Swaziland continued progress towards achieving the Millennium Development Goals (MDGs) related to education, gender, HIV and AIDS, however, some inequities persist.

To generate high quality information in support of policy decision-making and social behaviour change, UNICEF Swaziland, in collaboration with the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), UNICEF Eastern and Southern Africa Regional Office (ESARO) and UNICEF headquarters supported the Ministry of Economic Planning and Development (MoEPD) to complete the 2014 Multiple Indicator Cluster Survey (MICS). This will enable Government of Swaziland to submit updated data for the UN General Secretary’s MDG report by the end of January 2015; and together with the completed Adolescent Profile, will inform the new UNICEF Country Programme and United Nations Development Assistance Framework (UNDAF) 2016–2020.

To address inequities in health, UNICEF supported the Ministry of Health’s (MOH) School Health programme to provide a comprehensive package of Paediatric outreach health care services to children in 154 Neighbourhood Care Points (NCPs) nationwide reaching 3,685 vulnerable under-five year olds. Outreach services to hard-to-reach communities resulted in reduced numbers of defaulters across child welfare continuum of care including anti-retroviral therapy (ART).

The Ministry of Education and Training (MoET), with support from UNFPA, UNESCO and UNICEF Swaziland developed and piloted a set of five teacher's handbooks on life-skills education, HIV prevention and health promotion. The handbooks were validated by the National Curriculum Centre for use in all secondary schools to improve quality of learning for children and adolescents.

UNICEF continued to support the Government to improve quality of multi-sector service provision at the One Stop Centre. This client-oriented comprehensive service centre is a model service to survivors of sexual and gender based violence. The Government’s ownership, shown in bearing all operational costs, ensures sustainability of the initiative.

In an effort to improve social protection systems for vulnerable children, UNICEF supported senior government officials to participate in international learning exposures to understand social protection systems; which will facilitate establishment of the country’s accountability systems to track social cash transfers.

The commemoration of the 25\textsuperscript{th} anniversary of the United Nations Convention on the Rights of the Child, provided opportunities for UNICEF Swaziland to advocate for rights of children and adoption of pending legislation, specifically the Sexual Offences and Domestic Violence and the Public Health Bills. Additionally, through initiatives like Children’s Radio programme, UNICEF Swaziland invested in building capacity of children to exercise their right to participation. This culminated in a 15-year-old Swazi girl being nominated to represent the world’s children at the
UN General Assembly in New York.

Key shortfalls included the decommissioning of National Children Coordination Unit (NCCU) in early 2014, and the lack of a transition strategy for establishment of a children’s department from the project created a substantial gap in the children’s related governance area. This impacted on the budget allocation to children’s issues. Responding to this gap, UNICEF leveraged technical assistance from the Government of Kenya to support Swaziland in the review of existing structures to establish a department of children’s services within the Office of the Deputy Prime Minister. The initial review was successfully completed in December. Compounding this situation was the increasing vulnerability and over-stretched social protection responsibilities; limited financial, technical and institutional capacities to implement policies, strategies and reform measures. The effect of these challenges were more pronounced on the poor and vulnerable, in particular the children, youth, female-headed households and the disabled. The delay in enacting the Sexual Offences and Domestic Violence and Public Health bills remained a major concern to UNICEF and partners and is likely to impede realization of rights of the population in need.

UNICEF Swaziland expanded its partnerships with Government, private sector, development partners, UNICEF national committees, UN Agencies and civil society to leverage resources for children. A major achievement was the introduction of PCV-13 pneumococcal vaccine in collaboration with the World Health Organisation (WHO). A National Ebola Preparedness Plan was also developed and two simulations conducted.

Increased interagency collaboration among UN agencies in particular UNICEF, the World Food Programme (WFP), WHO, and the Food and Agriculture Organisation (FAO) enhanced advocacy and technical assistance in Scaling Up Nutrition (SUN) in Swaziland. As a result of this partnership, an assessment on the causes of stunting was conducted with technical assistance from the movement. UNICEF co-chaired the UN Social Protection Technical Working Group, which engaged the European Union (EU) and the World Bank to leverage resources for social protection.

Humanitarian Assistance

Swaziland is prone to natural disasters. During 2014 the country was affected by floods, wild fires, windstorms and an outbreak of diarrhoea due to a rotavirus epidemic.

In a coordinated response to 5,000 reported cases of diarrhoea, UNICEF Swaziland and WHO provided technical and financial support to the MoH to develop and implement an emergency response plan. The outbreak had an adverse effect on children, resulting in 55 fatalities.

UNICEF participated in the assessment and development of an introduction plan for a rotavirus vaccine, and also supported the procurement of equipment for Oral Rehydration Therapy (ORT) corners in 72 health facilities. UN high-level advocacy resulted in a joint visit by the MoH, UNICEF, WHO, faith-based and traditional healers’ organizations to affected communities, and the dissemination of a synchronized message urging mothers to rush all children with diarrhoeal symptoms to the nearest health facility.

UNICEF provided technical support for the development of national emergency preparedness and response plans such as the Education in Emergencies Plan and the Ebola Operational Response Plan.
UNICEF Swaziland and the United Nations High Commission for Refugees UNHCR supported the Government to rehabilitate a water and sanitation system at the Malindza Refugees Reception Centre. The system provides safe drinking water to 1,197 people (347 refugees, of whom 162 are children and 850 are from the host community). UNICEF also established an Early Childhood Development Centre at the Refugees Reception Centre, which has an enrolment of 43 children (77 per cent of whom are refugees and 23 per cent from the host community). UNICEF support contributed to improved social cohesion between the refugees and members of the surrounding community.

Equity Case Study

In Swaziland, 48 per cent of the population are children. An equity-focused Child Poverty Study was carried out by the Government in collaboration with UNICEF Swaziland and the University of Virginia to quantify the poverty status of children. The study interprets equity in the context of the Convention on the Rights of the Child (CRC), which guarantees the fundamental rights of every child. The study also provided an opportunity to draw conclusions about the levels of poverty among orphans and vulnerable children in Swaziland.

The study defined poverty in monetary terms, using household consumption as a standard to measure child well-being. It is worth noting that the consumption-based approach applied in this study is typically used by the World Bank in poverty assessments. The study utilized bivariate analysis of child poverty and extreme poverty, comparing orphans and non-orphans, drawing on the 2010 Swaziland Household Income and Expenditure Survey and the 2010 MICS. The study used the US$1 per-person-per-day poverty line to allow for international comparison.

The findings of the study brought to light several equity issues:
- 70 per cent of children are poor, including 71 per cent of boys and 69 per cent of girls. The incidence of child poverty increases significantly when there are more than two children in a household.
- Single orphans are more likely to be extremely poor, at 39 per cent, compared to double orphans at 26 per cent. Maternal orphans are also more likely to be extremely poor than paternal orphans.
- Child poverty and extreme poverty are largely a rural phenomenon. While 83 per cent of children live in rural areas, they include 91 per cent of children who are poor and 96 per cent of children who are extremely poor, compared to 9 per cent of children who are poor in urban areas.
- Thirty one per cent of Swazi children under five are stunted, of whom 42 per cent are from the poorest households.
- Among out-of-school children, 75 per cent are poor.

The primary limitation of the study is that its reliance on monetary measures of poverty means that deprivations such as malnutrition and lack of access to health services and education may not be captured well. While present in the MICS, questions about these deprivations were lacking in the Swaziland Household Income and Expenditure Survey, which made comparison across the different surveys challenging.

Considering the Government spends about 2.2 per cent of gross domestic product on safety-net programmes (World Bank, 2012), the Child Poverty Study made the following recommendations to address the high rates of child poverty, extreme poverty, stunting and poor transition rates to secondary school:
- The Government should build a child-focused social protection system in order to break the vicious cycle of inter-generational poverty.
- The Government should establish an equity-focused child grant, aimed at contributing to educational and health outcomes for children.

## Summary Notes and Acronyms

<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<tr>
<td>ANC</td>
<td>antenatal care</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>BCP</td>
<td>Business Continuity Plan</td>
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<td>BFHI</td>
<td>Baby-Friendly Hospital Initiative</td>
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<tr>
<td>BNSS</td>
<td>Botswana, Namibia, Lesotho, South Africa and Swaziland</td>
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<tr>
<td>BNSS+A</td>
<td>Botswana, Namibia, Lesotho, South Africa, Swaziland and Angola</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CFS</td>
<td>Child-Friendly School</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPWA</td>
<td>Children’s Protection and Welfare Act</td>
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<td>CRC</td>
<td>UN Convention on the Rights of the Child</td>
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<td>CRVS</td>
<td>civil registration and vital statistics</td>
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<td>DPMO</td>
<td>Deputy Prime Minister’s Office</td>
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<td>ECCDE</td>
<td>early childhood care, development and education</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>EGPAF</td>
<td>Elizabeth Glaser Paediatric AIDS Foundation</td>
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<td>EIMC</td>
<td>early infant male circumcision</td>
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<td>EHD</td>
<td>Environmental Health Department</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EPI</td>
<td>expanded programme on immunization</td>
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<td>ESARO</td>
<td>Eastern and Southern Africa Regional Office</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organisation (of the United Nations)</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>ICT</td>
<td>information and communication technology</td>
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<td>IYCF</td>
<td>infant and young child feeding</td>
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<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MNCH</td>
<td>maternal, neonatal and child health</td>
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<td>MHM</td>
<td>menstrual hygiene management</td>
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<td>MNRE</td>
<td>Ministry of Natural Resources and Energy</td>
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<td>MoEPD</td>
<td>Ministry of Economic Planning and Development</td>
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<td>MoET</td>
<td>Ministry of Education and Training</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>NCP</td>
<td>Neighbourhood Care Point</td>
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<td>NPA</td>
<td>South African National Prosecution Authority</td>
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<td>OVC</td>
<td>orphan and vulnerable children</td>
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<td>PCM</td>
<td>Programme Coordination Meeting</td>
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<td>PMTCT</td>
<td>prevention of mother-to-child transmission on HIV</td>
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<td>SGBV</td>
<td>sexual and gender-based violence</td>
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<tr>
<td>SNHI</td>
<td>Swaziland Nazarene Health Institutions</td>
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Capacity Development

Traditionally, Swazi men exhibit poor health-seeking behaviours and seldom accompany their wives to health facilities. However, community dialogue conducted over a two-year period by UNICEF is now showing positive results as clinic service data show that more men are now accompanying their partners to the clinics. UNICEF Swaziland supported social health insurance clinics to conduct community dialogues in five communities, focusing on the importance of male involvement in the prevention of mother-to-child transmission of HIV (PMTCT). These involved reaching men in exclusively male settings such as the chief’s kraal and cattle dipping tanks.

A Technical Working Group was established for planning, coordinating, implementing and monitoring health-communication activities. UNICEF and WHO supported the training of programme managers from Government ministries, UN agencies, non-government and faith-based organizations, on the principles of communication for development.

To recognize different forms of violence against children and report it, 99 teachers and over 1,700 pupils from 33 mission schools were capacitated by the Council of Swaziland Churches with the UNICEF support.

UNICEF Swaziland, in collaboration with the International Centre for AIDS Care and Treatment Programs, supported the Baylor Children’s Foundation to train 86 teen club members on leadership skills, which led to improved coordination within the four regional teen club centres, which have a collective membership of 1,435. As a result, UNICEF contributed to improved ART adherence, with teen club records showing adherence among members is above 98 per cent.

To strengthen national data collection and analysis, UNICEF facilitated local and international training and mentorship of staff from the Central Statistics Office to conduct the MICS 2014. The key summary findings have been drafted.

Evidence Generation, Policy Dialogue and Advocacy

In 2014 UNICEF Swaziland undertook a comprehensive Adolescent Profile and an inclusive adolescent consultation, in line with a recommendation from the 2013 Mid-Term Review. Special attention was given to improving age- and gender-disaggregated data on adolescents, especially with regard to reproductive health, vulnerability to HIV, access to HIV treatment and care, and exposure to sexual, physical and emotional abuse.
The Swaziland Adolescent Profile highlighted a number of human development challenges facing adolescents, as well as the need to integrate adolescents as an overarching programming priority, not only for UNICEF but also the Government and development partner’s interventions. According to the Adolescent Profile report:

- Adolescents who are relatively more educated; coming from richer households and from urban areas have more comprehensive knowledge on HIV, higher levels of condom use and lowest HIV prevalence.
- Poor and HIV-affected households have greater risk of abuse and violence risks, neglect possibly due to poverty.
- Childhood disability often also turns into a driver of violence, abuse, neglect and exploitation.

Findings from the Adolescent Profile and MICS 2014 will provide evidence to plan and design programmes to integrate the participation and protection of adolescents.

UNICEF Swaziland and UNAIDS provided technical assistance for the development of the 2014 Global Fund concept note aimed at leveraging resources for the fight against HIV and AIDS in Swaziland. The Adolescent Profile informed the development of this concept note.


**Partnerships**

Environment scans for the 2011-2015 Country Programme, the 2014 Mid-Year Review and Annual Review acknowledged UNICEF’s strong partnerships in Swaziland. UNICEF advocated for the adoption of the ‘A Promise Renewed’ initiative through high-level engagement with the Deputy Prime Minister’s Office, MoH and faith-based organizations. All of these partners pledged to implement their respective activities to fulfil the initiative.

Increased interagency collaboration among UN agencies in particular UNICEF, WFP, WHO and FAO enhanced advocacy and technical assistance in the Scaling-Up Nutrition (SUN) initiative in Swaziland. As a result of this partnership, an assessment on the causes of stunting was conducted with technical assistance from the movement.

UNICEF co-chaired the UN Social Protection Technical Working Group, which engaged the European Union and the World Bank to leverage resources for social protection. As recognized by the CRC, social workers need to be responsive to the multiple and compounding vulnerabilities faced by children and their families. As a result, UNICEF engaged with the University of Swaziland to professionalize their Bachelor of Social Work degree.

UNICEF Swaziland seconded a Social Protection Specialist to the Deputy Prime Minister’s Office, to strengthen the social protection system. To enhance knowledge on cash transfers, UNICEF supported six senior staff from the Deputy Prime Minister’s Office to participate in regional and international meetings.

**External Communication and Public Advocacy**

Regular and consistent engagement between UNICEF and the Deputy Prime Minister’s Office, which is responsible for children and other key line ministries, ensured that children's issues
remained at the top of national agenda throughout the year. UNICEF relied on strong partnerships with both electronic and print media and used social media platforms such as Facebook to convey advocacy messages to the public.

The 25th anniversary of the CRC provided an opportunity for UNICEF to lobby the Government to pass the Sexual Offences and Domestic Violence Bill. The Government appreciated the progress made on the realization of children’s rights since ratification of the CRC. Furthermore, the Deputy Prime Minister’s Office and the Ministry of Education made use of opportunities such as the Day of the African Child to emphasize the need to educate parents, teachers and communities on positive discipline.

UNICEF Swaziland hosted the Global Conference on Violence against Children, which provided an avenue for Cabinet Ministers, senior government officials, chiefs, religious leaders, civil society partners and community-based organizations to share knowledge and discuss priority actions to effectively end violence against children.

UNICEF continued to work with children as strategic partners to inform programmes and policies for the realization of their rights. A 15-year-old Swazi girl represented children’s voices at the UN General Assembly, commemorating the 25th anniversary of the CRC. Children's views informed the Adolescent Profile which forms the basis for the Government of Swaziland-UNICEF Country Programme 2016–2020.

In collaboration with sister UN agencies, UNICEF Swaziland hosted a high-level roundtable meeting to address bottlenecks and barriers to birth registration. UNICEF and UN advocacy enhanced the Government leadership of the Comprehensive Country Assessment of Civil Registration and Vital Statistics.

**South-South Cooperation and Triangular Cooperation**

Inspired by Swaziland being the ninth most child-friendly country in Africa, a delegation from Ethiopian Government visited the country to learn about child welfare initiatives. Hosted by Deputy Prime Minister’s Office, the delegation consulted with key stakeholders and visited selected sites, including the One Stop Centre for survivors of sexual and gender-based violence. The Swaziland Government also hosted a delegation from Malawi to learn from its integrated early infant male circumcision/maternal and neonatal child health (EIMC/MNCH) programme, which has resulted in a sharp increase in male circumcisions across the nation.

The Global Conference on Violence against Children was held in Swaziland in May, which recognised the importance of bridging differences and creating better understanding to promote effective linkages across continents. Inspired by experiences of Tanzania, Malawi and South Africa, the Government committed to comprehensively address violence against children; and established a multi-sectoral national task force.

The most fruitful South-South cooperation for Swaziland was between Botswana, Namibia, Lesotho, Swaziland, South Africa and Angola (BNLSS+A), which advanced from virtual meetings to development of a framework of concrete priority issues, each led by one of the countries. The success of the initiative will be tested in 2015 as the countries start operationalizing the joint programme in selected areas.

UNICEF Swaziland laid foundation for implementation of U-report, in collaboration with the global and regional innovation team and UNICEF Uganda. The major outcome of the technical
support for this innovative communications technology was buy-in by stakeholders and an agreement to introduce a multi-sector U-report team and RapidPro systems in 2015.

The office acknowledges the value of capacity building through South-South learning, and supported the Swaziland Action Group Against Abuse to share Swaziland’s work on gender-based violence at the Organization of African First Ladies’ High Level Task Force meeting in Zambia.

The Sixth International Policy Conference on the African Child, held in Addis Ababa in October, focused on social protection. Swaziland’s participation helped strengthen coordination of social protection measures and provided the Government insights on linking formal social protection programmes with indigenous and informal mechanisms. The national Early Childhood Development Conference, held in November, addressed concerns of lack of standards within Education.

Identification Promotion of Innovation

Pit latrines are the primary sanitation solution for many rural schools and homes in Swaziland. However, their management has proved to be a challenge; they soon become full and water intrusion contributes to odour, making them unpleasant to use. In schools, some pupils resort to open defecation if their latrines are no longer functional. Some schools have run out of space to build new latrines and have resorted to pit-emptying and other unsafe methods of sludge disposal.

Microdot Separation Technology is an innovative solution employed in Eco-tabs to treat wastewater in pit latrines. Eco-tabs oxygenate the water, eliminate odour and biodegrade organic and chemical pollutants. If the treatment is applied correctly, the effects include a clear reduction of both the smell and volume of sludge in a pit latrine. The treatment involves dropping one Eco-tab and one shock sachet into the pit on the first day, and one Eco-tab per week for another three weeks.

In collaboration with the Environmental Health Unit (EHD) in the Ministry of Health (MOH) UNICEF Swaziland implemented an Eco-tab intervention in 57 selected schools nationwide reaching 17,200 school children and teachers. An assessment conducted by UNICEF and MOH two months after the initiation of treatment showed Eco-tabs were effective in reducing both the stench and sludge in the pit latrines, especially in the highveld region where the water table is high.

Sludge reduction was observed in 68 per cent of targeted schools. Average sludge reduction was 1.5m in the high-veld and 0.5m in the low-veld. Given these results, the MOH -EHD recommended that the intervention should be adopted and rolled out as an alternative measure for managing pit latrines in selected areas, especially the highveld.

Support to Integration and cross-sectoral linkages

To enhance effective integration of service delivery, UNICEF supported Swaziland Nazarene Health Institutions to integrate early infant male circumcision initiative into MNCH services, where task-shifting (whereby trained midwives/nurses conducted the procedure instead of doctors) was implemented. Three nurses received on-the-job training and performed more than 70 per cent of the 564 EIMCs in 2014, with no reported adverse events. The MoH and supporting partners recognised this integration as a model to be replicated country-wide. Two countries in the region visited Swaziland to learn how the country had successfully integrated
EIMC in MNCH, which enhanced South-to-South cooperation. UNICEF supported MoH to develop Voluntary Medical Male Circumcision Strategy and Operational plan containing EIMC.

To promote cross-sectoral approaches to Early Childhood Development (ECD), UNICEF Swaziland and Open Society Initiative of Southern Africa supported civil society organizations and Government ministries to establish the Swaziland ECD Network to maximise synergies and coordination efforts for increased access to ECD. This resulted in a high level conference where policy dialogue, planning for inclusive and integrated quality ECD services featured.

For the adolescent age group, UNICEF mainstreamed HIV programming in all actions to support HIV response in aligned ministries and non-state actors. The MoH established integrated Adolescent Teen Clubs for HIV positive and negative, in and out-of-school, where utilization of adolescent reproductive services and adherence to ART improved. Similarly, with support from UNICEF Swaziland working with UNFPA, UNESCO and World Education, MoET developed age-appropriate Teacher Handbooks on HIV prevention and related topics.

To address violence against children (VaC) through multi-sectoral linkages, UNICEF supported the Ministry of Justice and Constitutional Affairs, Deputy Prime Minister's office, Ministry of Health, Royal Swazi Police Service and key civil society partners to implement the Children’s Protection and Welfare Act 2012 (CPWA) as well as improve service quality in the One Stop Centre for sexual and gender-based violence (SGBV) survivors. The CPWA seeks to protect and promote children’s rights focusing on enhancing capacity of duty-bearers and right-holders to identify and remediate situations where these rights are violated. A multi-sector task team on VaC was established and members capacitated to improve joint planning, coordination and monitoring and evaluation (M&E).

**Service Delivery**

The classification of Swaziland as a middle-income country meant that UNICEF began a gradual shift from service delivery to proof of concepts. Nevertheless, UNICEF Swaziland continued to support the MoH, aligned ministries and other implementing partners in the delivery of maternal and newborn child health services, including HIV, nutrition, water, sanitation and hygiene; ECD; prevention of and response to violence against children and implementation of the Children Welfare Act.

Service delivery performance and progress was tracked through field monitoring, quarterly-, mid-term and annual reviews. Performance was further monitored by accessing and analysing service data from the Health Management Information System. This informed programming and helped to determine, among other things, the level of demand for services, the categories of the population accessing different health services, and opportunities to expand the effective reach of services.

**Human Rights-Based Approach to Cooperation**

UNICEF Swaziland was one of forty country offices selected to participate in the 2012 global evaluation of UNICEF’s Human Rights Based Approach to Programming. The report acknowledged that this approach remained at the heart of the Government of Swaziland - UNICEF Country Programme 2011–2015.

In line with the UNICEF Strategic Plan 2014–2017 and UNICEF Eastern and Southern African regional priorities, the office conducted three equity-focused studies to inform human rights based programming: the Child Poverty Study, the Adolescent Profile and the MICS.
In collaboration with the UNHCR, UNICEF supported 347 refugees and asylum seekers (47 per cent of whom were children) at Malindza Reception Centre to access water and sanitation facilities.

In line with the strategic plan on social inclusion and domestication of the UN Convention on the Rights of Persons with Disabilities, UNICEF invested technical support in the validation of the People with Disabilities Bill, which is currently with Cabinet for approval.

UNICEF provided technical guidance to an interdisciplinary team consisting of Government and civil society which synthesized messages and raised awareness on the Children’s Protection and Welfare Act of 2012. This Act is part of the Government of Swaziland’s domestication of the CRC and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

**Gender Mainstreaming and Equality**

The Government of Swaziland is a signatory to CEDAW and the Southern African Development Community Protocol on Gender Equality, and is on track to achieve the Millennium Development Goal on gender. However, Swazi women and children still experience high levels of violence.

In response, UNICEF Swaziland commissioned a study on the drivers of violence to facilitate an understanding of gender dynamics, social norms and other factors, and to inform strategies to prevent violence and HIV infection. In addition, UNICEF sought to address girls’ lack of safety and understand bottlenecks and barriers relating to gender by means of an Adolescent Profile study, which in turn contributed to the Gender Action Plan 2014–2017.

Strategic advocacy and technical assistance by UNICEF resulted in the establishment of a fully operational One Stop Centre in the capital city for survivors of sexual and gender-based violence – the first of its kind in Swaziland. The potential for sustainability is evident from the Government ownership of all operational costs.

UNICEF Swaziland supported a South-South exchange to build capacity for gender equity and mainstreaming by sending two Government officials and a staff member to the Gender Justice Colloquium in Namibia. This gathering provided a regional platform for sharing good practices, scaling up advocacy and raising awareness among stakeholders. The Swazi delegation identified potential gender champions for their country.

UNICEF chaired the UN Joint Programme on Gender, and coordinated the implementation of the joint annual work plan for 2014. In the spirit of ‘doing more with less’, UNICEF galvanized and directed UN technical and financial resources to the Government’s Gender Department for their Beijing+20 report and the commemoration of the International Day for the Girl Child and 16 Days Of Activism. UNICEF also led the drafting of the confidential CEDAW report on behalf of the UN Country Team (UNCT), and solicited input to the Gender Action Plan 2014–2017.

Internally, three staff members were identified as gender focal persons, although less than 50 per cent of their job accountabilities relate to gender equality. They are active in the education, child protection, and communication and advocacy sectors.
Environmental Sustainability

In partnership with the Environmental Health Department of the MoH, UNICEF commenced implementing a water, sanitation and hygiene innovation where the environmental friendly Eco-tabs were used to reduce stench and volume of sludge in pit latrines. The programme was implemented in 57 schools nationwide, reaching 17,200 school children and teachers (re: strategic innovation section).

An assessment conducted by UNICEF Swaziland and MoH two months after the initiation of treatment showed the Eco-tabs were effective in reducing both stench and sludge, especially in the Shiselweni region in the highveld, where the water table is higher than in the low-veld regions of the country. The EHD agreed that this environment-friendly method of managing human waste has the potential to be scaled up, and recommended that it be adopted as an alternate measure of maintaining pit latrines in regions where the water table is high.

In addition, UNICEF Swaziland took measures to reduce its environmental footprint. For instance, special bins were placed in the office for recycling paper. UNICEF staff were empowered to visualize a paperless workplace by taking advantage of information and communications technologies such as cloud-based storage, and to reduce printing by bringing laptops into meetings.

Effective Leadership

The Country Management Team (CMT) is the central statutory committee and management body of UNICEF Swaziland, advising the Representative on policies, strategies, programme implementation, operations, management and performance.

The CMT met monthly, alternating chairs to capacitate staff on leadership and to encourage ownership of discussions and outcomes. Where necessary, special CMT meetings were convened to discuss Mid-Term Review recommendations and prepare for programme budget reviews. Having developed a management plan and identified annual priorities, the CMT reported on country office performance indicators. The CMT also monitored the response to recommendations from the 2012 internal audit, and activities to anticipate and avoid future audit queries.

As part of its effectiveness and efficiency initiative, UNICEF Swaziland responded to the opportunity provided by the Global Shared Services Centre (GSSC) review to update all work processes. In terms of systems strengthening, the office requested a peer review from ESARO to assess its internal control systems, including financial management and stewardship. The review identified major risks and made recommendations to strengthen controls.

In addition, all staff participated in updating the Enterprise Risk Management policy. Two areas of concern (funding and external relations, and human resources) were identified, along with appropriate mitigation measures. The office has begun to implement these measures, including training all 22 staff members on policies and procedures relating to the new harmonized approach to cash transfers. The office has a plan in place for these transfers, which was implemented in terms of quality assurance activities.

UNICEF Swaziland proactively engaged with three UNICEF National Committees (United Kingdom, Republic of Korea and the Netherlands), establishing long-term partnerships and multi-year funding. The HIV fundraising toolkit, which featured in the latest Unite for Children, Unite Against AIDS publication, was revised.
Financial Resources Management

Every month the CMT reviewed office management indicators, including budget implementation, bank reconciliations, outstanding direct cash transfer liquidations, programme financial implementation and the sustainability of audit recommendations. By the end of 2014, UNICEF Swaziland attained the key performance indicator benchmark of less than one per cent outstanding direct cash transfers over nine months.

UNICEF Swaziland maintained two bank accounts, one in US dollars and another in the local currency (SZL), which were replenished by UNICEF Headquarters. The UN renewed the service-level agreement with the bank at the beginning of the year to guide fees and charges. The Cash Flow Committee projected cash requirements and monitored cash flow against expenditure. Grants were monitored on a monthly basis and discussed in the CMT and Programme Coordination Meetings (PCM) fora, where appropriate action was taken for timely utilization.

The Office convened four Property Survey Board meetings for inventory management. Two vehicles were disposed of, and were not replaced due to shortage of funds.

Fund-raising and Donor Relations

Given the resource constraints faced during 2014, resource mobilization was high among UNICEF Swaziland’s management priorities. The office Resource Mobilization Task Force implemented and monitored the Resource Mobilization Strategy (2013–2017). UNICEF Swaziland established and strengthened donor partnerships with Korean, United Kingdom and Netherlands UNICEF National Committees through the secondment of staff and field visits to selected programmes.

Collaboration with UNICEF offices in Botswana, Namibia, Lesotho, South Africa and Swaziland, who share similar challenges with Swaziland, led to joint concept notes on the elimination of mother-to-child transmission of HIV, violence against children, and nutrition being developed in order to mobilize sub-regional resources.

UNICEF Swaziland was able to raise US$3,182,230 for programme implementation. The office maintained good relations with donors, submitting all six quality donor reports on time. UNICEF fully utilized the available funds of US$4,250,892.00, which was 60 per cent of the planned amount originally budgeted for.

Evaluation

UNICEF Swaziland used the electronic integrated monitoring and evaluation planning methodology piloted by ESARO to monitor progress in the implementation of studies, surveys, research and evaluation. UNICEF successfully conducted five studies in conjunction with the Government and civil society: the Child Poverty Study, Child-Friendly Schools Programme Evaluation, Civil Registration and Vital Statistics report, Adolescent Profile and MICS.

In collaboration with the Ministry of Education, UNICEF commissioned a nationwide evaluation of the child-friendly schools programme. The evaluation took stock of seven years of programme implementation in 600 schools, aimed at promoting a healthy, protective and secure learning environment. For objectivity and impartiality the evaluation was conducted by external evaluators, with a task team of education-sector stakeholders providing oversight. Stratified
sampling was used to select 50 schools, taking into account region, rural/urban location and the
year in which the school initiated the programme. Preliminary findings were disseminated to
stakeholders, and the draft final report was shared with Government and ESARO before
finalization. The evaluation revealed that the child-friendly schools programme is relevant and
needs to be scaled up in line with national priorities.

In collaboration with the Ministry of Economic Planning and Development, MoH and UNFPA,
UNICEF Swaziland conducted MICS 2014, a national household based survey, and drafted a
key summary findings report.

**Efficiency Gains and Cost Savings**

UNICEF maintained its internal policy to reduce travel costs by flying economy class at all times.
Staff used a shuttle service between Swaziland and South Africa to save approximately US$250
per trip compared to air travel. A decision by the CMT to reduce office space resulted in savings
of US$1,000 per month.

UNICEF Swaziland migrated to the cloud-based Office 365 suite and embraced Microsoft
Outlook. This migration brought features such as Office 365 to smartphone handsets, creating a
mobile workforce with the flexibility to operate remotely.

UN agencies in Swaziland shared premises, telecommunications and satellite services for
internet connectivity, and renewed their service-level agreement with a single bank to save
costs.

The office reviewed work processes, consolidated work and travel plans, and streamlined
operational processes through the BNLSS+A hub in Pretoria, in line with the Global Shared
Services Centre review. These measures contributed to improved efficiency and effectiveness.

**Supply Management**

UNICEF Swaziland procured supplies and services valued at US$809,867.70. The bulk of this
procurement was in the form of administrative supplies, workshop/conferencing facilities and
printing services. Services sourced through local vendors amounted to US$467,956.00. The
capacity of local suppliers has improved in timeliness, quantity and specifications.

UNICEF Swaziland received adequate assistance and support from the BNLSS+A supply hub in
Pretoria and Supply Division, as and when requested. The office procured programme supplies
and institutional contracts amounting to US$271,993.00 through the hub in Pretoria. Emergency
supplies for the outbreak of rota viral diarrhoea were also sourced through the hub.

Offshore procurement amounting to US$69,918.00 was done through UNICEF Supply Division
by utilizing available global long-term agreements. Procurement expenditure increased in the third
and fourth quarter, but all deadlines were met. All goods and services were delivered directly to
the implementing partners, in accordance with best practice to avoid warehouse costs.

In line with Mid-Term Review recommendations, UNICEF Swaziland convened capacity-building
training programmes on supply and procurement services for implementing partners. Sixty seven
health care workers were trained on vaccine management and procurement of essential medical
equipment for the MoH.
In collaboration with the Ministry of Natural Resources and Energy, UNICEF Swaziland procured hygiene supplies for the Reed Dance, an annual ceremony at which thousands of Swazi maidens gather to pay homage to the Queen Mother and the monarchy. A partner organization procured and distributed 30,000 sanitary pads.

UNICEF Swaziland renewed long-term agreements for the local procurement of stationery and information technology maintenance services to reduce the burden on relevant staff members.

**Security for Staff and Premises**

The UN Department of Safety and Security (UNDSS) classified Swaziland as a low-risk country. The security situation in the country remained calm throughout the year. The UNDSS focal point conducted monthly radio checks and provided first-aid training to all security wardens. The shared UN premises maintained standard operating procedures, central access control card systems, closed-circuit television cameras, fire alarm and guards. The fire alarm system including tools such as fire extinguishers are regularly checked and updated as necessary.

The Business Continuity Plan (BCP) for the UNICEF Swaziland office was updated and simulated in February 2013. Periodic back-ups of all key documents including tapes with Standard Bank were maintained using cloud offered by the new technology. In the absence of the simulation of the BCP, the office used the governance committees such as the Contract Review Committee, Programme Cooperation Agreement Review Committee, Joint Consultative Committee, Property Survey Board, Staff Association and Cash Flow committee to manage risk. Plans are underway to update and conduct a BCP simulation in February 2015.

UNICEF staff undertook mandatory security training, including basic and advanced security in the field. Staff members were provided with clear instructions should an emergency evacuation of the premises be required. Staff obtained security clearance from the UNDSS travel request information processing system prior to departure for all international travel. UNDSS conducted a risk assessment which recommended relocation of the UN premises.

**Human Resources**

During 2014 the staff of UNICEF Swaziland comprised nine national professionals, ten national general service staff and five international professionals, of whom 52 per cent were female. UNICEF Swaziland prioritized initiatives to strengthen staff capacity for change and performance management. Training included: competency-based interviewing; career planning; harmonized approach to cash transfers; managing for results, communication for development, managing performance for results; and Office 365.

Virtual and on-the-job training of Swaziland’s human resource focal point by the Human Resource Manager at the Pretoria hub in the third and fourth quarters enhanced the capacity of the Office to participate in recruitment for three posts.

UNICEF achieved a 100 per cent performance appraisal completion rate by mid-year. A total of 12 CMT and three Joint Consultative Committee meetings were held, tracking the implementation of the office transition plan and related staff welfare issues, and promoting participation in the Global Staff Survey 2014 and implementation of recommendations of the peer-review of operations.

UN Cares was complemented by the UN Learning Strategy on HIV/AIDS and UN Plus. As a partner, UN Plus serves as the advocacy and support network for UN personnel living with HIV.
Under the UN Cares programme, all staff were encouraged to complete the HIV in the Workplace Training and were trained on accessing post exposure prophylaxis kits.

As part of its Mid-Year Review, UNICEF Swaziland updated the office emergency preparedness and response mechanism. This was monitored through the monthly Programme Coordination and County Management Team meetings, and presented as a Regional Management Team key performance indicator.

UNICEF and WHO jointly conducted two simulations and orientation of potential Ebola response for the UN and National Task Force, of which UNICEF is a member. As part of the UN team, UNICEF Swaziland participated in the development of the UN Swaziland Emergency Preparedness Response Plan with representation by three Heads of Section, comprising both international and national staff. This enabled the UN Country Team to tap into international and national perspectives on sustainable solutions to the periodic storms which afflict the country.

**Effective Use of Information and Communication Technology**

UNICEF Swaziland migrated to the cloud-based Microsoft Office 365 suite and embraced Outlook, Lync and OneDrive for Business. This migration brought features of Office 365 to smartphone handsets, creating a mobile workforce able to function anywhere with internet access. With Lync, staff accessed numerous webinars and have participated in live town hall discussions by the Office of the Executive Director and regional and other country offices on pertinent topics, and to share good practices.

With OneDrive for Business, UNICEF Swaziland staff are able to access a cloud file storage of one terabyte, which has allowed them to work simultaneously on documents as co-authors. In the event of an emergency, the office has been assured that OneDrive requires only internet connectivity and not the duplication of costly hardware and support, yielding benefits in terms of security and avoiding the need to house and manage obsolete hardware. UNICEF Swaziland also utilized social media platforms such as Facebook and Twitter for communication.

**Programme Components from RAM**

Due to alignment with the national government’s plan, reporting against the UNICEF country programme is through to June 2014 (and not the end of the year) for most outcomes.

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Increased and sustained coverage and use of High Impact Preventive and Curative HIV, MNCH and Nutrition interventions in low performing regions by 2015.

**Analytical Statement of Progress:**

The Mid-Term Review and the new UNICEF Strategic Plan 2014-2017 provided an opportunity for the office to carefully review and decide on key Child Survival and Development priorities. Therefore, Programme Component Results (PCRs) / Intermediate Results (IRs) were revised to Outcomes and Outputs.

To achieve this outcome, a Barriers and Bottlenecks Analysis was conducted. Bottlenecks were identified in the following determinants; the Enabling environment, Supply, Demand and Quality of services to children and their families along the continuum of care. Within the Integrated HIV, MNCH and Nutrition strategic area, the following major bottlenecks were identified and are being addressed
Enabling Environment: There are inadequate policies to support delivery of MNCH services, especially at community level, and no legislation in place regarding the Code of Marketing of breast milk substitutes. This code was integrated into the Public Health Bill which is waiting parliament's approval.

Supply: The identified bottlenecks were inadequate skilled health care workers to provide integrated MNCH/HIV/Nutrition/TB services, including attitudes of health providers; inadequate essential equipment for provision of MNCH services including nutrition; limited implementation of the package for preventing HIV infection in pregnant and lactating women, with prevention of unintended pregnancies (Prong 1 and 2) lagging behind; inadequate delivery of health services in hard-to-reach communities coupled with poor health-seeking behaviour and limited ASRH/HIV friendly services.

Quality: The bottlenecks identified were inadequate coordination and support supervision, and mentorship of health care providers in provision of integrated MNCH & HIV services and; insufficient collection, analysis and use of data collected in regard to M&E for sexual and reproductive health/PMTCT.

Demand: The bottlenecks included low demand and timely utilization of services (low proportion of ART uptake by HIV positive mothers (66 per cent) and infants (49 per cent); limited community engagement and follow-up of mother-infant pairs leading to loss to follow-up; socio-cultural practices and religious beliefs hampering uptake of services; inconsistent and mixed messaging regarding key messages on breastfeeding especially in the context of HIV; low levels of appropriate complementary feeding for children six months to 24 months resulting in high levels of stunting, and; inadequate Information, Education and Communication (IEC) and radio messaging on infant and young child feeding, including exclusive breastfeeding and appropriate complementary feeding.

The findings of the analysis confirmed similar bottlenecks that had been included in the National Development Index for reaching the first world status by 2022. This presented an opportunity for MoH, UNICEF and other partners to support quality delivery of health care services especially integrated MNCH/HIV/Nutrition and TB services to children and their families.

UNICEF, in collaboration with MoH and other partners, strategically increased ART uptake especially by HIV positive mothers and children; improved ways of HIV prevention among adolescents and reduction of sero-conversion among HIV negative pregnant women and lactating mothers; and to effectively deal with stigma and discrimination. This was facilitated by the finalisation of Comprehensive ART guidelines in line with the 2013 WHO consolidated ART guidelines; and the roll-out of the provision of life long ART to pregnant women and lactating mothers (option B+) in October 2014. In addition, an operational plan for the extended National Strategy Framework for HIV was developed with UNICEF Swaziland and other partners support to the Government, which also contributed to prioritisation of key HIV activities for women and children.

Early antenatal care (ANC) attendance and post natal care remain low, and new born mortality and morbidity remain high, hence they will remain a priority for UNICEF support in 2015.

OUTPUT 1 An enabling policy and institutional environment is strengthened for MNCH/HIV/Nutrition across the continuum of care by 2015.
Analytical Statement of Progress:
To contribute to strengthening the enabling environment of the health sector, UNICEF Swaziland in partnership with UNFPA, WHO, the Elizabeth Glazer Paediatric AIDS Foundation EGPAF and University of Swaziland (UNISWA) supported MoH in development of selected national documents including: The National Health Sector Strategic Plan II 2014 -2018; Early Infant Male Circumcision (EIMC) Strategy and operational plan; National Comprehensive ART guidelines; Emergency Obstetric and New-born care services guidelines; Revised MNCH Curriculum, and; Expanded Programme on Immunisation (EPI) Communication Strategy. The Cabinet reviewed the Public Health Bill for discussion in Parliament early 2015. The Bill has regulatory mechanisms on cross-cutting issues in health, nutrition, water, sanitation and hygiene (WASH) and HIV among others. The Food and Nutrition Policy is still in draft; and finalisation of the latter two documents remain a priority.

Similarly, UNICEF Swaziland in collaboration with Government, other UN agencies, PEPFAR (the U.S. President’s Emergency Fund for AIDS Relief) partners and civil society organisations supported MOH to conduct a third National Health Research Conference with a theme of investing in health for development. Over 122 papers were presented mainly on HIV, TB, maternal and child health, and SRH; and UNICEF supported a special session on Paediatric health. The MoH leadership acknowledged that there were limited Government funds dedicated to do priority research. The key recommendation was to prioritise the development of a costed National Health Research Agenda work on which has commenced led by the MoH Research Unit.

UNICEF and WHO supported EPI to introduce PCV 13 vaccine in 2014 and to develop plans for introducing Rotavirus and IPV vaccines in 2015. By November, over 15,557 infants had received the PCV 13 vaccine. The EPI was further supported to print and distribute various immunization data tools which have contributed to timely results dissemination and use.

To contribute to improving infant and young child feeding (IYCF), the Baby Friendly Hospital Initiative (BFHI) was revitalized in 14 health facilities, which revised their BFHI policies and established committees. UNICEF Swaziland is a member of the Scaling Up Nutrition (SUN) national technical working group where nutrition technical assistance is provided.

UNICEF supported the MOH SRH-Gender Unit to improve management of SGBV services: an institutional consultant was engaged to review National GBV guidelines, training manuals, and train Health care workers on gender-based violence case management.

UNICEF also supported MoH to conduct operational research on PMTCT and on understanding barriers to HIV-infected infants’ ART initiation and retention. The results will assist in addressing barriers to PMTCT and paediatric ART uptake.

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

Analytical Statement of Progress:
UNICEF supported capacity building for health workers to provide integrated SRH/MNCH/ HIV/TB services, and for the procurement of essential equipment/supplies. The MoH trained 58 health care workers in Manzini region on youth-friendly services and four facilities in the region established teen clubs and more are starting similar clubs. UNICEF in collaboration with International Centre for AIDS Care and Treatment Programs, supported the Baylor Centre of Excellence to train 86 teen club members in leadership skills, which led to improved
coordination within their fourteen club centres with a membership of over 1,435 adolescents; of whom adherence to ART is above 98 per cent. The Baylor Teen Clubs became a model for MOH, which is utilizing their mentoring services in scaling up teen clubs nationwide.

The Swaziland Nazarene Health Institutions (SNHI) received UNICEF support for implementation of EIMC and Quality Improvement (QI). This led to successful integration of EIMC into MNCH services. The SNHI implemented task shifting on EIMC and as a result, three nurses were trained on the job and have performed more than 70 per cent of the 564 EIMCs conducted in 2014, with no reported adverse events. The institution has become a model for training of health workers on EIMC.

UNICEF supported the National Quality Assurance Program to train 70 health care workers from SNHI and Good Shepherd hospitals and conducted four regional QI experience sharing meetings. Through this support, all the country’s six major public hospitals and two health-centres implemented QI projects and reported significantly improved quality of service delivery. Through QI projects, health facilities learnt to use their own data for programming. UNICEF further supported SNHI to document its QI experience, and the model is now recognized by MOH as a standard and reference point for other health facilities.

UNICEF supported the MOH School Health programme to provide a comprehensive package of paediatric outreach health care services to children in 154 Neighbourhood Care Points nationwide which reached 3,685 children. Similarly, SNHI was supported to conduct monthly outreach services to hard-to-reach communities and 1,562 clients (mostly women and children) were reached in six months. Implementing regular outreach services resulted in reduced numbers of defaulters across the child welfare continuum of care including ART.

Furthermore, UNICEF supported MOH capacity improvement in vaccine management through training of 67 health care workers and procurement of essential medical equipment. This included cold chain related equipment, two vehicles for transportation of vaccines and strengthening supportive supervision, and equipment for improving new-born service delivery.

OUTPUT 4 Increased demand for essential services (MNCH, water, sanitation and hygiene, HIV) for children, adolescents and their families and use of improved family and community care practices by 2015.

Analytical Statement of Progress:
To contribute to addressing the identified bottlenecks to low demand and timely utilization of services; UNICEF supported the MOH Health Promotion Unit to increase demand for essential MNCH, WASH, and HIV services for children, adolescents and their families through advocacy and social mobilization.

Overall, there was increased vaccination coverage of 84 per cent for DPT-HepB- Hib3, 83 per cent for measles, and 74.3 per cent for Vitamin A supplementation compared to 2013.

Furthermore, EPI was supported to conduct promotion of better positive attitudes on MNCH service delivery among health workers through four regional dialogues that reached 176 health workers. The dialogues provided an opportunity for health workers to share their feelings and to positively interrogate their attitudes towards providing health care services to clients. As a result, health workers acknowledged their negative attitudes and shortcomings and expressed a sense of recommitment to diligently serve their clients.
UNICEF supported the MoH-SRH Unit to participate in live radio programs and community dialogues to promote benefits of early ANC bookings, care of women in labour and delivery, post natal care including promotion of exclusive breastfeeding. These community dialogues targeted parents, community leaders and adolescents. It is hoped that the findings of the 2014 MICS survey will provide information on some of these areas to determine if these interventions contributed to improving health seeking behaviour of the targeted communities.

UNICEF Swaziland facilitated the Ministry of Natural Resources and Energy (MNRE) and the MOH-Environmental Health Unit to conduct WASH promotion activities in national events at the annual trade fair, the Reed Dance (Umhlanga) and commemoration of International hand-washing day. Umhlanga is an annual national ceremony at which thousands of young Swazi maidens from all regions of the kingdom gather to pay homage to the Queen Mother and the monarchy. To promote menstrual hygiene management (MHM), UNICEF, in collaboration with MNRE and the, MOH-EHD supported sensitization of the adolescent girls and their leaders during the Reed Dance Ceremony on MHM, and over 30,000 pieces of sanitary pads distributed. Since over 76,000 maidens attend the Reed Dance this ceremony will be annually targeted to reinforce MHM among adolescent girls within their cultural context. Similarly, promotional hand washing facilities were procured and distributed to selected schools after completing a rapid assessment.

**OUTCOME 2** Children and families benefit from sustained use of safe drinking water and adopt adequate sanitation and good hygiene practices by 2015.

**Analytical Statement of Progress:**
To support children and families benefit from sustained use of safe drinking water and adopt adequate sanitation and good hygiene practices, UNICEF Swaziland in partnership with aligned ministries and WASH partners, addressed bottlenecks encountered in provision of services. The focus was on strengthening the enabling environment, capacity building of service providers, mapping of water and sanitation points to assess availability and functionality of these sources, and collection, analysis and use of WASH data to inform programming.

To achieve this outcome, a WASH services Bottleneck Analysis was conducted which informed annual programming. Bottlenecks were identified in the Enabling environment, Supply, Demand and Quality of services to children and their families. The bottlenecks identified included: Enabling Environment There is a lack of strong legislation/policy for the water sector: the revised Public Health Bill which includes revised statutes on WASH regulations was not passed, and the country has an old Public Health Act from 1969. There was low budget allocation for sanitation and limited financial capacity of the population to access water and sanitation services. There is limited coordination of the National WASH stakeholder forum, limited experience sharing among WASH sector partners on what they do in the regions/communities leading to fragmentation and duplication of effort; and inadequate readiness for health, nutrition and WASH related emergencies.

Quality Bottlenecks identified included inadequate collection, analysis and use of WASH data to inform programming.

Supply Identified bottlenecks included the limited capacity of the MoH Health Promotion Unit to promote WASH services in communities, including hand-washing with soap; weak implementation of school WASH practices within Child Friendly Schools Guide for Teachers; limited knowledge, appropriate equipment and facilities in schools and communities leading to poor hygiene and sanitation practices including weak Menstrual Hygiene Management; limited
availability of WASH services in some regions (e.g. precious resource reserved for cooking and drinking; not washing hands and/or open defecation due to lack of toilets); continued procurement of soap for hand washing at NCPs is questionable without community and government support, and; the lack of sufficient vehicles for outreach service delivery for the MOH-EHD at sub-national levels has hampered the service quality by constraining supervision and implementation.

Demand. Bottlenecks include the communities’ attitude and practices towards WASH services which are limited due to limited sensitization. For example, the community practice of hand washing at critical times is low, and its benefits are not much known by the public; and limited practice of Community Led Total Sanitation.

Most of these bottlenecks were addressed through implementation of activities as reflected in the outlined results in the outputs below. Availability of multi-year WASH funding support provided an opportunity to contribute to addressing more of the identified bottlenecks.

OUTPUT 6 National WASH Forum capacity to lead WASH response strengthened by 2015.

Analytical Statement of Progress:
To contribute to strengthening the National WASH Forum capacity to lead the response and address identified bottlenecks, UNICEF in partnership with MNRE supported hosting and participating in the monthly well-attended WASH Forum stakeholder meetings. In all the 11 meetings, over 20 WASH partners shared their work and experience in different constituencies which has minimized duplication of effort and resources and instead enhanced/complemented each other’s work to cover a bigger population with WASH services.

The WASH Forum logo, signifying the partner collaboration was unveiled, adopted by all, and is being used formally for visibility. Led by MNRE, UNICEF, the EU and Water-Aid are in dialogue to strengthen the sector wide approach to programming which will assist with aid effectiveness.

UNICEF, in partnership with MNRE had planned to facilitate training of senior WASH Officers in WASH Bottleneck Analysis Tool, to build capacity in their monitoring and evaluation of programmes; however this was constrained with the planned facilitator recalled to join the global Ebola response, and is rescheduled for early 2015.

OUTPUT 7 High quality sanitation and hygiene (WASH) facilities and services are available in selected schools and communities in the target regions by 2015.

Analytical Statement of Progress:
UNICEF Swaziland in collaboration with the MoH-EHD implemented the Eco-tabs intervention in 57 selected schools nationwide to improve the quality of sanitation facilities and services in selected schools and communities. Eco-tabs were found to be effective in reducing both the stench and sludge in the pit latrines especially those situated in the highveld. The sludge reduction was observed in 68 per cent of targeted schools. Average sludge reduction was 1.5m in the highveld and 0.5m in the lowveld. About 17,200 pupils and teachers benefited from this intervention. A field monitoring visit to 10 schools by UNICEF confirmed the observations. Given these results, the MoH recommended that the intervention should be adopted and rolled out as an alternative measure for managing pit latrines in selected areas especially in the Highveld where the water table is high.

In partnership with MoH-EHD, UNICEF supported training of two WASH Forum members in a
Community Led Total Sanitation regional workshop in Namibia. The trained officers facilitated similar workshops in the Lubombo and Shiselweni regions. As a result, 85 households completed construction of their VIP latrines and 90 households initiated construction in the Lubombo region. In the Shiselweni region, 105 households completed construction of latrines whilst about 144 households initiated the construction process. Similarly the MoH-EHD trained 40 water committees on hygiene and sanitation in Hhohho and Manzini regions.

With UNICEF support, the Government successfully completed water point mapping in 16 constituencies in Manzini Region to assess the availability and functionality of both water and sanitation services. All rural water supply points and sanitation facilities were mapped by the use of the Global Positioning System to determine the location and functionality of the points. The mapping covered over 433 schemes in Manzini Region, reaching an estimated 21,070 households and 158,181 people. The study revealed that 76 per cent of the water schemes were managed by community. Ground water was the main water source through boreholes for 95 per cent of the population, whereas about four per cent received water via surface water. Seventy two per cent of water schemes were found to be functional, three per cent partially functional and 25 per cent were non-functional. The main reason for non-functionality was related to broken pumps (52 per cent). The Government will incorporate recommendations of the mapping exercise in improvement of water and sanitation programing in Manzini Region.

OUTPUT 8 Optimal access to life saving WASH, health and nutrition services for women and children affected in declared emergencies by 2015.

Analytical Statement of Progress:
To contribute to national preparedness for optimal access to life saving WASH, health and nutrition services for women and children affected in a declared emergencies, UNICEF in partnership with UNHCR and with International Relief for Development as the implementing partner supported finalization of renovation of safe water supply and sanitation facilities and installation of an ECD facility at Malindza Refugee Camp and handed them over to the Ministry of Home Affairs.

UNICEF in collaboration with other UN agencies and with partners’, supported the National Disaster Management Agency under the Deputy Prime Minister’s Office to finalise the National Multi-sector Disaster response plan 2013/2014, which is now in use. It provided guidance when managing the rota virus diarrhoea outbreak that hit the country in winter 2014.

UNICEF Swaziland in collaboration with WHO supported MoH to respond to the diarrheal outbreak among children (mostly in children aged under two years) which caused in over 90 per cent of the cases by the Rotavirus. Over 5,000 children were affected, of whom 55 died. UNICEF additionally supported procurement of non-food items, comprising of mainly Oral Rehydration Therapy Corner equipment and distribution to over 70 health facilities for improved case management of diarrhoea. The outbreak was successfully contained within three months.

The Government planned for the introduction of the Rotavirus vaccine by September 2015, which will be after the high risk period of winter 2015. UNICEF, in collaboration with other UN agencies and partners undertook high level advocacy for an earlier than planned introduction of vaccine, and supported development of a costed plan. The partners pledged to contribute to support the vaccine introduction by end of first quarter in 2015.

In collaboration with WHO, UNICEF also supported the MOH to develop the national Ebola preparedness plan. The country is classified as being in the pre-epidemic phase and with
guidance from the plan; service providers were oriented and two simulations were conducted as part of country’s preparedness.

OUTCOME 4 Learning outcomes and inclusive child friendly services in Early Childhood Care, Development and Education (ECCDE) and basic education improved by 2015.

Analytical Statement of Progress:
The Mid-Term Review and the new UNICEF Strategic Plan 2014 -2017 provided an opportunity for the Country office to carefully review and decide on key Basic Education and Gender Equity (BEGE) priorities.

The Ministry of Education and Training is the key strategic partner in the implementation of actions to achieve improved learning outcomes in inclusive and child-friendly schools. However, each year, the education sector is faced with challenges that impede progress towards this goal. Identified bottlenecks have been in the enabling environment whereby even though the sector has good policies, these are not implemented or monitored. For monitoring, a well-supported data management mechanism is imperative matched with effective coordination structures.

UNICEF Swaziland advocated for strengthening coordination for the education sector which led to appointment of a Sector Wide Approach national coordinator within MoET. Similarly, UNICEF initiated the process of Government participating in the Global Partnership for Education. This will enable the Government to access benefits such as capacity building, specific grants and knowledge sharing to accelerate access to quality education in ECD and Secondary Education. This partnership will be further negotiated in 2015.

UNICEF further invested in data generation and management through providing support to the Education Management Information System (EMIS) department of MoET. though facilitating a South-South Exchange between Swaziland and Zimbabwe (supported by UNICEF Zimbabwe Country Office) , for information sharing on how to transition from paper based instruments for data gathering to real-time data generation. The outcome was technical assistance given to EMIS at MoET for data recovery, systems migration with the aim of strengthening the EMIS department to be able to generate the Annual Education Census educational data report in the same year.

The majority of teachers are qualified through teacher training colleges and the University of Swaziland. However, there are identified frequent instances of inappropriately placed secondary school teachers in primary schools with limited knowledge on classroom management of the younger learner, learners with special needs, age-appropriate positive discipline and the educational policies that guide teachers conduct and ethics for case management, violence or abuse in schools.

Given this supply and quality related bottleneck, UNICEF focused on interventions that contribute to capacity building of teachers, school administrators and senior government officials and in knowledge generation and sharing towards improving inclusive education and child learning outcomes. To address the capacity of teachers to deal with Special Education Needs for children with disabilities in the context of inclusive education, UNICEF Swaziland supported the MoET to build capacity of 250 guidance and counselling teachers in schools from all four regions on the principles and strategies of mainstreaming Special Education Needs in schools; and 85 teachers in special schools on positive discipline and classroom management of the learners with special needs. This training empowered teachers to identify and respond to learners with special needs for improved learning, early identification and referral.
Similarly, UNICEF Swaziland collaborated with partners in support of two National Conferences: one to promote an understanding of the importance of coordination for ECD activities and another to deliberate on the National Curriculum Reform. Both Conferences presented an important platform for information sharing on evidence based interventions to educators, academics and policymakers.

The office prioritised the evaluation of the Swaziland Child Friendly Schools, an initiative mainstreamed in the Education Sector Policy and engrained in the Education Sector Strategic Plan for 2013-2017, known as the National Education Improvement Plan. The evaluation was conducted in order to understand the impact of the intervention on improving quality of the learning environment for children before expanding coverage to secondary schools and ECD Centres in the country.

In terms of demand, access to quality education was enhanced by the Government Free Primary Education Programme. However, numerous calls from head teachers to raise the subvention to schools from US$50 per learner have culminated in schools charging parents, guardians and families ‘top-up fees.’ UNICEF considered this a reinstatement of the financial barrier to education which prevents Swaziland reaching 100 per cent primary school net enrolment. In this regard, UNICEF supported the MoET to develop costing tools for primary and secondary to provide evidence on the actual cost of education in Swaziland. UNICEF advocated for both reports and tools to be implemented. Through the Ministry of Finance, they were finally submitted to Cabinet for deliberation on the Government response to the findings that educational costs (for running schools based on school enrolment size, proportion of orphans and vulnerable children (OVC), availability of school feeding, books, materials and additional wage earning staff like the school guards and cooks) are higher than the current budget allocation per learner for some schools and lower for others, thereby requiring school specific subventions and increased school based budget monitoring.

At 95.6 per cent in 2014, the Net Enrolment rate is an increase from 93 per cent in 2013.

UNICEF Swaziland support to conduct feasibility studies to improve secondary school access will be a priority in 2015 in preparation for the country to absorb primary school learners in 2016.

**OUTPUT 1** Net Enrolment Rate of primary school aged children increased from 83 to 100 per cent particularly OVCs, girls and children with special needs, in all regions in the country, by 2015.

**Analytical Statement of Progress:**
To cope with the massive flow of children caused by the Free Primary Education initiative and improve the learning environment UNICEF provided 2000 desk/benches for approximately 4000 children. UNICEF also advocated and supported knowledge sharing in the area of inclusive education by guiding MoET personnel on inclusive education which is a component in the Education Sector Policy. Three thousand copies of the Swaziland Education and Training Sector Policy of 2011 were reprinted for distribution to key senior officials, Cabinet Ministers and stakeholders. The demand came at a time when the Government of Swaziland was deliberating on how to address the growing concern about teenage pregnancies linked to school dropout rates. The sector policy makes provision for a girl who gets pregnant to be able to continue their education after delivering, however, this was not a widely accepted position in practice. A secondary school costing tool was developed, which complemented that for primary
education completed in 2012 with UNICEF support. These tools combined with the reports of the studies have been used by the MoET to determine the schools budgets for 2014. These tools are under consideration for use to process school applications to charge ‘top-up’ fees. These require formal approval by MoET together with parental consent.

OUTPUT 3 At least 50 per cent of all primary and secondary schools nationwide, implement at least four out of seven Child-Friendly School-Schools as Centres of Care and Support pillars by 2015, paying particular attention to OVC, girls and the inclusion of children with special needs.

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

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

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

OUTPUT 5 Policies, standards, curriculum and coordination mechanisms for ECCDE, primary and secondary education strengthened by 2015.

Analytical Statement of Progress:
UNICEF Swaziland, as part of the Technical Working Group comprising of Ministry of Education ECCDE Unit, the National Curriculum Centre, and civil society actors supported finalisation of the ECD Syllabus for the three-to-five year olds to contribute to improvement of early learning quality. UNICEF Swaziland continued to work with Government to finalise the ECD Policy and to improve the on-going pre-service ECD training programme in teacher training colleges.

In addition, UNICEF Swaziland supported an implementing partner; Alliance of Mayors and Municipal Leaders on HIV and AIDS in Africa to train parents, teachers and community facilitators in ten peri-urban ECD Centres and communities as a model implementation of the Swaziland Early Learning Standards with intent to scale up.

UNICEF Swaziland in partnership with Church Forum and World Education pioneered the establishment of a National ECD Network which was instrumental in organising the first ever National Conference on ECD. The conference shared knowledge among ECD practitioners and high-level policy makers on what constitutes integrated ECD and to launch the network to better coordinate service delivery. The conference underscored the value of investing in holistic ECD in terms of health, nutrition, development and early stimulation. Two hundred and ten
participants from diverse backgrounds (FBOs, civil society organisations, traditional and parliamentary leaders, education, health and child protection actors), discussed how to expand access to ECD and strengthen coordination. The conference key recommendations included making ECD more inclusive and accessible to all children and to focus on children aged up to three years as the most critical age group since cognitive development is most rapid at this stage.

Though Swaziland is not disaster-prone country the impact of climate change has affected a selected number of schools and prevented children from accessing school. UNICEF supported MoET to finalise the Education in Emergencies Plan to guide the sector’s rapid assessment and response to emergencies and improve disaster preparedness.

UNICEF, in partnership with UNESCO, facilitated South to South government exchange with Zimbabwe to provide technical assistance and learning support to the Swaziland Director of the EMIS. This support resulted in the recovery of national education data for the 2013 Swaziland Annual Education Census, the installation of an updated EMIS hardware and software system and migrated the system from ACCESS based application to a MySQL web-based application. This will be a more effective platform which will take larger sized databases.

OUTPUT 6 Quality and environment of learning for children and adolescents, (including HIV/AIDS life skills and competencies for lifelong learning), improved by 2015.

Analytical Statement of Progress:
UNICEF Swaziland supported the Ministry of Education to conduct an evaluation of the Child Friendly School (CFS) initiative which was adapted and mainstreamed in all 600 primary schools in the country between 2006 and 2013. The stratified sampling selected 50 schools, 50 head-teachers and 3,000 learners through a set of criteria: regional location, rural versus urban and the year the school initiated the programme. Key findings revealed that the initiative was relevant, aligned to national plans, priorities, and addressed critical issues faced by children in Swaziland. However, its effectiveness was limited by lack of a strategic plan specifically dedicated to the initiative to guide the programme, and monitoring of the initiative was its biggest challenge. Key recommendations were a strategic plan with specific CFS objectives, activities and expected results; and operationalize the M+E framework before roll-out to secondary schools. A report was shared with stakeholders and findings will inform the Government, UNICEF and partners on ways to improve the programme in schools.

To improve learning outcomes consistent with inclusive CFS, UNICEF Swaziland in partnership with the European Union, MacMillan Publishers, UNFPA and other partners supported the Ministry of Education to host the 3rd biennial Conference on the National Education Curriculum which focused on quality education and competency-based approach to improving learning outcomes. The Conference aim was to dialogue on reforming the 1985 Education curriculum to make it more relevant, inclusive and competency based. Amongst the abstracts presented to an audience of almost 400 academics and education practitioners, UNICEF discussed a paper on equity in education, published on the UNICEF ICON, in which the lessons learnt from the implementation of the Free Primary Education programme and CFS initiative were disseminated. The main outcome was a learner-centred and inclusive draft national curriculum framework.

In order to improve Head Teacher school administration, oversight and monitoring of safety of school environment, UNICEF supported the in-service training of 200 Head Teachers on personnel management, teacher support, while simultaneously sensitizing them on prevention
and response mechanisms to violence in and around schools.

Similarly, with support from UNICEF Swaziland in collaboration with UNFPA, UNESCO and World Education, the MoET Guidance and Counselling department developed a standard set of five age-appropriate Teacher Handbooks (for levels one to five) to respond to HIV/AIDS and other related issues, piloted in 25 secondary schools and approved by the National Curriculum Coordination Unit for use in all secondary schools.

**OUTPUT 7** Alternative and complementary education programmes, including HIV/AIDS and violence prevention for the most vulnerable adolescents, in particular girls, strengthened by end 2015.

**Analytical Statement of Progress:**
To increase access to alternative education for vulnerable, out-of-school children (over-aged, with disability, children heading households, working children among others) and improve transition to formal education UNICEF Swaziland supported SEBENTA (an MoET parastatal institute for non-formal education) to develop a set of three learner’s modules and facilitator handbooks to improve implementation of the non-formal curriculum. The modules were formulated to harmonise the non-formal curriculum with the formal and create a bridge which will facilitate the transition between the two education systems. Training on these modules will be conducted extensively in 2015.

UNICEF continued to support child participation, to encourage the expression of their views to inform programming. In this regard, UNICEF supported MoET and partners to develop IEC materials in a child participatory approach, where a selected number of children expressed their understanding of violence through art drawings. Their artwork was further developed into posters which have been used in different settings including market place display during the Global Conference on Ending Violence against Children.

Similarly, to inform the Swaziland adolescent profile, UNICEF in collaboration with the MoET and partners, organised a participatory and inclusive adolescent consultation. The event aimed to gather the opinions of children and adolescent on a number of matters affecting them, such as the HIV/AIDS pandemic, the importance and role of education, violence and abuse. Adolescents (an equal number of girls and boys) who were both in and out of school, coming from various backgrounds, from rural to urban settings and some with disabilities, fully participated to three day consultative workshop. Their views were analysed, and are part of the Adolescent Profile/Report Card for adolescent programming and is currently used to inform next year’s programming, the new UNICEF country programme and the UNDAF 2016-2020.

**OUTPUT 8** School children HIV knowledge increased in primary and secondary schools, particularly those aged 10 to 19, have increased their comprehensive HIV/AIDS prevention knowledge from 52 per cent to 90 per cent through life skills education to reduce their risk and vulnerability to HIV infection, by 2015.

**Analytical Statement of Progress:**
MoET disseminated the HIV Knowledge Attitudes and Practice results of the SACMEQ II study which shows that although teachers demonstrate 100 per cent aptitude on HIV knowledge, their learners only perform at 52 per cent. Consequently, the National Curriculum centre would like to conduct an audit of the primary school learning materials to establish the extent of HIV prevention information contained and to adjust their curriculum revision to factor in this finding.
A prototype of the Guidance and Counselling and HIV Teachers handbook was developed and printed for use in modelling the mainstreaming of a guidance and counselling class in the secondary school curriculum. Chapters include HIV prevention, treatment, violence and abuse, hygiene and well-being, career guidance, decision making and life skills. All of these constitute topics aimed at addressing the information needs of particular age groups.

Sensitization events, workshops and meetings were held with everyone in the education sector. However, it is important to also sensitize wider partners in the health sector on the curriculum (and not only those consulted for the writing of the curriculum). A training manual was developed to train master trainers who are responsible for training guidance teachers at the school level.

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

**OUTCOME 7** Vulnerable children and those who survive abuse, neglect, exploitation and violence receive quality services by 2015.

**Analytical Statement of Progress:**
The Mid-Term Review and the new UNICEF Strategic Plan 2014 -2017 provided an opportunity for the office to carefully review and decide on key Child Protection priorities. Therefore, Programme Component Results (PCRs) / Intermediate Results (IRs) were revised to Outcomes and Outputs.

UNICEF Swaziland’s efforts in child protection focus on increasing provision of quality services to children affected by violence, abuse, exploitation and neglect alongside improved understanding of the bottlenecks. Taking into consideration the lower middle income status of the country, the greater portion of the child protection efforts were directed towards upstream policy, strategy and advocacy work with the Government while selectively engaged at the downstream level for proof of concept through partnership with key civil society partners and local authorities.

A major bottleneck observed during this current country programme has been with the lethargic prevention and response to violence against children as exhibited by limited prevention programmes. Understanding social norms and beliefs that perpetuate VAC required significant investment, and is a prerequisite to inform prevention and response programme strategies. UNICEF Swaziland continued to support the Government to improve the quality of multi-sectoral service provision at the One Stop Centre in capital city, Mbabane. This client-oriented comprehensive service centre sets a standard for model services to survivors of sexual and gender based violence. The potential for sustainability of this initiative is improved by the current Government ownership as it bears all the operational costs (staff salaries, office space, and all daily costs).

The identified bottlenecks in the demand area consist of low public awareness on available services and low reporting of violence. UNICEF Swaziland and PEPFAR in close collaboration with UNICEF South Africa, and the South African National Prosecution Authority which has a wealth of experience in managing the post-rape care centres (Thuthuzelas), provided technical assistance in the form of on-the-job coaching and mentoring of the Swaziland One Stop Centre personnel. This South-South collaboration between the two countries has strengthened the
capacity of staff at the One Stop Centre to manage the cases.

A gap also remains in the area of capacity and technical skills of the existing social welfare workforce compared to demand for services. UNICEF Swaziland provided technical assistance to the UNISWA in the development of the course curricula outline in preparation for the establishment of a Social Work Bachelor degree course. The first cohort of social work students enrolled in the course in August 2014. In addition, UNICEF Swaziland together with the Department of Social Welfare (DSW), EU delegation, the US Government and UNISWA formed a task force to explore the best possible options to improve qualification and capacities of the existing social workers through on-the-job training schemes. UNICEF Swaziland facilitated wider exposure of the DSW leadership to the various models of social welfare service provision from the region (Lesotho, Zambia). Regular technical support was provided to the Deputy Prime Minister’s Office, as the Government is restructuring the DSW which is expected to improve the quality and coverage of services provided by the social workers.

The decommissioning of the National Children’s Coordination Unit in early 2014 created a substantial gap in the national coordination of child-related issues. Cognizant of this critical gap, UNICEF Swaziland facilitated Government-to-Government technical assistance between Swaziland and Kenya, which has a well-established department for children shared experience and provided recommendations.

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

**Analytical Statement of Progress:**
UNICEF Swaziland, UNFPA, Together for Girls, and the U.S. Government, in partnership with the Government of Swaziland convened the Global VAC conference held in May, which created strong advocacy momentum for national violence coordination and response. This led to the drafting of a cabinet paper for the establishment of a high level task force on Violence to be discussed by Cabinet in 2015. Once the task force is established it will assist in finalisation of the draft national strategy on violence. In the meantime, UNICEF facilitated the establishment of a multi-sectorial team from all key ministries responsible for VAC agenda. This group acted as de-facto advisory body to the Government in the absence of a statutory task force.

UNICEF provided technical and financial support to the Ministry of Justice and Constitutional Affairs and the Deputy Prime Minister’s Office for the implementation of the Children’s Protection and Welfare Act 2012. A multi-sectoral task team was established, led by the legal advisor of the Deputy Prime Minister’s Office to develop a road map and implementation plan for CPWA, which is expected to be ready by early 2015. Furthermore, UNICEF Swaziland supported development of CPWA training manuals for the Royal Swaziland Police Service. Other Government agencies expecting similar support are the Ministry of Education, Judiciary, Social Welfare and Correctional Services.

To better understand the bottlenecks to universal registration of vital events including birth registration UNICEF in partnership with WHO, UNFPA, UNECA and African Development Bank supported the government to undertake a comprehensive Civil Registration and Vital Statistics (CRVS) country assessment. The key findings of the national assessment included: lack of capacity within health sector to manage CVRS issues; human resource constraints within other government actors; lack of coordination amongst the key actors; minimal and at times incorrect information amongst the rights holders; ineffective use of ICT systems and other management issues within the lead ministry. Significant recommendations included the need to review and
amend existing legislation and policies to align them to international standards in an endeavour to accelerate registration and improve the quality, dissemination and use of vital statistics for developmental purposes. These assessment results informed the development of a 5 year National Plan of Action on CRVS (2015-2020) which is in draft.

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

Analytical Statement of Progress:
UNICEF Swaziland continued to support partners involved in the surveillance system to capture information on incidences of violence (sexual, physical, emotional, and financial) disaggregated by gender, age, type of incident, by location and region, and gives information on the alleged perpetrator. The data provides an opportunity for a trend analysis over time on the incidents of violence, and the information generated is used to inform national prevention and response strategies.

A surveillance report called, ‘Inyandzaleyo’ which means ‘A Cry for help’ documenting this information was published and disseminated to partners. A summary of reported cases of violence between January and June 2014 provided a glimpse of the magnitude of violence. Over 500 cases were reported per month by the surveillance partners. About 40 per cent of cases were against children between the ages of zero and 18, predominantly female (84 per cent), where the perpetrators are mostly male and known to the victim (partner, relative, parent/guardian, neighbour). Violence cases continued to occur primarily at home and in open fields on the way to and from home.

UNICEF Swaziland, UNICEF Zimbabwe and UNICEF’s “Innocenti” Research Institute in partnership with UNISWA developed terms of reference to study the drivers of violence in Swaziland and Zimbabwe to gain an understanding of the social norms that perpetuate violence. This study is set to be commissioned in early 2015.

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

Analytical Statement of Progress:
UNICEF Swaziland provided technical assistance to the University of Swaziland for the development of the Bachelor of Social Work degree course curricula, which was approved by the UNISWA Council. The first cohort of 30 social work students enrolled in the course in August 2014. In addition, UNICEF Swaziland together with DSW, EU delegation, US Government and UNISWA formed a task force to explore the best possible options to improve qualification and capacities of the existing social workers through on-the-job training schemes.

UNICEF Swaziland and PEPFAR in close collaboration with UNICEF South Africa, and the South African National Prosecution Authority (NPA) which has a wealth of experience in managing the post-rape care centres (Thuthuzelas), provided technical assistance in the form of on-the-job coaching and mentoring of the Swaziland One Stop Centre personnel. This South-South collaboration between the two countries has strengthened the capacity of staff at the One Stop Centre to manage the cases.

UNICEF, in collaboration with PEPFAR, continued to provide technical support to One Stop Centre. With the involvement of NPA, four experience sharing workshops were held in
Swaziland by the lead experts from NPA, which were attended by over 120 participants, representing key stakeholder agencies; two one-week long job shadowing exercises were organized for the One Stop Centre staff in similar facilities in South Africa; eight local trainers participated in the statutory NPA training courses on multi-disciplinary response to sexual and gender based violence. As a result, the staff at the Swaziland One Stop Centre adapted a training manual, Blue Print document and drafted a protocol document on how to manage a One Stop Centre. The multi-sectoral team of service providers developed a Memorandum of Understanding) to guide coordination and delivery of services provided at One Stop Centre including referrals. UNICEF also supported an implementing partner, Swaziland Action Group Against Abuse which provided psycho-social support to 169 victims of Violence of whom 91 were children aged zero to 17 years and 78 young people aged 18 to 24 years. UNICEF mobilised a consultant to provide technical support to build a rigorous results matrix and M&E framework around the One Stop Centre.

UNICEF Swaziland supported the Council of Churches to reach out 33 mission schools throughout the country with the project enhancing the awareness on how to recognise VAC and report it. In total, 99 teachers and over 1,700 pupils gained increased knowledge and understanding, which is expected to result in increased reporting of VAC incidents.

**OUTPUT 4** The proportion of new-borns whose births are registered in the 11 hospitals and health centres increased from 44 per cent to 80 per cent by 2015

**Analytical Statement of Progress:**
To strengthen civil registration and vital statistics, UNICEF continued supporting the Ministry of Home Affairs to collaborate with the other relevant ministries in this endeavour.

Realizing the importance of multi-sector approach in dealing with the bottlenecks to registration, multi-sector meetings with the different government departments have been facilitated. This resulted in the implementation of a collaborated effort to improve hospital-based registration of children. Convergence meetings aimed at strengthening the collaboration and taking stock of the progress on planned activities have continued to influence the agenda to address the challenges in the hospital-based registration programme and other barriers to registration. UNICEF continues to support the Ministry to work around the challenges of sustaining this integral intervention through strengthening partnerships with the other relevant ministries, namely MoH and the Ministry of Information and Technology. It is anticipated that a lasting cost-effective solution can be identified and effectively implemented to ensure that the service is integrated at the health centres. UNICEF is currently working with WHO and the United Nations Development Programme (UNDP) towards implementation of the accountability framework for women and children in this regard.

Plans are in place to conduct a national assessment to better understand the bottlenecks to civil registration and vital statistics in the country to inform future interventions. The assessment will inform the focus of the national strategy and review of the Birth Marriages Act of 1982. Some of the bottlenecks to registration are created by the current legislation, therefore, UNICEF is also assisting the Births, Marriages and Deaths Unit to review this legislation to ensure that it is aligned with the ratified international and regional instruments, the National Constitution and the recently-enacted legislation. Working sessions towards reviewing of this legislation with the support from the Attorney General’s office have been technically and financially supported by UNICEF. UNICEF was able to develop a communication strategy to support this work.

**OUTCOME 8** Social protection systems for vulnerable children improved by 2015.
**Analytical Statement of Progress:**
The Mid-Term Review and the new UNICEF Strategic Plan 2014 -2017 provided an opportunity for the office to carefully review and decide on key Social Protection priorities. Therefore, the one Programme Component Result (PCR) and two Intermediate Results (IRs) were revised to become a stand-alone cross-sectoral outcome with one Output under the Deputy Representatives’ oversight.

UNICEF Swaziland in collaboration with Government, development partners and civil society aimed to achieve two particular results: the adoption of a comprehensive cross-sectoral social protection policy targeting the most vulnerable children and women; and focusing on vulnerable children in extremely poor constituencies receiving cash transfers under the EU and World Bank funded project.

Although a policy on social protection is not yet developed, key milestones have been attained. UNICEF Swaziland provided technical assistance to the Department of Social Welfare under the Deputy Prime Ministers Office which has managed to formulate a roadmap towards the development of a Social Protection Policy. The department identified a need to have a national social protection dialogue as a key initial step in bringing on board all relevant stakeholders to improve coordination of social protection in the country. The national dialogue is expected to spearhead the development of a national strategy and policy on Social Protection.

UNICEF Swaziland also advocated for fiscal space to sustain social protection programmes and ensure that social protection goals and targets are defined and embedded in national development plans that are protected by legal instruments.

The Swaziland Government provides most of the social transfers, however, there are limitations on accountability due to limited tracking structures including information systems. To contribute to addressing this challenge, UNICEF supported senior DSW officers to participate in various regional and international learning exposures to understand social protection systems. The Government drew lessons from these exposures which will facilitate establishment of the country’s accountable systems to track social cash transfers.

UNICEF, together with the UN Social Protection Technical Working Group (which UNICEF co-chaired) developed a Joint UN Social protection framework on how to conduct high level advocacy and facilitated development of a Partnership Framework with Government, civil society and development partners.

UNICEF engaged with the EU and World Bank under the OVC Cash Transfer Project and influenced the targeting of the beneficiaries of this project including changing from conditional to non-conditional cash transfers.

**OUTPUT 1** The most vulnerable children receive impact mitigation services by 2015.

**Analytical Statement of Progress:**
UNICEF in collaboration with EU and World Bank provided technical assistance to the DPMO office in the modelling and implementation of the OVC Cash Transfer Project. A baseline study was conducted in order to improve on targeting, ethics and to ensure social inclusion of the Cash Transfer Project.

UNICEF Swaziland provided financial and technical support in the development of IEC materials.
for the project to enhance Government ownership and sustainability of OVC cash transfers. The printed materials include the Implementation manual, pamphlets written in both English and SiSwati (local language) to ensure wider dissemination.

With UNICEF Swaziland support in collaboration with partners, DPMO sensitised Government Ministries – Labour, Agriculture, Health, Commerce Industry and Trade - academia, civil society and the private sector on social protection. Furthermore, UNICEF exposed the DPMO staff to a number of knowledge exchanges both at international and regional level. These included participation of three DPMO staff at a Regional Face-to-Face meeting on Cash Transfers in Zambia, a Regional Conference in Ethiopia and a Global Conference on Social Protection in USA. The meetings enhanced the participants understanding and learning on how to move a cash transfer programme into a social protection system, including strategic approaches to link with human and economic development. In addition, UNICEF Swaziland, through a recommendation from ESARO, exposed the DPMO to the Zambia Management Information System to gain knowledge in tracking social cash transfers, increase accountability of allocations and operationalise costed national plans for social protection based on the concepts of “minimum package” and national “social protection floor.” The DPMO has included the lessons learnt in its 2015 Annual Workplan.

UNICEF provided technical assistance to the DPMO through engagement of a Social Protection Consultant. Through this technical support, the DPMO developed a roadmap towards the development of a Comprehensive Social Protection policy which included awareness raising on social protection. UNICEF co-chaired with UNDP the UN Social Protection Technical Working Group that included UNFPA, UNAIDS and WFP. In addition, UNICEF Swaziland engaged with the EU and World Bank around Social Protection which led to the joint preparations for the National Dialogue on Social Protection. UNICEF also supported the development and submission of a Cabinet Paper to request to convene the dialogue and set up a National Technical Working Group on Social Protection. The National Dialogue on Social Protection is planned for February 2015.

OUTCOME 9 High quality knowledge on the situation of children and women generated from M&E initiatives and evidence used to influence policy, decision making and positive social and behavioural change by 2015.

Analytical Statement of Progress:
The cross-sectoral outcome achievements are a result of milestones realized through monitoring, evaluation and communication for development to support programmes. The main constraint is that M&E and communication for development (C4D) concepts are not well institutionalized within implementing partners which makes programming a challenge. Capacity development and mentoring was seen to be the best approach in institutionalizing these concepts in such a way that partners recognize the need to utilize these concepts. Thus, UNICEF Swaziland focused on capacity strengthening of partners and provided technical support in M&E and in the application of C4D principles.

To ensure generation of high quality information to support policy decision making and positive social behaviour change, UNICEF Swaziland, working closely with government, other development partners and civil society organisations, played a leading role in providing financial and technical support to conduct one major household survey, several other research and studies.

With UNICEF Swaziland, ESARO and UNICEF headquarters’ support, the Central Statistical
Office in the Ministry of Economic Planning and Development successfully completed the 2014 Multiple Indicator Cluster Survey MICS. This will enable the Government of Swaziland to submit updated data for the UN General Secretary’s MDG report by the end of January 2015.

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

Analytical Statement of Progress:
To contribute towards strengthening evidence based communication and capacity building of government institutions, civil society and community-based organizations in evidence based communication and social mobilization, UNICEF in collaboration with WHO and MOH, supported training of health personnel and civil society partners on C4D. Following this training, various health departments are now applied C4D principles in implementing their communication plans.

Subsequent to the training of 35 health promotion and communication personnel, the Ministry of Health under the leadership of Health Promotion unit, established a national advocacy communication & social mobilisation Technical Working Group (TWG) which focused on planning, implementing and monitoring EPI activities. As a result EPI activities including Africa Vaccination Week, Child health days and introduction of PCV 13 vaccination, were well coordinated and implemented with clear communication messages to the public using a variety of communication channels.

One key outcome of the C4D training was the establishment of a National Advocacy, communication and community mobilisation TWG led by the Ministry of Health which includes communication personnel from the ministry, civil society and the UN. The TWG was responsible for planning, implementation, coordination and monitoring of EPI activities within the MoH.

The trained MoH Health Promotion team conducted a top down sensitization of all MoH programme managers; and the same team effectively led the multi-pronged communication on Long life ART to pregnant and lactating mothers (Option B+) in preparation of its introduction in the country in October 2014. Similarly, this team spearheaded communication activities during the rota virus outbreak. Furthermore, the Health Promotion team confidently led various community dialogues, sensitization meetings, radio programs and developed culturally appropriate IEC materials.

In order to build capacity of communities especially parents, community leaders and adolescents, UNICEF in collaboration with World Vision engaged 30 communities in conversations on HIV, sexual reproductive health and Violence.

A Knowledge, Attitude, Practice, and Behaviour survey on HIV, sexual reproductive health and violence was conducted in 30 communities. The results from the survey informed the areas of focus for the community dialogues. As a result, each of the 30 communities pledged to facilitate platforms for adolescents to discuss amongst themselves and share with adults how they need to be supported in preventing HIV and violence, and means for them to get required information and services on reproductive health. Adolescents living with disabilities were also able to share their views on how they want to be assisted and have access to information and services on HIV and sexual reproductive health.
OUTPUT 2 Quality data for evidence based policy planning, monitoring and evaluation and accountability for the rights of children improved by 2015.

Analytical Statement of Progress:
UNICEF Swaziland in collaboration with the Government and implementing partners conducted routine monitoring of programme implementation and gathered information through surveys, research and studies.

Seven out of the planned fifteen studies, surveys, research and evaluations were commissioned. The Child Poverty study was successfully completed and report disseminated to stakeholders. Of the four studies/surveys; MICS, Evaluation of Child Friendly Schools Programme, Adolescent Profile and an Assessment of Civil Registration and Vital Statistics (CRVS) in Swaziland were conducted and all draft reports are in place. Two on-going operational researches; Prevention of Mother to Child Transmission of HIV (PMTCT) and “Understanding barriers to uptake of ART initiation and retention by identified HIV-Infected infants” were initiated and will be concluded by first quarter of 2015. The main challenge for delays in conducting the other planned surveys was mainly due to financial and time constraints.

UNICEF Swaziland conducted internal monitoring through Results Assessment Management monthly Programme Coordination Meetings, Country Management Team meetings and field monitoring visits. These were instrumental in tracking progress of planned activities which act as a basis for mid and annual reviews. The Office successfully conducted a Mid-Year review with support from ESARO resulting in modification of programme indicators to be results-based management compliant. In collaboration with implementing and development partners, UNICEF Swaziland conducted annual review which tracked the achievements of results whilst mapping priorities for the following year.

OUTCOME 12 Management of financial, human resources and accountability of results improved by 2015.

Analytical Statement of Progress:
The UNICEF Swaziland Country Management Team central statutory committee and management body, advised the Representative on policies, strategies, programme implementation, operations, management and performance. The CMT met monthly, identified annual priorities and monitored the guided the response for successful closure of the 2012 internal audit recommendations. In collaboration with ESARO, UNICEF Swaziland undertook a peer review to further sustain closure of audit recommendations and strengthened its operational systems.

UNICEF Swaziland prioritized staff capacity building and organized trainings including: competency-based interviewing; career planning; harmonized approach to cash transfers; managing for results, communication for development, managing performance for results; and Office 365. These trainings strengthened staff capacity for change and performance management.

OUTPUT 1 Effective and efficient governance and systems strengthened by 2015.

Analytical Statement of Progress:
The UNICEF Swaziland CMT met monthly, alternating chairs to capacitate staff on leadership and to encourage ownership of discussions and outcomes. Where necessary, special CMT
meetings were convened to discuss Mid-Term Review recommendations and prepare for programme budget reviews. UNICEF Swaziland developed planning tools to strengthen its operational system such as procurement, consultancy and leave plans, during the first quarter of the year.

Having developed a management plan and identified annual priorities, the CMT reported on country office performance indicators. As part of its effectiveness and efficiency initiative, UNICEF Swaziland responded to the opportunity provided by the GSSC review to update all work processes. In terms of systems strengthening, the office requested a peer review from ESARO to assess its internal control systems, including financial management and stewardship. The review identified major risks and made recommendations to strengthen controls. UNICEF Swaziland reviewed work processes, consolidated work- and travel plans, and streamlined operational processes and closed 2012 audit recommendations.

UNICEF Swaziland staff members undertook mandatory security training, including basic and advanced security in the field. Staff members were provided with clear instructions should an emergency evacuation of the premises be required. UNICEF Swaziland staff obtained security clearance from the UNDSS travel request information processing system prior to departure for all international travel.

UNICEF Swaziland migrated to the cloud-based Office 365 suite and embraced Microsoft Outlook, the new MS Lync and OneDrive for Business through standard Office Automation. This migration brought features of Office 365 to smartphone handset, creating a mobile workforce that has flexibility to operate from wherever there is access to internet. With the use of MS Lync, staff accessed numerous webinars, participated in the live discussions including the all staff town hall meeting by the office of the Executive Director, regional and other country offices on topics pertinent to staff as well as for sharing good practices.

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

Analytical Statement of Progress:
UNICEF Swaziland updated its Enterprise Risk Management and identified two areas of concern (funding and external relations, and human resources) along with appropriate mitigation measures. The office has begun to implement these measures, including training all 22 staff members on policies and procedures relating to the new harmonized approach to cash transfers financial policies and internal controls, all which enhanced the staff’s capacity to monitor implementation of programme assurance activities. Staff members were also oriented on the new travel policies and procedures.

UNICEF Swaziland through the CMT reviewed office management indicators, including budget implementation, bank reconciliations, outstanding direct cash transfer liquidations, programme financial implementation and the sustainability of audit recommendations on a monthly basis. By the end of 2014, UNICEF Swaziland attained the key performance indicator benchmark of less than one per cent outstanding direct cash transfers over six months.

UNICEF procured supplies and services valued at US$809,867.70. The bulk of this procurement was in the form of administrative supplies, workshop and conferencing facilities and printing services. Services sourced through local vendors amounted to US$467,956.00. All goods and services were delivered directly to the implementing partners, in accordance with best practice to avoid warehouse costs. The capacity of local suppliers improved in timeliness,
quantity and specifications and met programme needs. Financial management and stewardship benefited from the recent peer review feedback indicating key areas of improvement.

OUTPUT 3 Staff Costs

**Analytical Statement of Progress:**
Human resource capacity assessment (skills mapping)
Mid-Term Management Review process (Regional advisors visit, global and regional staff association chairs visit to support staff on HR related issues)
Group and individual trainings
Staff development draft document for change management transition

OUTPUT 4 Human Resources

**Analytical Statement of Progress:**
UNICEF Swaziland comprises of a total of 24 staff; nine national professionals, ten national general service staff and five international professionals, of whom 52 per cent were female.

UNICEF Swaziland prioritized initiatives to strengthen staff capacity for change and performance management and conducted five group trainings and learning activities to all staff which included: competency-based interviewing for Interviewees; career planning; harmonized approach to cash transfers; managing for results, communication for development, managing performance for results; and Office 365. UNICEF Swaziland achieved a 100 per cent performance appraisal completion rate by mid-year.

Virtual and on-the-job training of Swaziland’s human resource focal point by the Human Resource Manager at the Pretoria hub in the third and fourth quarters enhanced the capacity of the office to participate in recruitment for three posts.

UN Cares was complemented by the UN Learning Strategy on HIV/AIDS and UN Plus. As a partner, UN Plus serves as the advocacy and support network for UN personnel living with HIV. Under the UN Cares program, all UNICEF Swaziland staff were encouraged to complete the HIV in the Workplace Training and were trained on accessing post exposure prophylaxis kits.

### Document Centre

#### Evaluation

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