1 EXECUTIVE SUMMARY

2010 marked the final year of implementation of the Country Programme. Through work with partners, the programme achieved the following results:

- **Increased service delivery coverage** – PMTCT coverage increased from 65% to 75.6% and the number of facilities taking dry blood spots for DNA PCR increased from 90 to 118. Eighty-nine per cent of children 6 – 59 months old received one dose of Vitamin A supplements through child health days. UNICEF supported implementation of the first phase of complete abolition of school fees for grade 1 and 2 in all primary schools in the country.

- **Quality improvement** - QI activities for PMTCT and Paediatric Care were implemented in 25 facilities. Quality indicators focused mainly on PMTCT, adult and paediatric ART and TB were also developed. To enhance the quality of HIV prevention interventions, age-specific HIV prevention modules focusing, among others, on delaying sexual debut and male circumcision were developed. Integrated services (health, psychosocial support, Early Childhood Care and Development) for vulnerable children were provided through Neighbourhood Care Points.

- **Policy and strategy formulation**, building on the solid foundation of 2009 technical support was provided for finalisation of the following policies: Education Policy, Social Development Strategic Plan 2011-2015 and Swaziland’s Food and Nutrition Strategy. Advocacy for speedy ratification of international conventions was prioritised.

2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

In Swaziland, 2010 was heavily affected by the global economic crisis. Its impact rippled through the majority of Swaziland’s 1 million people, who already suffer from the effects of HIV/AIDS, TB, food insecurity and high levels of poverty. After a drop in Southern African Customs Union (SACU) receipts, the primary source of Government revenue, public spending was cut drastically for the first time after years of fiscal expansion. The Government developed a Fiscal Adjustment Roadmap 2010/11-2014/15 and negotiated with a number of international financial institutions, including the International Monetary Fund, for budgetary support. Faced with a cash flow crisis, the Ministry of Finance suspended all tenders, orders and other forms of procurement for the remainder of the fiscal year (Weekend Observer, 20 November, 2010). Other cost-cutting measures include plans to freeze wages for civil servants and cut the size of the public workforce by 20 per cent. In an economy with a civil service wage bill of almost 18 per cent of GDP (the largest in Sub-Saharan Africa), this will have ripple effects for Swazi households, the majority of which have been hosting orphans and vulnerable children (Vulnerability Assessment Committee, VAC, 2006). In addition, the quality of service delivery is likely to deteriorate if social sector budgets are cut in line with Government cost-cutting measures.

Children are likely to be among the most severely affected by the crisis, as household wealth/incomes are the most important predictor of severe deprivation among children (Child Poverty Study, UNICEF 2009). This could lead to increased dropout and repetition among school-aged children, reversing the gains brought on by the phased introduction of Free Primary Education in January 2010. Reduced incomes may also cause already high levels of child malnutrition to increase, as Swazi households often use food rationing as a coping mechanism when they experience a shock (VAC 2006). Increased food insecurity is also likely to increase morbidity among 53,000 adults and children living with HIV in need of anti-retroviral therapy (ART). While the Government assured
its protection of social sector spending (specifically health and education), it is doubtful that any sector will be unaffected by the economic downturn.

To mitigate the impact of these conditions on children and women, UNICEF worked across several domains, from research and policy analysis, to advocacy and communication and programme implementation. To strengthen the evidence base for the situation of children and women, support was provided to the Central Statistical Office (CSO) to conduct Round 4 of the Multiple Indicator Cluster Survey Round (MICS). This will help Swaziland assess progress towards international and national commitments for children, and formulate evidence-based, child-sensitive policies, laws, programmes and budgets. Financial and technical support was provided to the Department of Social Welfare to conduct “A situation and needs assessment of children and young persons with disabilities.” The findings of this study indicated that children and young persons with disabilities lack access to basic services, including education and health care and were at higher risk of abuse and discrimination. UNICEF supported additional studies on vulnerability including, the ‘Quality, Relevance, Timeliness, and Comprehensiveness of Impact Mitigation Services (QIMS)’, the 2010 HIV Sero-surveillance survey and the 2010 Vulnerability Assessment Study. To address gender-based violence (GBV), UNICEF and the Department of Social Welfare co-led an initiative called the ‘National Surveillance System on Abuse’ to improve the way the country tracks and monitors domestic and sexual abuse.

As part of efforts to reach vulnerable children most in need, UNICEF intensified community-based approaches to child programming and support for decentralisation of basic services. UNICEF helped strengthen social protection systems for highly vulnerable groups, including children. These initiatives include, child-friendly community centres known as Neighbourhood Care Points (NCPs).

3 CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview

2010 marked the last year of the five-year Country Programme that started in 2006. The Office focused on developing the new Country Programme 2011-2015, as well as consolidating programmes currently underway. The finalisation of the United Nations Development Assistance Framework, development of the UNICEF Country Programme Document, Country Programme Action Plan and Country Programme Management Plan were core priorities in 2010.

Programmatically, the Swaziland Country Office (SCO) sustained its focus on HIV, the leading cause of child and maternal mortality, and the growing vulnerability of children in Swaziland. Focus was on 10 management priorities, including: (1) improve quality of education for grades 1, 2 & 3; (2) deliver a minimum package of services (Psychosocial Support, Early Childhood Care and Development, Water Sanitation and Hygiene, Health) at 200 new NCPs with 10,000 vulnerable children; (3) support the establishment of a child-friendly corner in the Domestic Violence and Child Abuse Units of all police stations; (4) achieve the Universal Access target on prevention of mother-to-child transmission of HIV; (5) develop and implement children’s radio programme focusing on prevention of HIV and violence; (6) implement Round 4 of the Multiple Indicator Cluster Survey; (7) Develop a Country Programme Document, Country Programme Action Plan and Country Programme Management Plan.

Within the framework of the Paris Declaration on Aid Effectiveness the CP continued to support national priorities as articulated in key policy and strategic frameworks. UNICEF continued to provide technical support to various sector working groups and other
coordination processes. Within the context of UN coherence, the Joint Programme on HIV and AIDS was the main channel for joint programming.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development

The Education and Life Skills programme effectively improved the capacity of Ministry of Education and Training (MoET) and partners in conceptualising and planning strategic interventions on HIV prevention in schools for the submission of the Global Fund Round 10 proposal. UNICEF actively supported MoET and civil society to clearly define targets, activities and interventions to present a comprehensive and articulate proposal.

UNICEF was also actively involved in strengthening the capacity of early childhood development (ECD) caregivers and teachers in the country. UNICEF supported MoET to organise induction and refresher courses for more than 400 teachers and caregivers providing early childhood care and education in NCPs and ECD centres to 20,000 children nationwide. Based on lessons learned during the training, MoET will institutionalise similar trainings to ensure on-going capacity development. In 2011 the Ministry of Education and Training plans to establish model ECD centres to help standardise service offered at NCPs and formal ECD centres.

After the Media Institute of Southern Africa’s (MISA) monitoring of media coverage revealed a need for capacity building on children’s issues, UNICEF and MISA developed and conducted a workshop on sensitivities involved in reporting on children's issues. In the long run, MISA will organise similar capacity development initiatives aimed at strengthening the role of the media in reporting issues affecting children.

In 2009 UNICEF supported the establishment of an in-country DNA PCR testing facility, resulting in 100 per cent of samples being tested locally and an improved turn-around time for DNA PCR results. To ensure uninterrupted services in case of mechanical breakdown, a back-up machine was procured in 2010. The Ministry of Health leveraged additional resources for the national laboratory through USAID and mobilised resources to sustain the human resources for the Laboratory.

3.1.2.2 Effective Advocacy

UNICEF advocated for the mainstreaming of HIV/AIDS in the Education Sector policy based on experience in the SADC region. Mainstreaming of HIV and AIDS in the Education policy was also in response to the need to strengthen the role of the sector in addressing HIV and AIDS. The Education policy, currently awaiting final approval by MoET, is considered a leading example in the region for the mainstreaming of HIV/AIDS.

UNICEF also advocated for the inclusion of the Schools as Centres of Care and Support (SCCS) strategy within the Education Sector policy, so that every school will serve as a centre for care and support of children and communities will implement the seven pillars of the strategy.

Children’s month (June) continues to provide an opportunity for effective advocacy on children’s issues in the country. The focus in 2010 was on raising nationwide awareness about child trafficking. In collaboration with the National Children’s Coordinating Unit and NGOs, UNICEF mounted a month-long campaign on “RED CARD Child Trafficking”. Launched by the Deputy Prime Minister, it provided an opportunity for the National Task Force on Trafficking to launch the Toll Free Number (975) for reporting child trafficking. Community dialogues were held in all four regions, where parents, teachers and guardians were sensitised on the issue. This culminated in regional activities attended by children and their parents that featured music, poems and speeches focused on trafficking. Cabinet ministers, a judge from the High Court, Regional Administrators,
3.1.2.3 Strategic Partnerships

UNICEF continued to invest in strategic partnerships. In 2010 UNICEF strengthened partnerships with faith-based organisations (FBOs) with a focus on their role in addressing violence against children. The FBOs signed a pledge to take immediate steps to end all forms of violence against children, especially girls and vulnerable children, and to provide necessary support to children infected with HIV. Action plans with concrete targets and timelines were developed for implementation in 2011.

UNICEF also continued to work closely with the Children’s Consortium, a network of NGOs working with and for children in Swaziland. The consortium was also involved in advocacy for children, especially during the Month of the Child in June.

Within the context of Delivering as One, UNICEF strengthened its partnership with UN agencies. Accordingly, in the area of HIV and AIDS, UNICEF participated in the Joint UN Team on HIV and AIDS, and provided leadership for the UN Theme Group on HIV/AIDS and the cluster concerned with impact mitigation and prevention.

Within the context of the Country Programme Development process, various consultations were held with partners to determine focus areas for UNICEF based on its mandate and comparative advantage. Quarterly coordination meetings were held with strategic partners to ensure effective communication and joint monitoring of the work plan.

UNICEF staff played a key role in national coordination processes, such as the Global Fund proposal, sector working groups and the Emergency Preparedness and Response Team.

3.1.2.4 Knowledge Management

Several studies and surveys were undertaken in 2010. Key surveys conducted with UNICEF support include Round 4 of the Multiple Indicator Cluster Survey Round (MICS), Quality, Relevance, Timeliness, and Comprehensiveness of Impact Mitigation Services (QIMS), Maternal and Neonatal Care Assessment, Knowledge Attitude and Practice studies on Neonatal Male Circumcision (NMC) and Swaziland Vulnerability Assessment.

To support the Education system, a Free Primary Education Survey was conducted. With support from the regional office, UNICEF conducted a study on teacher recruitment, development and retention, highlighting gaps and challenges of the teaching system. The study will be presented to MoET and stakeholders during the first quarter of 2011.

To improve knowledge on emergency preparedness and response, UNICEF supported disease surveillance systems at the national and sub-national levels. In addition, technical support was provided for the vulnerability assessment.

3.1.2.5 C4D - Communication for Development

HIV prevention was the main focus of Communication for Development (C4D) in 2010. UNICEF played a pivotal role in the finalisation of the national social and behaviour communication strategy for HIV prevention, and facilitated the development of HIV prevention modules that will guide communication on HIV prevention. The child-to-child radio programme, also supported by UNICEF, piloted some of the modules. To improve health and hygiene practices, UNICEF supported the development of communication materials focusing on hand-washing at critical times, promotion of breastfeeding, neonatal male circumcision and other child care practices.
3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation

The Country Programme Action Plan development process provided a good opportunity for applying a rights-based approach to programming (HRBAP). The UNDAF situation analysis of children and women, Child Poverty Study and other studies that guided the CPAP were all grounded in rights-based approaches, including causal analysis, analysis of and focus on addressing inequalities, including gender inequality. As part of the rights-based approach to programming, the design of the CPAP also included capacity analysis of duty-bearers to fulfil the rights of children and women.

Programme implementation was also guided by HRBAP. Accordingly, service delivery such as Child Health Days, support for Free Primary Education and water and sanitation interventions were targeted at the most deprived populations. In this regard Lubombo and Shiselweni regions, where children experience severe deprivations, were prioritised.

To develop the capacity of Government, NGOs and civil society organisations, UNICEF and other UN agencies organised training on human rights, focusing, among other things, on human rights in the context of human development, human rights protection systems and applying the Human Rights-Based Approach.

In 2010 UNICEF supported training on International Human Rights /Justice for children for Correctional Services. This training influenced Correctional Services programme priorities and budget allocation.

Technical support was provided to the National Children’s Coordination Unit to prepare a States Party report on the UN Convention of the Rights of the Child, which is due for submission in 2011.

3.1.3.2 Gender Equality and Mainstreaming

In 2009 UNICEF conducted a gender audit, which recommended that gender champions be identified from the programme and operations sections. In 2010 five staff members and five members of the UN Gender Theme Group were trained on gender mainstreaming by a local consultant and the Gender and Family Unit. Participants identified the need for on-going capacity building for the champions as well as all staff to ensure that gender is mainstreamed in planning, budgeting, implementation and monitoring of all programmes.

To address gender inequality, the UN began development of a Joint Programme on Gender. UNICEF will take the lead on school-based interventions as well as a surveillance system on abuse. Within the context of on-going equity analysis, gender analysis of key indicators was conducted to inform programme implementation. Documentation of Swaziland’s response to violence and abuse also provided an opportunity to enhance knowledge on the gender dimensions of violence and abuse.

3.1.3.3 Environmental Sustainability

The development of the CPD involved an Environmental Impact Assessment to determine the potential impact on water and sanitation interventions. Vulnerability analysis was carried out through the annual Vulnerability assessment. The 2010 Emergency Preparedness and Response Plan incorporated, among other things, WASH and Health, in line with UNICEF’s core commitments for children.

UNICEF collaborated closely with UNDP in the area of Disaster Risk Reduction. In this regard, a pilot community-based DRR mapping was conducted with UNICEF participation. The results will inform future scale-up of DRR work.
The mapping of DRR conducted by ESARO also provided an opportunity to improve knowledge on disaster risk reduction and effective ways of integrating DRR in UNICEF programmes.

3.2 Programme Components

**Title: Education and life skills**

**Purpose**

The Education and Life Skills programme aims to allow children, especially marginalised OVC, to exercise their right to education by enrolling and completing primary school with minimal repetition, or to participate in non-formal education (NFE) programmes. The programme supports the UNDAF outcomes of a strengthened and intensified multi-sectoral national response to HIV and AIDS, and improved access to basic social services, especially for vulnerable and marginalised groups. In line with the PRSAP goal of stopping new infections and managing existing infections to reduce vulnerability of children and families, the programme supports strategies for ensuring access to Free Primary Education (FPE) through the Universal Primary Education (UPE) program. UPE includes access to Early Childhood Development programmes, integration of inclusive education in all schools and access to primary education. In line with the PRSAP, the programme will mainstream the use of innovative communication and participatory strategies in life skills, including HIV and AIDS and reproductive health issues in the school curriculum, and intensify sex education at primary and high school levels to discourage teenage pregnancies. The programme will work to make schools safe for children and assist schools in providing support to OVC. The programme relates to MDG 2 and has three AWPs: 1) gender and life skills. 2) UPE, and 3) schools as centres of care and support (SCCS).

**Resources Used**

Total approved for 2010 as per CPD: US$1,090,000.00
Total available for 2010 from all sources: RR US$124,435.85; OR US$950,651.35
Total: US$1,075,087.20

**Donors**

Government of Netherlands, Spanish National Committee, Thematic Funds

**Results Achieved**

- **Free Primary Education**: UNICEF actively supported MoET to implement the first phase of Free Primary Education for grade 1 and 2 in all schools in the country. UNICEF provided 2,100 sets of furniture, benefiting around 4,200 children a year, and created an M&E framework for FPE. Enrolment increased by 33.4% in grade 1 and 4.05% in grade 2.
- **Education Sector Policy Revision**: The Education Sector Policy was drafted and shared with a wide range of stakeholders from inception to finalisation. The policy mainstreams HIV/AIDS and gender and employs SCCS as a main strategy.
- **Education Sector Coordination**: UNICEF supported a meeting among the Principal Secretaries of MoEPD and MoET, MoET planning officers, EU SET programme officers and UNICEF. Since then, no further steps have been taken and UNICEF will most likely need to reconvene these groups in 2011.
- **Education Management Information System (EMIS)**: EMIS data is currently available only through 2007. In 2010 UNICEF supported the data entry of all
education information from 2008 to 2010. This data set will available by early 2011.

- **Early Childhood Care and Education:** UNICEF supported MoET to conduct an ECD follow-up training for 400 teachers and caregivers (reaching 20,000 children aged 3 to 7). UNICEF helped introduce Early Learning Development Standards to stakeholders, MoET, MoH, NGOs and NCCU, and supported development of an action plan, which will be finalised in 2011. UNICEF worked with UNISWA to introduce ECCD as a university course. ECD and PSS (psychosocial support) kits were distributed in 188 ECD centres, benefiting 9,400 children aged 3 to 7.

- **Life Skills Education, HIV Prevention and Gender:** Education and Life Skills team conducted a status review of HIV through life skills education. To address the identified gaps, UNICEF created a task force led by MoET to develop age-specific HIV prevention teaching and learning materials for in-school children.

- **Prevention of Abuse in Schools:** MoET’s response to violence against children was supported through the provision of child friendly equipment that will be used during trials for teacher-student cases of sexual abuse.

**Future Workplan**

- Continued support to MoET for the effective implementation of FPE and strengthening of M&E
- Advocacy and support for the introduction of Life Skills Education for HIV prevention lessons in all primary and secondary schools
- Advocacy and capacity building for comprehensive action against violence, sexual violence and abuse in schools
- Continued work on ECD, particularly for finalisation of the draft early learning standards and advocacy for a comprehensive Swaziland strategy on ECD
- Strengthening and scale-up of SCCS in 90 schools.

**Title: Child survival and development**

**Purpose**

The Child Survival and Development (CSD) programme aims to strengthen and scale-up health and nutrition interventions, PMTCT and paediatric AIDS care. For children who are HIV positive, the programme seeks to improve home and community care practices, and increase access to safe water and basic sanitation. CSD supports the implementation of PRSAP under the policy objective of HIV and AIDS reduction and improving basic health care. CSD contributes to the UNDAF outcomes of a strengthened and intensified multi-sectoral national response to HIV and AIDS and improved access to basic social services. The programme, which relates to MDGs 1, 4, 5, 6 and 7, includes three Annual Work Plans: (1) PMTCT and Paediatric AIDS; (2) Child Health and Nutrition; and (3) Water and Environmental Sanitation.

**Resources Used**

Total approved for 2010 as per CPD: US$1,090,000
Total available for 2010 from all sources: RR US$150,200; OR US$2,188, 884
Total: US$2,038, 684

*Donors:*

DFID
OPEC Fund
Netherlands
Results Achieved

Reduce the number of paediatric HIV infections

- PMTCT coverage increased from 65% to 75.6%: PMTCT coverage at the end of September was 75.6%. PMTCT services can be accessed in 137 facilities (80%) in the country. Some 83.7% of HIV-positive pregnant women received antiretrovirals for PMTCT and 75.8% received a more efficacious regimen. Of the 6,704 HIV-exposed infants who attended a child welfare clinic at six weeks, 89.2% received ARV prophylaxis at birth.
- The percentage of patients on ART who are children increased from 9% to 9.9%. By end-October 2010, approximately 7,064 children (<15 years) were on ART. For adults (>15 years), approximately 64,205 (23,207 males and 40,998 females) were on ART. The number of children on treatment is about 10% of the total patients on ART. The overall coverage for children in need of ART is about 77.9% and 83.2% for adults. Among infants (children under 12 months); approximately 30% received ART.
- Quality Improvement activities were implemented in 25 facilities: 16 national QI indicators focused mainly on PMTCT; Twenty-two national mentors/coaches for QI were trained and 100 nurses from 32 health facilities received training on how to implement QI activities.

Child nutrition

- Eight Tinkhundla (constituencies) were trained and equipped to conduct community-based growth monitoring and promotion (CBGMP); increasing the number of constituencies conducting CBGMP from 19 in 2009 to 27 in 2010.
- 40 health workers (26 nurses and 14 doctors) from five health facilities were trained to provide therapeutic feeding services to severely malnourished children, increasing the number of facilities providing this service from 27 in 2009 to 32 in 2010, serving around 764 severely malnourished children.

Integrated health and nutrition services

- 67% (Jan – October) of infants nationwide were reached with the third dose of pentavalent vaccine (DPT, hepatitis and haemophilus influenza type b).

Future Workplan

- Support for implementing PMTCT services to help eliminate MTCT by 2015
- Support for treatment and care of HIV-infected children, especially infants
- Strengthen integrated management of childhood illnesses to ensure proper management of diseases such as pneumonia, diarrhoea and opportunistic infections in HIV-positive children
- Strengthen community-based child health interventions such as early identification of malnutrition and community approaches to sanitation (CATS)
- Promote hand-washing campaigns in primary schools and local communities.

Title: Safety nets for child protection

Purpose

In 2010 the Safety Nets programme focused on consolidating efforts carried out over the past four years towards the creation of an enabling environment for the fulfilment of children’s rights by lobbying and, through supporting efforts towards legislative reform, ratification and domestication of child-friendly international instruments and enforcement.
of child protection systems. Efforts to scale-up service delivery to reach the most vulnerable children included operationalizing the new legislation and policies through strategic plans, guidelines and standards (NPA for Children 2011-2015, Social Development Strategic Plan 2011-2015, Guidelines and Standards for Alternative Care, Strategy and Actions on Violence against children). Leveraging resources was an integral part of the strategy for enhancing the implementation of the Children’s Policy through the NPA for Children, Social Welfare Policy and the new NCP Vision to scale up service delivery at the national, regional and community levels.

The main results planned for 2010 included:

- Government lobbied and supported to ratify five international conventions and pass two bills into legislation to create an enabling environment for the fulfilment of children’s rights
- Ten priority actions from the 72 CRC recommendations are implemented and monitored and the consolidated State Report drafted and finalised
- 10,000 OVC reached with basic social protection services through strengthening institutional frameworks and leveraging resources for the implementation of the NPA for Children, Social Development policy and the new NCP vision and strategy to scale up service delivery at national, regional and community level
- Institutional frameworks for child protection and social protection strengthened and strategic implementation plans developed to coordinate and enhance service delivery for protection of children, especially OVC, at national, regional and community level.
- Proportion of infants delivered at major hospitals receiving prompt birth registration services increased.

Resources Used:
Total approved for 2010 as per CPD: US$1,590,000
Total available for 2010 from all sources: RR - US$223 329.68; OR - US$1,568738.98
Total: US$1,1792068.66

Donors
DfID, USAID, US Funds for UNICEF, Danish Committee for UNICEF, Spanish Committee for UNICEF

Results Achieved
1. National Child Protection Programme

As part of the measures to intensify the Response to Violence and Abuse against Children the Department of Social Welfare and stakeholders of the Abuse Network were supported to develop draft Guidelines for the management and referral of sexual abuse cases. In addition the National Guidelines on Alternative Care and Minimum Standards for Residential Child Care Facilities were finalised to guide service provision for vulnerable children without parental care. Furthermore, ‘Child- friendly rooms’ for provision of counselling and psychosocial support services to survivors of abuse, by the Royal Swaziland Police, finally achieved 100% coverage.
The hospital-based birth registration pilot, which started with a low registration rate of 43% for the period September to December 2009, recorded an average of 56% birth registration rate amongst new-born babies during the period January to September 2010. The target for 2010 was to reach at least 60%.

2. Community Child Protection Programme
To consolidate the gains achieved in the Neighbourhood Care Point project, which reached 50,000 children by 2009, a national five-year strategic plan for NCPs was developed. It aims to transform NCPs from feeding centres into fully pledged ECCD centres and has early learning at its core. UNICEF’s target for 2010 was to establish 100 permanent NCPs and to support the piloting of the draft NCP National Strategy in at least 200 NCPs. By end of year, 71 permanent NCP main structures were completed with 48 ventilation improved pit (VIP) latrines. In addition, 241 NCPs country-wide were equipped with ECCD kits, PSS kits, furniture, ECCD books, to reach 10,287 children aged under 5 (5,570 girls and 4,717 boys), against a target of 10,000 vulnerable children.

Constraints
Lengthy legislative procedures continue to pose challenges to the enactment of legislation and ratification of international conventions.

Future Workplan
- Assess existing child protection and social welfare systems and support reform processes to address identified gaps, in line with the UNCRC and other international standards.
- Support Government to coordinate the implementation and monitoring of the National Plan of Action for children, the new NCP strategy and the Social Development Strategic Plan, adopting ‘Systemic Approaches to Social Welfare and Child Protection’.
- Support the development of a National Action Plan for the prevention and management of violence against children, and strengthen capacities to respond at all levels.
- Strengthen multi-sectoral approaches to improve birth registration of children.

Title: Advocacy and communication for child rights

Purpose:
The advocacy and communication for child rights programme seeks to strengthen advocacy and communication strategies that empower communities, including children and women with comprehensive knowledge, skills, motivation and authority to reduce risk and mitigate the impact of HIV infection. This is in line with the UNDAF outcome relating to strengthening and intensifying the multi-sectoral national response to HIV and AIDS and enhancing capacity of key national and local level institutions for improved governance. It also supports the PRSAP strategy for strengthening the campaign for behavioural change to reduce the spread of HIV infection.

The Social Policy, Monitoring and Evaluation (M&E) component of the Country Programme employed a number of key programme strategies, including capacity development, knowledge management, effective advocacy and strategic partnerships. It had four annual targets, and annual targets 1 and 2 sought to address capacity development in the context of M&E for OVC response, while annual target 3 touched on knowledge management relating to OVC programmes. Annual target 4 aimed to improve capacity of the Country Office to monitor its own progress towards various targets/priorities.
Resources Used
Total approved for 2010 as per CPD: US$817,600.19
Total available for 2010 from all sources: RR - US$123,759; OR - US$905,069
Total: US$1,028,829

Donors:
United Kingdom Committee ($50,000)
United Kingdom (DFID) ($2,000)
Netherlands ($2,000)

Results Achieved
Advocacy and Communication results:
UNICEF worked with the Social and Behaviour Change Communication Working Group to develop a communication strategy. UNICEF provided leadership in the development of age-specific HIV prevention modules covering behaviours: delaying sexual debut, multiple and concurrent sexual partnerships and male circumcision. To increase demand and uptake of services such as HIV prevention services, child health and nutrition, UNICEF supported 46 episodes of a phone-in radio programme where experts discussed these issues.

The Media Institute of Southern Africa (MISA), UNICEF and Save the Children jointly organised a two-day training for 20 print and electronic journalists on reporting effectively and positively on children’s issues. The workshop expanded the participants’ knowledge on the role media plays in advocating for children’s rights. UNICEF also supported MISA to conduct on-going monitoring of the media.

UNICEF engaged faith-based groups to respond to violence against children. More than 100 representatives of these groups came together on the Day of Prayer and action for children to develop action plans to respond to the issue. The faith leaders signed a pledge of commitment to continue advocating for the protection of children in their constituencies.

The first Youth Parliament was held in 2010, with 65 children nominated from their constituencies. In partnership with NGOs, UNICEF facilitated a five-day training for 15 child-to-child radio producers and peer educators to sensitise young people on HIV prevention, using the module on ‘Delaying Sexual Debut’.

Children’s Month focused on child trafficking. During the month, Government launched a toll-free number for reporting trafficking issues.

UNICEF facilitated the first-ever children’s art competition and exhibition, which drew more than 500 entries from four schools. Forty children were selected to participate in a two-day training on how to improve their art.

In 2010 UNICEF documented the Free Primary Education Initiative and violence referral systems. Flagship publications, such as the bi-annual Newsletter and Annual Report were also produced.

M & E and Social Policy results:
UNICEF contributed towards strengthening national M&E systems for children’s programming through, for example, the Mid-Term Review of the National Plan of Action for OVC, 2006-2010 and the National Plan of Action for Children 2011-2015. UNICEF also provided support for strengthening M&E systems for Neighbourhood Care Points.

In 2010 UNICEF co-led the development of a National Surveillance System on Abuse, which seeks to improve data collection, analysis and dissemination of abuse incidents in Swaziland. Support was provided to sectoral management information systems, such as the Health Management Information System (HMIS) and Education Management Information System (EMIS).
UNICEF supported key national studies and thematic surveys in 2010, strengthening the evidence base on the situation of children and women in Swaziland. One key survey conducted with UNICEF support was the MICS, which will assist in evaluating progress towards international and national commitments to children, as well as formulating evidence-based, child-sensitive policies, laws, programmes and budgets. During the MICS survey, technical support was given to the CSO, with support from the UNICEF Regional Office, for the use of Global Positioning System (GPS) units, contributing to capacity strengthening of CSO capacity. Technical support was provided to CSO to finalise the National Statistical Development Strategy.

A number of studies were undertaken with UNICEF support, to assess the situation of the most vulnerable children and families in Swaziland:
- ‘A Situation and Needs Assessment of Children and Young Persons with Disabilities’
- ‘Quality, Relevance, Timeliness, and Comprehensiveness of Impact Mitigation Services (QIMS)’.
- ‘Swaziland Annual Vulnerability Assessment and Analysis Report’

The Country Office reviewed the equity content of its programmes and its effectiveness in reducing inequality in Swaziland. The findings indicate that despite sharp inequalities, Swaziland has done relatively well in addressing equity in some areas, including childhood immunisation and primary school attendance.

A diverse set of tools was developed to facilitate and strengthen monitoring of the Country Programme, including tools for HACT spot checks, internal reporting and monitoring tools for PCM and CMT. In addition, data collection tools were developed for programme monitoring in line with the Country Programme M&E plan.

Future Workplan

Future plans include:
- Engage Parliamentarians and ensure they have adequate information on children’s issues
- Nurture and strengthen partnerships with the media and faith-based organisations and monitor and provide support to their response to violence against children
- Continue providing support for the NPA M&E, HMIS, EMIS and other relevant national M&E systems to ensure monitoring of children’s programmes and progress towards national and international commitments for children
- Continue providing support for thematic surveys that generate data on the situation.

4 OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure

The Country Management Team (CMT) is an advisory body to the Representative and provides oversight and monitoring of management priorities. With support from the Programme Coordination Meeting, the CMT monitors Office performance on a monthly basis. The CMT also tracks various indicators, such as fund management and utilisation rates, human resources management-related indicators (performance appraisal, leave, work-life balance, etc.) and financial controls. Other committees are the Joint Consultative Committee, Staff Association executive committee and Contract Review Committee.

In line with the 10 global improvement initiatives, two new critical review bodies were appointed: the Programme Cooperation Agreement (PCA/SSFAs) review committee and the Central Review Body (CRB) for staff selection. Each has clear terms of reference.
Emergency Preparedness and Response mainly focused on health-related emergencies such as cholera and measles. Emergency focal persons played a role in updating the Office Emergency Preparedness Plan and the UN contingency plan.

In 2010 the PCA review committee played a key role in Office governance to ensure that all partnership agreements were programmatically sound, cost-effective and effectively contribute to the achievement of key results. The committee included the senior HIV/AIDS staff member, the Deputy Representative, and staff from communication, social policy and Operations Management. Separation of the PCA review process from the former Contract Review Committee has brought more clarity and efficiency, as the technical expertise required for a value-added review of PCAs is generally different from that required to review procurement contracts.

The Central Review Body (CRB) was newly established in 2010 in accordance with the new staff selection policy that commenced in November 2009. The CRB played a very active role in effective and transparent selection at the outset of the recruitment process for the new Country Programme 2011-2015.

The staff association committee represented the interest of staff members in the CPMP process.

4.1.2 Strategic Risk Management

Strategic risk management is an integral part of the Office governance structures. This year the Office conducted two major events for strategic risk management, with support from the Regional Office:

- Emergency preparedness training for all staff was conducted, followed by the update of the EPRP. The major risks identified were TB/MDR/XDR, cholera and the economic crisis. The minimum level of preparedness in line with the CCCs was included in the EPR. On-going analysis of the economy was conducted during the year and the information was used to inform planning processes, especially in view of the new Country Programme. The Office participated in the ESAR Disaster Risk Reduction mapping exercise, as well as in the development of a UN Contingency Plan. The exercise helped document the CO’s role in DRR, constraints and opportunities.

- Training on Enterprise Risk Management ran concurrently with the Risk Control and Self-Assessment exercise. Both exercises involved all staff and were extremely useful to raising staff awareness on the importance of critically assessing risks associated with UNICEF’s work, learning how to plan for mitigation strategies to minimise the residual risks that may negatively impact on the achievement of expected results.

- To manage risks that could affect internal business, the Office maintains a Business Continuity Plan (BCP), which is regularly updated. The BCP provides an analysis of potential risks, their likelihood and possible adverse effects on UNICEF operations. Building on that analysis, the BCP sets out alternative strategies and processes that would be strategically applied to minimise the negative impact. The strategies include devolution arrangements with neighbouring countries in case operations in Swaziland are interrupted. The Office has entered into a standing agreement with the Mozambique and South Africa Country Offices, to provide necessary support should the need arises.

- The Office also benefited from a Peer Review by the Regional Chief of Operations, another tool that informs the risk management. The exercise was further complemented by a self-assessment conducted by an internal team, using the Office of Internal Audit self-assessment tools.
4.1.3 Evaluation
The Office developed and monitored the Integrated Monitoring and Evaluation Plan. Although no evaluations were undertaken in 2010, preparations for a PMTCT impact evaluation, and an evaluation of the Lehlombe Lekhukalela programme commenced in the last quarter of the year. To ensure that requisite capacity for the PMTCT evaluation is in place, UNICEF and WHO Headquarters and the Regional Office provided technical guidance for development of the protocol.

Recommendations from evaluations conducted by the Office were regularly reviewed to inform programme implementation. For instance, the findings of the Neighbourhood Care Point assessment were used to inform the design of the NCP Strategic plan.

4.1.4 Information Technology and Communication
- Obtaining funding for hardware resources for full readiness of upcoming migrations to Windows 7, Microsoft Office 2010, MS Exchange Enterprise Messaging, One-Vision ERP has been a challenge. All obsolete equipment was successfully submitted to PSB for proper disposal, following the data removal guidelines received earlier this year.

- In preparation for the upcoming migration to a One-Vision ERP system the Office successfully upgraded its ProMS database from version 8 to 9.

- Systems were maintained to ensure availability at all times. The Office continues to operate in a safe, password-enforced environment on highly customised Operating Systems (both Server and Client). However, two staff members experienced physical losses of hardware equipment due to burglars at their residence. BlackBerry services were maintained for all SMT members.

- ICT solutions were provided in consideration of: (i) the ITSSD global roll-out plan; (ii) UNICEF standards; (iii) equipment life cycle; and (iv) the BCP. Improvements in data and voice connectivity and cost reductions were embarked upon.

4.2 Fin Res & Stewardship
4.2.1 Fund-raising & Donor Relations
The Office maintained 100% timely donor reporting and received a good rating for quality of reports following a quality assurance exercise conducted by ESARO. There are areas for development to ensure that quality is maintained and enhanced. PBA management was monitored monthly through the Programme Coordination Meeting and CMT. Utilisation levels for expiring PBAs stood at 100%. As a result there were no extensions of expiring PBAs.

The Office managed to raise $5.7 million in OR. However, some programme areas were not well-funded because of donor preferences. These included M&E, Social Policy, WASH and Emergency. Other challenges in resource mobilisation include the country’s status as a low-middle income country with limited donor presence. Recent budget cuts by Government in response to the economic crisis will affect the availability of Government resources for social sectors. Leveraging of resources via the Global Fund remained a key priority in 2010.

In preparation for the 2011-2015 Country Programme a three-pronged fundraising/resource mobilisation strategy was developed. The first prong focuses on leveraging resources for children from national resources; the second seeks to leveraging resources for children from external resources. The third explores ways of making new and emerging partnerships work better for children. These partnerships fall under the framework of the United Nations and countries in the sub-region, including the Botswana, Namibia, Lesotho and Swaziland.
4.2.2 Management of Financial and Other Assets

Management of UNICEF’s financial resources and other assets is regulated by a clear and transparent table of authority, which defines staff roles, and responsibilities in relation to financial controls. An internal budget committee is responsible for the cash-flow forecast and budget monitoring. A detailed memorandum is updated at the beginning of the year as part of Annual Management Plan development to provide guidance on the implementation of internal controls to safeguard the management of resources.

The implementation of Harmonised Approach to Cash Transfers to Implementing Partners (HACT), initiated in 2009, was consolidated this year and remains an important and effective tool to ensure that funds dedicated to children are well-managed and monitored against results. Several spot checks and one special audit were carried out during the year to monitor the financial capacity and utilisation of funds by implementing partners.

Swaziland Country Office depends heavily on Other Resources, since the allocation of Regular Resources and Support Budget is not commensurate with the challenges and issues that the Country Programme has to deal with.

The local currency (Rands) strengthened against the US dollar throughout the year. The exchange rate for dollars dropped from 7.54 in February to 6.92 at end of the year. This fluctuation affected the Office budget, which is set and approved in US dollars but disbursed in local currency.

The other assets of the organisation are mainly office equipment, known as inventories, since the Office does not own any property. The management of inventories is maintained by the Operations section through a Property Survey Board (PSB), which serves as the review and advisory body for disposal and/or repair of Office property.

4.2.3 Supply

The Office was able to successfully decommission/close the warehouse at the end of June this year, in preparation for IPSAS implementation.

The Office shares premises with other UN agencies and pays its share of rent accordingly. It has always been a stretch during the budget exercise to secure adequate allocation for the rent from the support budget.

As part of preparations for the implementation of International Public Sector Accounting Principles (IPSAS), the Office completed two surveys meant to verify the existence and completeness of information on premises and intangible property. Also, a physical count of Office inventory was carried out in October for comparison with the computer-based data.

4.3 Human Resource Capacity

In line with the contractual reform introduced in mid-2009, the Office has streamlined all contracts to be in compliance with the new contractual arrangements flowing from transitional measures from former temporary fixed term (TFT) to transitional fixed-term (Trans FT) contracts.

In July 2010 all staff took a group course in Professional & Personal Development and feedback received even from those who took the training as a refresher was of its timeliness and usefulness in preparing for the present and future. The Office successfully participated in the Competency-Based Interviewing Certification Programme and a total of eight staff members (who are also members of the local Central Review Body) completed the training and are now CBI-certified.
The Office has proceeded to apply the CBI methodology since September 2010 in a series of interviews during the recruitment of a total nine posts in line with the new CPMP 2011-2015.

The new competency framework is also being utilised, and all staff have been trained on identifying key competencies with relation to different functional areas.

The PER completion rate for 2009 is at 91% and for 2010 stands at 95% (discussion held on 2.1 key assignments for the year).

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement

This year was the last year of the current country programme; Office management focused on the development of a new country programme (CPD), country programme management plan (CPMP), and the country programme annual plan (CPAP). The new CPMP was approved and the recruitment was initiated in the last semester to ensure that the new structure is in place by January 2011.

Recruitment for new CP staff structure: due to the ongoing global financial crisis, the incoming flow of funds did not fall in place as initially planned for in the CPD. Few pledges that were advanced in negotiation and nearly certain did not materialize. As a result, management strategically scheduled recruitment into a phased approach. By the end of the year, nine posts of 11 scheduled for phase one had been filled. Recruitment for phase two will highly depend on the funding situation by end of first quarter 2011.

4.4.2 Changes in AMP

Four key changes in the Annual Management Plan are envisaged. First, in view of the various organisational changes, the Office will prioritise the revision of its internal management processes and mechanisms in accordance with the PCA/SSFAs guidelines, preparatory work for the implementation of IPSAS and VISION.

Second, in light of resource constraints the office will identify a few strategic Intermediate Results to ensure effectiveness and achievement of results for children.

Third, building on the equity analyses conducted by the office, more effort will be put into targeting the most vulnerable. In addition, strengthening inter-sectoral coordination will be prioritised. In this regard, the HIV prevention group, ECD and Schools as Centers of Care and support will be re-invigorated.

Fourth, a major change foreseen in the next CPMP is risk of inadequate resource to allow recruitment of all posts in the CPMP. So far, the duration of some contracts has been reduced due to inadequate resources.

5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations

1. The Situation of Children with Disabilities and their Coping Strategies
2. Swaziland Sero-Surveillance
3. Swaziland Annual Vulnerability Assessment and Analysis Report
4. Service Availability Mapping
5. Quality of Impact Mitigation Services
**5.2 List of Other Publications**

1. Newsletter January-June 2010
2. EPI Child Health Cards
3. Ten Things about Violence on Children.
4. Birth Registration
5. 2009 Annual Report

**6. Innovations & Lessons Learned**

**Title:** Establishing a National Surveillance System for Abuse  

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**Abstract**

Lack of reliable information on abuse has hindered effective response to this serious public health issue. In response to this gap, UNICEF Swaziland and key national partners initiated the process of establishing the first-ever national surveillance system for abuse. The purpose of this report is to share UNICEF Swaziland’s experience in this pioneering effort, to inform other countries intending to establish similar surveillance systems for monitoring abuse. Although the establishment of the surveillance system is at formative stages, a few lessons learnt are worth sharing.

**Innovation or Lessons Learned**

In 2007 Swaziland conducted the first-ever national study on violence against children and women, which highlighted the plight of women and girls in Swaziland. As a follow-up to the study, UNICEF and national partners initiated the establishment of a national surveillance system on abuse. The idea was in response to the lack of systematic data collection on abuse. Although several organisations in Swaziland collect information on abuse and violence, lack of standardisation of the core indicators, the frequency of reporting and divergent perspectives on abuse hindered effective sharing of information.

In response to this gap, in 2008 UNICEF convened key partners to explore the possibility of establishing a national surveillance system on abuse. Following numerous consultations, a network of 10 frontline organisations, including the Royal Swaziland Police, Department of Social Welfare, Ministry of Education and NGOs were selected to pilot the surveillance system beginning in 2009.

The first step in the process of establishing the national database was to define a clear conceptual framework. The database follows the 12 steps outlined in WHO’s ‘Injury Surveillance Guidelines’. The steps taken so far include: (1) Identifying key stakeholders, (2) defining system objectives and ensuring common understanding among the stakeholders, (3) identifying data sources, (4) informing and involving stakeholders, (5) defining data needs and agreeing on a Core Minimum Data set, (6) data collection and (7) establishing a data processing system.

By November 2010 the ten key partners were producing monthly reports based on agreed Core Minimum dataset.

**Potential Application**

The national surveillance system on abuse represents uncharted territory. Many countries could benefit from Swaziland’s experience in establishing this complex surveillance system. Although it is still at a very formative stage, a few lessons are worth sharing:

1. The importance of leadership to ensure that key stakeholders are convened on a regular basis
2. The central role of Government entities that are at the forefront of response to abuse
3. Technical support to backstop and accompany the process from its inception to ensure a systematic and replicable approach
4. The overall process requires initial heavy investment in capacity development for key partners.

**Issue/Background**
Effective response to violence and abuse has been hindered by lack of accurate information. Several organisations responded to the lack of information by establishing mini databases on abuse. However, these databases were fragmented, core indicators tracked and frequency of producing reports varied from organisation to organisation. As a result, it was not possible to have nationally representative information on abuse. Establishing a national surveillance system on abuse was therefore critical in Swaziland's efforts to respond effectively to violence and abuse.

**Strategy and Implementation**
Establishing the national surveillance system on abuse entailed utilising several strategies. Building partnerships was critical to the process, and capacity development for partners was also a central strategy. Capacity development included ensuring that all stakeholders have a common understanding of abuse, equipping partners with skills so that the standardised tools are used correctly, sustained advocacy to ensure buy-in and support for the surveillance system. To ensure sustainability of the surveillance system, key Government institutions play a central role. From inception, the Department of Social Welfare, Ministry of Education and the Police have been key members of the network, thereby ensuring national ownership. In view of NGO flexibility, the establishment of the surveillance system has benefitted from the experience of NGOs such as Swaziland Action Against Abuse (SWAGAA), who piloted various tools and shared experiences with the rest of the stakeholders. The establishment of the surveillance system provided a good opportunity to enhance collaboration between government, civil society organisations and the UN.

**Progress and Results**
Since 2009, a number of results have been achieved. These include:
1. Establishment of the 10 frontline partners to lead the process of setting up the surveillance system
2. Common tools for data collection were developed and piloted, initially by two partners before roll-out to all 10 partners
3. In July 2010 partners began producing monthly reports that highlight the number of abuse cases, types of abuse, places of occurrence and follow-up actions taken. The reports are shared at monthly coordination meetings
4. All partners have been trained on the use of the common data collection tools

**Challenges and constraints**
A number of challenges were encountered, including:
1. Resistance by some stakeholders to using the new (common) tools
2. Inadequate involvement of the health sector during the initial stages of the process
3. Weak capacity in monitoring and understanding of surveillance among key partners.

**Next Steps**
Next steps in the roll-out of the surveillance system will focus on:
1. On-going capacity development for partners to ensure regular and quality reporting
2. Review of data collection forms, based on inputs from stakeholders
3. Establishment of a data-capture process to facilitate preparation of consolidated reports
4. Development of standardised reporting templates
5. Regular dissemination of the information and on-going advocacy.

7 SOUTH-SOUTH COOPERATION
In 2010 UNICEF, in collaboration with WaterAid Malawi, facilitated a learning visit to Malawi for stakeholders in the water and sanitation sector. The main objectives of the visit were to provide an opportunity for: (1) key technical staff working in both rural and urban water supply and sanitation services in the Kingdoms of Lesotho and Swaziland to interact with Malawi’s government sector planners and practitioners, and (2) cooperating partners to share information on mapping initiatives and better understand the potential for effective sector planning, monitoring and sound governance. The visit also provided an opportunity to learn how mapping tools and approaches can be used to generate baseline data and information for planning and tracking progress towards the MDGs.

The learning visit was a follow-up to a WaterAid visit to the Kingdoms of Lesotho and Swaziland, which established the need to support water-point mapping to capture information on location, type of technology, and functionality, and establish coverage rates for rural and urban areas. This information will enable governments to develop investment plans for meaningful and equitable interventions in the sector.