

The 2016 annual management plan was submitted in February, with a 75 per cent quality score. It targeted key priorities for the year for management, programme and operations as well as key indicators in operations and management that formed the basis of CMT oversight. The CMT met 10 times and regularly monitored these key management indicators. A key identified management priority centred on ensuring an adequate response to the emergency drought. An emergency management team was established to ensure that appropriate systems, policies and strategies were established to permit UNICEF Swaziland to meet the Core Commitments for Children in Humanitarian Action; fulfil its responsibilities for supporting sectoral coordination under the cluster approach; and contribute to the further development of national capacities for emergency preparedness, response, recovery and resilience.

UNICEF Swaziland updated its enterprise risk management plan, identifying two areas rated 'high' risk, including human resource (HR) capacity and knowledge gaps, and the emergency context. UNICEF Swaziland received stretch assignments and peer support from ESARO, the United Kingdom National Committee and UNICEF Malawi to address the human resource and capacity gaps in the emergency, as well as to strengthen capacity in terms of resource mobilisation.

OUTPUT 1 Governance and Systems

Analytical Statement of Progress:

To enhance efficiency and effective delivery of results for children in Swaziland, UNICEF strengthened its oversight of key performance indicators for management, programme and operations. Periodic review of risk profile was conducted and statutory committees were updated in line with the new 2016-2020 country programme management plan (CPMP). Statutory committees functioned well throughout the year, except for HACT. In the last quarter of 2016, UNICEF Swaziland further reduced statutory committees to seven, in line with the global circular on "8 opportunities to streamline effectiveness". It is anticipated that the change will bring about increased efficiency through capitalizing on synergies and reduced duplication of committee functions.

With strategic oversight from UNICEF ESARO, Swaziland completed an internal audit conducted by the Office of Internal Audit and Investigations in June. Of 10 recommendations emerging from the audit, two were considered high priority and the controls needed to be strengthened.

To address the recommendations the CMT endorsed an audit action plan indicating the deadline for implementation of each recommendation and the responsible staff. Of the 27 agreed actions, an update was provided to the OIA on the status of 14 actions taken before 31 December. Supporting evidence was uploaded on the audit management system.

The CPMP was operationalized with a focus on recruitment of core staff, out-sourcing of technical support and use of stretch assignments to accelerate programme delivery. UNICEF Swaziland successfully implemented seven office priorities as reflected in annual management plan and adhered to work processes review in line with the transition to the GSSC. To ensure segregation of duties, a table of authority was developed and staff were informed of their responsibilities and accountabilities in VISION. UNICEF Swaziland updated the risk assessment matrix in preparation for the 2016 annual management plan. The business continuity plan was reviewed and updated, and a simulation took place in July. UNICEF Swaziland updated the early warning early action system, in line with the ongoing emergency context in the country.

UNICEF also established an emergency management team with representation from programme and operations, to be chaired by the Representative and/or the emergency coordinator.

As part of 'Delivering as One', UNICEF Swaziland chaired the operations management team and contributed to the preparation of the business operations strategy (BOS).

The cost/benefit analysis for the business operations strategy was partially completed. UNICEF Swaziland actively contributed to consultations in the various BOS groups in preparation for new One UN common premise. Following successful joint negotiations by UN agencies, UNICEF Swaziland benefited from reduced rental rates, with an annual cost saving of US\$1,629 over a five-year lease and improved the quality of security and pouch services.

In 2016, management maintained a good working relationship with the staff association, in line with Windsor declaration. This partnership proved important in the follow-up to 2014 Global Staff Survey and the BNLSS review, leading to the establishment of the BNLSS Operations Hub in Johannesburg. Efforts were made to promote participatory open and constructive consultation with all staff.

OUTPUT 2 Financial Resources and Stewardship

Analytical Statement of Progress:

In line with office priorities, UNICEF Swaziland continued to improve systems and procedures to enhance efficient and effective management of its financial resources. This was achieved through tracking and monitoring of management indicators during monthly CMT meetings.

Notwithstanding these efforts and oversight, the office experienced setbacks related to staff turnover, which affected effective implementation of HACT. The shortfall in HACT was one of the high priority audit observations. UNICEF Swaziland has taken measures to address this

gap, which will be implemented during the first quarter of 2017.

While the Office monitored expenditure of expiring grants, requests for extension tended to be late, thereby delaying approval.

The cash flow committee continued to monitor cash projections versus actual expenditure on a monthly basis and, as a result, all cash flow-related issues were identified and addressed in line with the need of the CP implementation. Bank reconciliations were prepared as scheduled, and reconciliation items monitored and cleared as required.

Management of cash flow and bank reconciliations have been identified by the office as areas for further improvement to mitigate risk.

To assess the capacity of implementing partners, UNICEF Swaziland, in partnership with UNFPA and United Nations Development Programme, under the leadership of the UN operations management team, conducted micro-assessments for 20 partners. In 2016, four spot-checks (one Government partner and three NGO partners) were conducted. Recommendations from the reports will be used to improve financial management in 2017.

To strengthen capacity of UNICEF Swaziland staff and partners to effectively manage financial transactions, an orientation on the new FACE form procedures was conducted by UNICEF Swaziland's operations team. As a result, partners were able to efficiently manage and report on funds.

OUTPUT 3 Human Resources Management

Analytical Statement of Progress:

UNICEF Swaziland's CP for 2016-2020 can be described as fit-for-purpose with a staffing profile for a middle-income country context. Recruitment for the new structure was prioritized to ensure that dedicated staff were on board to support the new CP. To address the staffing gap during the year, UNICEF Swaziland, with support from UNICEF ESARO, employed various strategies to ensure continuity of programme delivery. These included a receipt of stretch assignment, special service agreement contracts and stand-by partners in case of emergency, as well as periodic short missions by ESARO and other UNICEF offices.

To enhance capacity of UNICEF Swaziland to deliver results for children effectively and efficiently, in line with the implementation of the CPMP, six recruitments were undertaken, of which four positions were filled and the remaining are two planned to be completed in January 2017; five stretch assignments were also engaged.

To enhance staff capacity, 12 individual contractors and three stand-by partners were engaged to support the emergency response. UNICEF Swaziland achieved a 100 per cent completion rate by mid-year on its performance management system. UNICEF Swaziland's local learning and training committee developed an office training plan whose implementation was monitored by the committee. Six group trainings were conducted: results-based management, HACT, Core Commitments for Children in Humanitarian Action, HIV in the workplace, FACE and a mid-year retreat on emotional intelligence. Orientation on new human resources platforms such as ACHIEVE and My Case were conducted for all staff by the HR focal point. Office capacity to support staff welfare was strengthened through training of the peer support volunteer. However, the office did not prioritize capacity development of GS staff, as per feedback from staff and human resource development committee.

UNICEF Swaziland continued to implement the 2014 global staff survey recommendations. In line with the transition to the BNLSS hub, UNICEF Swaziland proposed changes to the operations staffing structure to respond adequately to the split functions between BNLSS countries and the Hub. To facilitate a smooth transition, a change management plan was developed in collaboration with the local staff association; implementation of the plan was ongoing during 2016. UNICEF Swaziland's management, in collaboration with the staff association, successfully held a staff retreat focusing on emotional intelligence, teamwork and managing work/life balance. The retreat improved the working environment, strengthened team spirit and increased individual awareness through emotional intelligence among staff. To discuss issues affecting staff, the joint consultative committee met four times in 2016; it also monitored the global survey action plan, with specific focus on improving work/life balance.

OUTCOME 4 Country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.

Analytical Statement of Progress:

Development and signing of the annual work plan was completed in February and March respectively, 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 forums to provide updates on emerging programme issues, review implementation of the United Nations Development Assistance Framework and rolling work-plan 2016-2017, review programme performance and discuss and manage programme and operations bottlenecks. Key programme updates and changes in the country programming context to respond to the emergency were discussed, allowing for modification of strategic approaches and highlighting key areas for advocacy. Programme risks were assessed through HACT quality assurance, including field visits, spot-checks and micro-assessments. UNICEF and the UN conducted micro-assessments for 20 partners, forming the foundation of risk assurance activities for the UN. HACT training was conducted for implementing partners (Government and NGOs), with a focus on providing training for new partners following the signing of partnership agreements. A total of 50 partners received training in 2016. All programme staff completed the e-FACE and e-HACT online training course. UNICEF Swaziland benefited from its participation in the global initiative on 'Demonstrating UNICEF's Contribution to Results' through the transfer of knowledge and guidance, which helped to shape the theory of change of the new programme and establish a culture of managing for results.

In response to the humanitarian situation caused by the El Niño-induced drought, UNICEF Swaziland contributed to the inter-agency humanitarian needs assessment and sector assessments in health and nutrition, WASH at schools and child and social protection that laid the groundwork for the overall humanitarian response. UNICEF was the co-lead for the WASH and education clusters, in partnership with the Department of Water Services and the MoET, respectively.

UNICEF Swaziland developed and implemented drought response and humanitarian action for children plans that targeted 320,000 drought-affected people with key interventions in line with UNICEF's core commitments for children in humanitarian action. At the outset of the emergency, UNICEF Swaziland aimed to assist 64,000 children and adults with adequate safe drinking water, alternative hygiene and sanitation facilities and supplies. In collaboration with World Vision, UNICEF Swaziland supported water provision to 14,875 children, 5,283 women and 4,872 men in 115 of the worst-affected communities in Shiselweni and

Lubombo. UNICEF also supported the rehabilitation of 24 non-functional rural water systems, restoring water access for 1,027 households, including an estimated 2,724 children.

The use of innovations in the emergency response provided near real-time information, strengthening both the health and education sectors. The application of RapidPro to enable real-time monitoring of emergency-related impacts was the first application of its kind in Swaziland. The use of RapidPro has enabled health care workers to directly report cases to the central level, facilitating faster follow-up of issues and provision of supplies. Since its introduction in June 2016, 25 of the 41 IMAM sites have utilized the system to report not only on the number of malnutrition cases, but also on the outcomes. Given some of the challenges within the paper-based system, it has been difficult to track the level of improvement in case identification of malnutrition and follow up because of RapidPro. These will be areas for analysis in 2017.

UNICEF Swaziland engaged in advocacy and resource mobilisation for the humanitarian action for children appeal, of which 53 per cent was funded. However unmet needs remain high and underfunded interventions in child protection, gender-based violence and HIV in emergency interventions will be a priority focus in 2017.

UNICEF Swaziland strengthened disaster preparedness through support to Government and civil society partners in risk assessment and emergency response planning. Through the clusters, UNICEF Swaziland supported the transition of the response to resilience-building interventions, such as the development of alternative water sources and the strengthening of community coping mechanisms in drought-prone areas.

UNICEF Swaziland's emergency response faced two main challenges: the need to expand the regular programme to incorporate the humanitarian response and limited financial resources. These challenges combined to constrain programme implementation and achievement of planned targets.

Lessons learned in the first year of implementation of the CP were: the importance of an integrated emergency preparedness and resilience-based approach within the development programme, and the need for increased levels of support and time dedicated to partners for the adoption of a life-cycle approach and transition from a siloed approach to holistic planning and programming.

OUTPUT 1 UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes

Analytical Statement of Progress:

To ensure effective programme coordination, a rolling work plan in line with the new CP was developed and endorsed by Government. A meeting was held with implementing partners, representing Government, civil society, faith-based organizations and UN agencies to discuss the life cycle approach to programming.

Monthly programme coordination meetings were held to monitor programme implementation. These meetings provided opportunities to monitor activity implementation, address bottlenecks and monitor financial transactions with partners. In addition, continuous programme monitoring visits were held to monitor and address bottlenecks hindering implementation of activities. A mid-year review was held in consultation with partners to review results progress, challenges and opportunities, and to determine priorities for the year. In collaboration with the Ministry of Economic Planning and Development, UNICEF Swaziland held an end-of- year meeting with partners to review progress made in the first year of the CP and discussed priorities for the following year.

OUTPUT 2 UNICEF staff and partners are provided tools, guidance and resources for effective communication on child rights issues with stakeholders

Analytical Statement of Progress:

In collaboration with UNAIDS and the National Emergency Response Council on HIV and AIDS, UNICEF hosted a national HIV dialogue for adolescents and young people to inform HIV prevention interventions and efforts to eliminate AIDS by 2022. Adolescents highlighted the importance of their participation in planning programmes that are targeting them. UNICEF Swaziland facilitated conversations for 150 adolescents aged 10-to-14 years, including adolescents living with HIV. U-Report was also used to engage a broader audience of adolescents beyond the national dialogue.

To increase awareness on child protection, health and hygiene issues affecting children during the drought and mobilize communities to play an active role in promoting and protecting the rights of children, UNICEF Swaziland in collaboration with World Vision and the children's consortium, engaged members of Parliament, chiefs, parents, community child protectors and the media to highlight pertinent issues facing children. Violence against children, incidences of sexual violence, abuse, trafficking, child labour and early marriage were some of the issues identified by different stakeholders, who also committed to promote and protect the rights of children. These dialogues contributed to the Day of the African Child commemoration, attended by 3,000 children, the deputy prime minister, UN representatives, civil society, parents and teachers.

UNICEF Swaziland hosted two UNICEF national committees, from the United Kingdom and Lithuania. UNICEF Goodwill Ambassador David Beckham visited the country and met children and saw first-hand how the '7 Fund' is supporting UNICEF Swaziland to provide lifesaving HIV care and support across the country, including HIV testing and counselling for pregnant mothers and treating malnutrition in HIV- positive children. The Goodwill Ambassador documented how the drought had complicated the lives of children and their families, and used the footage to urge the global community to assist children affected by the drought.

In a bid to ensure that girls' rights are respected, UNICEF Swaziland, in collaboration with UNFPA and the gender unit, hosted a community dialogue during the International Day of the Girl Child in the Shiselweni region, which is most affected by the drought. Some 500 girls were engaged in conversations on the importance of completing school to be independent and productive citizens.

UNICEF Swaziland used the UNICEF 70th Anniversary commemoration, attended by 350 partners, to intensify advocacy for passage of the long outstanding Sexual Offences and Domestic Violence bill, which remains an important gap in the policy environment surrounding violence in Swaziland. UNICEF ESARO's regional director engaged with key line ministers, the Golden Girls and civil society partners, emphasizing the importance of ensuring that this law is passed. Further advocacy in favour of the bill involved engaging members of the deputy prime minister's portfolio committee, chiefs and religious leaders. UNICEF Swaziland, in partnership with the deputy prime minister's office and Parliament, engaged with 20 senators who had been involved in the Person's with Disabilities Bill (2015). The senators pledged to ensure that the new bill is passed early in 2017 when tabled in Parliament.

OUTPUT 3 Effective planning and monitoring of country programme results and quality disaggregated and gender-sensitive data for evidence-based decisions available.

Analytical Statement of Progress:

In 2016 nine studies and surveys were planned and five were completed; two are ongoing and two prioritized for 2017. The studies were on: drivers of VAC in Swaziland; MICS; barriers to paediatric ART initiation; MNCH quality of care, child-friendly budget analysis; comprehensive assessment of the health, nutrition and WASH situation of women and children; evaluation of child-friendly schools; out-of-school children; and multi-dimensional overlapping deprivations.

In collaboration with the deputy prime minister's office and with guidance from the central statistical office, UNICEF Swaziland finalized the VAC study and shared the results with stakeholders. The findings informed the development of a violence response policy brief to advocate for strengthened violence response. The central statistics office successfully completed the 2014 MICS study, with financial and technical support from UNICEF Swaziland, UNFPA, UNESCO and the National Emergency Response Council on HIV/AIDS. MICS results were presented and discussed with stakeholders, and key national indicators requiring attention were identified, to be addressed in 2017.

In collaboration with the MoH and Baylor Children's Clinic, UNICEF Swaziland supported the barriers to paediatric ART initiation study and the MNCH quality of care survey. Both reports were finalized, disseminated to stakeholders and results used to inform programming. To inform the development of the humanitarian response plan, a comprehensive assessment of the impact of the El Niño-induced drought on health, nutrition and WASH among women and children was completed, with financial and technical support from UNICEF Swaziland, the MoH, UNFPA and WHO. The child-friendly school evaluation, which began in 2015, was validated with stakeholders. The evaluation reflected that this is a relevant approach that addresses care and support needs for school children. The evaluation was conducted collaboratively by the MoET and UNICEF Swaziland, which provided technical and financial support.

OUTPUT 4 National capacity to develop an HIV- and child-sensitive social protection policy framework and action plan strengthened.

Analytical Statement of Progress:

In 2016, a total of 85,063 children benefited from a government cash transfer (78,000 from the education bursary grant and 7,063 from the OVC pilot cash transfers project). UNICEF Swaziland continued to provide technical guidance for the social protection system reform, as a key member of both the social protection steering committee and technical working group, led by the deputy prime minister's office. A review of the current functioning of the social protection system and a training needs assessment of social workers were completed, leading to the recruitment and deployment of 43 new social workers by the Department of Social Welfare. UNICEF participation on the committees ensured a child-focus for the social protection system reform. Key interventions are ongoing, including a welfare gaps identification, case management system development and social protection programme analysis, which UNICEF will support technically as a committee member.

In response to the humanitarian situation caused by the drought, UNICEF Swaziland collaborated with the deputy prime minister's office to train 60 social workers on child protection in emergencies, strengthening their understanding of their role in the emergency response. Further support was provided to the Department of Social Welfare, who received training on cash transfers in emergencies, in Tanzania, to complement ongoing support of the cash transfer pilot programme funded by the World Bank. This

provided insight and understanding on the important role of social protection in emergencies, and strengthened the Department of Social Welfare's capacity as social protection cluster lead.

The new social protection structure was submitted to the Cabinet for approval, forming the foundation for the social protection policy and strategy documents. UNICEF Swaziland, UN agencies and partners successfully advocated for the Government to commence initial work on a social protection vision and policy, in which dialogue with core stakeholders and civil society was initiated and will be expanded in 2017. Plans for 2017 include the development of a social protection strategy that will play an important role in enabling the Swazi Government to address poverty and inequality and identify social development initiatives to benefit the most vulnerable children. The use of innovations, such as U-Report, as a citizen feedback tool is being discussed to support cash and food distribution by partners in the emergency response, with the aim of improving accountability.

Technical and financial assistance by UNICEF to the deputy prime minister's office, kick-started the development of regulations for the 2102 Children's Protection and Welfare Act, which will enable implementation of the Act. Development of the regulations will continue as a priority in 2017.

Lessons learned include the need to engage with a wider stakeholder group for development of the social protection strategy, which is critical for the positioning of child-sensitive social protection and creating the coherence that is required (but currently lacking), as well as the level of technical support required by partners in response to the humanitarian emergency.

OUTPUT 5 Strategies to address cross cutting issues related to child rights are developed and applied, such as DRR and operational support for delivery of programme results.

Analytical Statement of Progress:

The Government declared a drought emergency in February, with an estimated 350,000 people in need of food assistance and an estimated 200,000 people in need of access to potable water. UNICEF Swaziland successfully led the WASH and education clusters in support to the national response to the emergency. UNICEF Swaziland supported the health, nutrition, WASH and child protection assessments to inform the response, and water trucking was provided to 10,690 girls, 10,213 boys and 976 teachers in 68 schools in Shiselweni and Lubombo regions. Further, 36 schools in eight constituencies were also provided with access to handwashing facilities, which benefited 53,083 children (26,216 girls and 26,867 boys). UNICEF Swaziland continued to support the rehabilitation of 24 non-functional rural water systems to restore water access for 1,027 households benefiting 2,724 children, 1,340 women and 1,265 men.

UNICEF Swaziland procured and distributed ready to use therapeutic foods, benefitting 6,346 children under five years of age with acute malnutrition. In collaboration with WHO, support was provided to the MoH for vaccination of 40,252 children, as well as Vitamin A supplementation for 83,780 children and deworming for 77,664 children.

UNICEF Swaziland supported the Government to develop a C4D strategy and monitoring plan. A desk review was completed, followed by consultation with 20 key stakeholders who identified communication successes, challenges and capacity gaps. The review reflected the need to identify key behaviours to be targeted for all interventions in the CP. In 2017, UNICEF Swaziland will identify four priority themes and behaviours that the strategy must focus on. To enhance capacity of partners in implementing and monitoring C4D initiatives, capacity-building sessions for stakeholders will be conducted in first quarter of 2017, and the strategy will be finalized. To ensure full ownership of the C4D strategy, the

strategy will be shared with key Government officials, including a discussion on the human resources required for its successful implementation.

In collaboration with UNICEF Mozambique's communication section, UNICEF Swaziland conducted a capacity-building session on C4D principles for 25 Government and civil society partners. Most participants are members of the C4D in emergency task force, and are already using the C4D principles in the communication response to the emergency. The end-of-workshop evaluation by partners reflected an appreciation of the session and improved knowledge of operationalization of C4D interventions.

To understand the barriers to adopting good behaviours such as handwashing and HIV prevention, UNICEF Swaziland in collaboration with the national C4D task force, conducted a knowledge, attitudes and behaviour survey among men, women and young people affected by the drought. The survey revealed that a majority of the families were not prioritizing handwashing during the drought, consumed meat from deceased cattle that had died from drought, and indicated knowledge of a child who had been abused. Key messages promoting positive behaviour were used to develop a drama script, which was then performed in the drought-stricken communities. A post survey will be conducted in 2017 to measure the impact of the drama sessions.

Document Center

Evaluation and research

Title	Sequence Number	Type of Report
Report on Assessment of Quality of Maternal and Neonatal Care in Swaziland	2016/005	Survey
Comprehensive Drought Health and Nutrition Assessment Report	2016/004	Survey
Barriers to Antiretroviral Therapy (ART) Initiation for HIV-Positive Children	2016/003	Study
Swaziland Drivers of Violence Study	2016/002	Study
Multiple Indicator Cluster survey 2014	2016/001	Survey

Other publications

Title
One Stop Centre, Posters
One Stop Centre, Brochures (reprint)
Child Friendly MICS 2014
Emergency Posters
Report All Forms of Violence Against Children Posters
The Children's Games on Violence Against Children
One Stop Centre, Brochures
UNICEF Swaziland Country Programme Document 2016 - 2020
2015 Swaziland Annual Report

Lessons learned

Document Type/Category	Title
Innovation	Utilising SMS platforms to enhance emergency programming and strengthen information management systems