

## Executive Summary

### Achievements

2011 marked the first year of the implementation of the 2011–2015 Country Programme. Through working with national, sub-national partners and in collaboration with various stakeholders, the country programme achieved the following results:

**Increased coverage of service delivery** – Access to services increased. 95 per cent of HIV-positive pregnant women received ARV prophylaxis for PMTCT; 76 per cent received ART for their own health; 96 per cent of exposed infants received ARV prophylaxis; and 36 per cent (369/1020) were initiated on ART. To advance the equity focus, approximately children in 77 schools and 164 Neighbourhood Care Points (NCPs) in deprived regions were reached with a package of health care services; 10,421 children aged 0–59 months received the package of health care services urging the Child Health Days and the Week of the African Child; and 10,345 children were assessed for malnutrition using MUAC. 10,800 children attending NCPs benefited from improved hygiene practices.

**Quality improvement and development of standards** – Several initiatives to improve the quality of services were supported in 2011. These included development of Child-friendly Schools Management Guide that contains standards and indicators for the seven pillars of child-friendly school programme (Inqaba); development and piloting of quality standards for the 1,500 NCPs; finalization of Early Learning Development Standards; support towards implementation of quality improvement initiatives for PMTCT; and paediatric care and referral mechanism for management of child survivors of violence.

**Policy, legislation and Strategy formulation** – With advocacy from UNICEF, the House of Assembly approved the Child Protection Welfare Bill and Sexual Offences and Domestic Violence Bill. Cabinet approved the Strategic Plan for Department of Social Welfare. At UN level, UNICEF assumed chairmanship of the UN Pillar on Basic Social Services and facilitated the adoption of equity as a major objective.

**Knowledge Management and documentation of good practices** – UNICEF conducted the Round 4 of the Multiple Indicator Cluster Survey (MICS); a vulnerability analysis study, a surveillance system of violence against children, and a review of the Expanded Programme on Immunization. The Office completed documentation of NCP initiative which caters to vulnerable children; ii) introduction of neonatal male circumcision into antenatal care services in Swaziland; iii) the national dialogue on violence against in schools; and Swaziland's experience in the implementation of recommendations of the 2007 UNICEF/CDC study on violence against children.

### Shortfalls during 2011

Swaziland faced a financial crisis that has negatively impacted delivery of basic social services. As a result some of the planned targets on service delivery in health, education and social services, which were depending on government or NGO co-funding were not met. In HIV programming, funding shortfalls affected implementation of programmes especially impact mitigation and treatment. Delays in enacting child-related legislation affected completion of work such as the induction training packages, the preparation of the second CRC state party report.

Partnerships and alliances 2011 saw the consolidation of existing partnerships and building on the achievements of previous years. UNICEF strengthened collaboration with development partners such as PEPFAR, World Bank, EU, UN agencies, government and civil society organizations.

## Country Situation

Swaziland had a difficult year in 2010 as it struggled with the ripple effects of the global economic recession, the collapse of the lumber and textile industries, deepening unemployment, and a two-third reduction of the country's share of revenue generated by the Southern African Customs Union (SACU).

Faced with these challenges, the government developed an economic recovery roadmap with assistance from the International Monetary Fund (IMF) in April but ultimately fell short of implementing the plan. IMF staff cited lack of government resolve to implement the roadmap, particularly cuts in the huge wage bill and withheld the so-called Comfort Letter, which Swaziland needed to access loans from international financial institutions. Consequently, the government had to look elsewhere to meet the wage bill. It approached South Africa for a loan, dipped into the reserves of the Central Bank, borrowed money from the Pension Fund, diverted elderly grants to cover OVC grants, and delayed settlement of bills owed to small and medium-sized enterprises. News of dwindling Central Bank reserves created fear of devaluation of the local currency vis-à-vis the South African Rand and capital flight from the country.

The financial crisis further contributed to disruption of government operations including suspension of capital projects, suspension of external travel for officials, and grounding of government vehicles due to the lack of money for fuel and routine maintenance. The government raised taxes, improved revenue collection, and members of the Cabinet and Parliament took a 10 per cent salary cut. Civil servants vigorously opposed salary cuts as long as the government maintained a controversial circular, which allocates considerable benefits to politicians.

At sector level, there were clear examples of strain as government imposed budget cuts. The Ministry of Health temporarily suspended outreach services, obtained emergency assistance from PEPFAR to replenish the buffer stock of ARVs, and solicited additional assistance from its partners to procure reagents for free HIV testing services. The Ministry of Education could neither provide an operating budget for the University of Swaziland nor release grants for OVCs attending primary and secondary schools at the beginning of the school year. The university commencement was therefore delayed and primary and secondary schools had a fragile start at the beginning of the school year as principals protested.

On the political front, the fiscal crisis sparked public outcry. Labor Unions, leaders of un-official political parties and other activists launched staggered demonstrations. Persons living with HIV and AIDS also staged demonstrations to convey their concern about a future without a regular supply of ARVs.

While most demonstrations remained peaceful, some turned violent and resulted in clashes with the paramilitary force. The situation was further aggravated by months of boycotts and demonstrations by lawyers protesting against what is perceived as lack of independence of the judicial system, as well as a series of protest actions by students dissatisfied with the closure of the national university and delayed or non-payment of scholarships and stipends. In addition, there were increased calls for political space with new political movements being formed and existing ones becoming more vocal. The events in Swaziland attracted considerable national and international media coverage.

To ascertain the impact of the fiscal crisis at the household level, the UN Country Team (UNCT) carried out a rapid assessment in November 2011. Preliminary findings of the assessment suggests that the fiscal crisis has had a profound effect on the lives of the Swazi population, most of whom are already reeling from the combined effects of the HIV epidemic, high levels of poverty and widespread food insecurity.

For children specifically, the fiscal crisis meant delayed release education grants for OVCs.<sup>[1]</sup> Many schools have also cancelled feeding schemes, which could worsen the nutrition status of OVC who come from food-insecure households. There is also evidence of the fiscal crisis leading to increased absenteeism and dropout in schools – a situation that will undermine the gains of the FPE initiative launched in 2009. Other effects of the financial crisis include erratic funding for social protection programmes such as the elderly grant and recurrent shortages of essential drugs including ARVs and laboratory reagents. The crisis is also having a large spillover effect. A number of small and medium-sized enterprises have been forced to

retrench workers or close down altogether.

Against this background and despite a significant decline of for the UNICEF Country Programme in 2011 following the end of the Multi-year DfiD assistance (CARI), the Office focused attention on the core survival, protection and development components of the new country programme, adopted a phased approach to staff recruitment and achieved notable results as described in other sections of this report.

The list of the major publications issued by UNICEF and partners in 2011 is provided in Section 5.

[1] Because of widespread HIV infection, Swaziland has one of the world's highest rates of orphanhood. According to latest Multiple Indicator Cluster Survey (MICS) conducted in 2010, a staggering 45 per cent of Swazi children are orphaned or vulnerable, an increase from 31 per cent found in the 2006/07 Demographic and Health Survey (DHS).

### **Who are the deprived children in your country context?**

Swaziland continues to face triple threat of a high impact of HIV/AIDS, worsening levels of poverty and food insecurity due to drought and increasing food prices.

HIV prevalence among reproductive age group is 26 per cent with women mostly affected than men (31 per cent and 19 per cent, respectively). HIV and AIDS accounts for over 60 per cent of hospital admissions and 47 per cent of deaths for children under five. Life expectancy declined from 60.7 in 1998 to 45.3 in 2007 and a decline in Swaziland's ranking on the Human Development Index (HDI) from 0.64 in 1995 to 0.54 in 2005. The overall poverty rate is 63 per cent and 29 per cent of the population lives in extreme poverty with 37; 28; 27 and 25 per cent in Lubombo, Hhohho Shiselweni and Manzini regions, respectively. The average consumption among the poor is 33 per cent below the poverty line in urban and 51 per cent below the poverty line in the rural. There is a skewed distribution of wealth and the country has the Gini coefficient of 0.51. Women are worse-off in terms of poverty due to their low participation in formal sector employment.

Disparities and marginalization are as a result of economic and social inequalities. There are marked disparities according to wealth status, gender and geographical location. Most disadvantaged children (orphan and vulnerable), female-headed households and child headed households are some of the populations likely to experience deprivation and marginalization. Approximately 28 per cent of children in Swaziland have two or more deprivations.

### **Data/Evidence**

Specific assessments have been undertaken to determine issues of deprivation among children. A Situation and Needs Assessment of Child-headed Households in drought prone areas was conducted in a form of household survey in 2009. This identified challenges faced by children who are living without parents/guardians. An assessment of Child Poverty and Disparities was also conducted in 2009 using secondary data obtained from a national survey. UNICEF compared the major indicators of from national surveys to track changes on children's status.

The country office, together with main line government ministries and implementing partners, continues to support systematic monitoring of children's issues using different Management Information Systems (MIS) and surveillance systems housed in main line government ministries. Deprivations and disparities in education are monitored in schools through the Education Management Information System (EMIS) within the Ministry of Education and Training while health issues among children are monitored through Health Management Information System (HMIS) based in the Ministry of Health.

Such knowledge contributes to evidence-based advocacy, planning and programming by the Government of Swaziland, UN Agencies on Agency specific programs and Joint UN programmes. The same information is equally useful in bottom up programming led by civil society in collaboration with the government.

Swaziland Poverty Reduction Strategy and Action and Plan 2009–2015 (PRSAP), the National Strategic Framework on HIV/AIDS 2009–2014 (NSF), UN Development Assistance Framework 2011–2015 (UNDAF) and UNICEF Country's Program Action Plan 2011–2015 (CPAP) and the National Plan of Action for Children 2011–2015 (NPA) are examples of operational documents informed by such information.

### **Monitoring Mechanism**

UNICEF supported the Vulnerability Analysis conducted by the government. In addition, UNICEF funded the Multiple Cluster Survey, which provides key data on children. On going analysis of the most deprived children was undertaken and briefs prepared. The UNICEF-supported Child Poverty Study has informed design of interventions including the targeting of water and sanitation programmes. The World Bank Vulnerability analysis has also benefitted from the Child Poverty Study.

### **Support to National Planning**

UNICEF has prioritized the Central Statistical Office, Department of Social Welfare, National Children's Coordination Unit and NGO for capacity development in monitoring and evaluation. Staff from these organizations have benefitted from on site technical support as well as opportunities to attend regional and global training programmes.

### **Any other relevant information related to data/evidence?**

Within the context of Delivering as One, UNICEF is part of the Joint Programme on Data, which will strengthen national capacity.

## **Country Programme Analytical Overview**

### **Effective Advocacy:**

UNICEF supported institutions concerned with legislation and policies relevant to children - Deputy Prime Minister's, the National Children's Coordinating Unit, Ministry of Justice to engage Senators, Ministry of Foreign Affairs, and Members of Parliament. This effort yielded encouraging results. In October, the House of Assembly passed two bills - Child Protection and Welfare Bill and the Sexual Offences and Domestic Violence Bill. The Ministry of Foreign Affairs secured informal endorsement of legislators for a number of conventions and regional instruments, which Swaziland has not yet ratified. The formal process of ratification of these instruments will begin 2012. The Office will intensify advocacy efforts to ensure that the two bills are prioritized in 2012. At UN level, UNICEF assumed chairmanship of the UN Pillar on Basic Social Services and facilitated the adoption of equity as a major objective.

At sector level, UNICEF assisted the Ministry of Education conduct the first national dialogue on violence against children. The event, which involved ministry officials, teachers, community child protectors and children, started at the regions and culminated at a national meeting. At each level, the participants discussed dimensions of violence against children in school settings and drafted recommendations on how to tackle violence against children.

Another milestone for education was the adoption of a Guidance and Counseling Policy, which makes life skills for HIV prevention a compulsory subject in all primary and secondary schools. The new policy marks the end of era when learning about HIV/AIDS was left to the discretion of an individual teacher or school. Plans are underway to develop and test the new syllabus in 32 schools in 2012.

Under the umbrella of the Day of the African Child, UNICEF partnered with the Deputy Prime Minister, the Minister of Health and the United States Ambassador to draw greater attention to HIV prevention among children and youth. Commemoration of this event presented opportunities for these actors to promote the new HIV prevention modules. Children attending these events articulated how they are affected by abuse and HIV.

To explore feasibility of a collective response to aggressive marketing of breastmilk substitutes in the SADC region, the Office sponsored an informal meeting of the IFBAN and several advocates of exclusive

breastfeeding. The IBFAN Regional Director, who is based in Swaziland, and a Senator from Swaziland travelled to Windhoek in November and held informal consultations with the SADC Secretariat on health, and with advocates from Zimbabwe, Mozambique and South Africa. The team did preparatory work for a formal discussion on the issue in 2012. The Office alerted UNICEF representatives from Botswana, Lesotho, South Africa and Zimbabwe SADC on this initiative.

## Effective Advocacy

*Mostly met benchmarks*

### **Effective Advocacy:**

UNICEF supported national institutions concerned with legislation and policies relevant to children - the Deputy Prime Minister's, the National Children's Coordinating Unit, Ministry of Justice to engage Senators, Ministry of Foreign Affairs, and Members of Parliament. This effort yielded encouraging results. In October, the House of Assembly passed two important bills – the comprehensive Child Protection and Welfare Bill and the long-awaited Sexual Offences and Domestic Violence Bill. The Ministry of Foreign Affairs secured informal endorsement of legislators for a number of conventions and regional instruments, which Swaziland has not yet ratified. The formal process of ratification of these instruments will begin in early 2012. The Office will intensify advocacy efforts to ensure that the two bills are prioritized in 2012. At UN level, UNICEF assumed chairmanship of the UN Pillar on Basic Social Services and facilitated the adoption of equity as a major objective.

At sector level, UNICEF assisted the Ministry of Education conduct the first national dialogue on violence against children. The event which involved ministry officials, teachers, community child protectors and children, started at the regions and culminated at a national meeting attracting many stakeholders. At each level, the participants discussed dimensions of violence against children in school settings and drafted recommendations on how to tackle violence against children.

Another milestone for education was the adoption of a Guidance and Counseling Policy, which makes life skills for HIV prevention a compulsory subject in all primary and secondary schools. The new policy marks the end of era when learning about HIV/AIDS was left to the discretion of an individual teacher or school. Plans are underway to develop and test the new syllabus in 32 schools in 2012.

Under the umbrella of the Day of the African Child, UNICEF partnered with the Deputy Prime Minister, the Minister of Health and the United States Ambassador to draw greater attention to HIV prevention among children and youth. Commemoration of this event presented opportunities for these actors to promote the new HIV prevention modules. Children attending these events composed songs, poems and spoke of how they think they will contribute towards protecting themselves from HIV infection.

To explore collective response to the aggressive marketing of breastmilk substitutes in SADC region, the Office sponsored an informal meeting of the IBFAN, and several advocates of exclusive breastfeeding including. The IBFAN Regional Director, who is based in Swaziland and a Senator from Swaziland travelled to Windhoek in November and held informal consultations with SADC Secretariat on health, and advocates from Zimbabwe, Mozambique and South Africa. The team did preparatory work for a formal discussion on the issue in 2012.

### **Changes in Public Policy**

With advocacy from UNICEF, the House of Assembly approved the comprehensive Child Protection Welfare Bill and the Sexual Offences and Domestic Violence Bill. Cabinet approved the Strategic Plan for Department of Social Welfare. At UN level, UNICEF assumed chairmanship of the UN Pillar on Basic Social Services and facilitated the adoption of equity as a major objective.

UNICEF has been engaged since the beginning of the year in the development of the Child-friendly Schools

Management Guide, which includes standards and indicators for all the seven pillars of child-friendly school initiative (Inqaba). The guide informs school development planning and child-friendly use of resources. It also contains various school development planning tools, including a self-assessment instrument that is used to benchmark and assess development and progress on various projects or development activities. The usage of the self-assessment tool also ensures gender responsive planning for schools, as well as catering for the disadvantaged children.

### **Leveraging Resources**

In 2011 UNICEF provided technical support towards the Global Fund reprogramming exercise, which contributed towards re-allocation of funds to benefit HIV-affected population. With the World Bank social protection initiative, UNICEF contributed information that has informed the design of the pilot cash transfer programme to be funded by the World bank and EU.

## **Capacity Development**

*Partially met benchmarks*

In 2011 focus was on capacity development for national partners. Support was provided to key ministries to develop strategic plans and standards. For instance in education, UNICEF supported the development of standards to ensure quality ECD services. The Deputy Prime Minister's office was supported to finalize a national Strategic Plan for social development. In the area of disaster preparedness, UNICEF supported development of contingency plans for the health and education sectors.

To enhance quality of service delivery in the health sector, training programmes for health care providers were organized. Specifically, UNICEF supported the quality improvement initiative for PMTCT/paediatric care.

## **Communication For Development**

*Mostly met benchmarks*

**Communication for Development:** In 2011, the main focus of the C4D programme was on creating demand for the Expanded Programme on Immunization (EPI) services. Community dialogues on EPI were also held in all regions to discuss religious and cultural barriers under-pinning refusal of child immunization. In Shiselweni, a region with low coverage rates, the EPI Unit conducted a KAPB on EPI services and a pre-registered child that needed immunization with assistance of UNICEF and WHO. The EPI team also used phone-in radio programme to address issues arising from the KAPB and community dialogues.

To contribute to increased demand and uptake of EPI services, the Ministry of Health, in collaboration with UNICEF and WHO, conducted a KAPB and pre-registration of children under five in the Shiselweni region, which has many hard to reach communities with low coverage of immunization. Four community dialogues were held to discuss refusals and immunization drop-outs. Radio programmes were also used to promote immunization and to discuss issues gathered during the dialogues. Ten thousand leaflets (in English and SiSwati) on the benefits of immunization were produced and disseminated during the dialogues.

To enhance demand creation for pregnant mothers to come for ANC within the first 12 weeks of pregnancy, the Sexual and Reproductive Unit together with UNICEF developed communication materials. The unit used this material to communicate the importance of early ANC attendance and sensitize community health workers who will facilitate dialogues within their communities.

UNICEF in collaboration with several ministries on communication for children. With the Ministry of Home Affairs (BMD unit), the collaboration focused on development of a communication plan to promote birth registration of newborns in hospitals. This effort revolved around development of communication materials to inform parents on the availability of the birth registration service in eight major hospitals. With the

emergency preparedness and Response unit in the Ministry of Health, collaboration led to the development of communication plan for H1N1 including preparation, printing and distribution of communication materials all four regions.

## Service Delivery

*Partially met benchmarks*

**Increased coverage of service delivery** – Access to services increased. Of particular note, 95 per cent of HIV-positive pregnant women received ARV prophylaxis for PMTCT; 76 per cent received ART for their own health; 96 per cent of exposed infants received ARV prophylaxis; and 36 per cent (369/1,020) were initiated on ART. To advance the country programme equity focus, approximately children in 77 schools and 164 NCPs in deprived regions were reached with a package of health care services; 10,421 children aged 0–59 months received the package of health care services urging the Child Health Days and the week of the African Child; and 10,345 children were assessed for malnutrition using MUAC. An additional 10,800 children attending NCPs benefited from improved hygiene practices.

Through partnership with PEPFAR 10 000 children accessed early learning services via NCPs. Quality improvement was emphasized through structured training of care givers and provision of age appropriate learning materials.

## Strategic Partnerships

*Fully met benchmarks*

**Strategic Partnerships:** UNICEF strengthened partnership with several development partners involved in HIV and AIDS programming including partners Baylor, EGPAF and Clinton Foundation. Within the UN family, UNICEF supported the UN joint programme on HIV and AIDS and chairs the UNDAF pillar on Basic Social Services and supported the UN assessment of the impact of the financial crisis. The UNICEF PEPFAR partnership contributed to the expansion of coverage of basic social services offered to vulnerable children and strengthening of the capacity of the Department of Social Welfare and an M&E for the NPA. UNICEF EU collaboration resulted in improved joint planning and information sharing on Early Child Development and Free Primary Education. A new office partnership with WaterAid made it easier for Swaziland to conduct a mapping exercise on access to water and sanitation in the drought-prone regions.

UNICEF continued to strengthen existing partnerships with government, legislators, NGOs, FBOs and communities. The media remains an important partner to UNICEF because of their strategic role in raising awareness on children's issues to the general population.

### Mobilizing Partners

Partnerships and alliances 2011 saw the consolidation of existing partnerships and building on the achievements of previous years. UNICEF strengthened collaboration with development partners such as PEPFAR, World Bank, EU, UN agencies, the government and civil society organizations.

## Knowledge Management

*Fully met benchmarks*

### Knowledge Management:

Completion of the Multiple Indicator Cluster Survey in partnership with the Ministry of Economic Planning and Development, NERCHA, UN agencies, ESARO and UNICEF NYHQ was a milestone for the office work on knowledge creation in 2011. UNICEF also supported the UN assessment of the impact of the financial crisis

on vulnerable populations.

The MICS work benefited immensely from the technical and financial assistance from the Regional Office and the Strategic Information Unit in New York. The preliminary findings were successfully disseminated in March and final report has gone to print.<sup>[1]</sup> The next steps for the Office are further analysis of the data, identification of gaps and inequities and assessment of Swaziland's progress towards the Millennium Development Goals (MDGs) and international targets and goals related to children and women. The UN report of the impact of the financial crisis contains valuable information that will inform the annual work planning process of agencies in 2012.

[1] The final report can be accessed at the Child Info website, [www.childinfo.org](http://www.childinfo.org), and the Swaziland Central Statistical Office website, [www.swazistats.org.sz](http://www.swazistats.org.sz).

## Human Rights Based Approach to Cooperation

*Mostly met benchmarks*

**Human Rights based approach to cooperation:** The government conducted the Universal Periodic Review exercise with assistance from the UN family including UNICEF. The Ministry of Justice and Constitutional Affairs coordinated the exercise, which brought together national stakeholders including civil society groups and UN to review its programmes and approaches regarding promotion and protection of rights of its citizens. With regards to children, the report included sections on rights of children and women's rights. It cited government interventions to enhance access of vulnerable children to education; support for NCPs which cater for nearly 50,000 vulnerable children; progress in meeting a child's right to a birth registration (an initiative which improved from 30 per cent coverage rate among children under five in 2006/7 to 49 per cent in 2010); and new legislation to address gaps.

The Office of the Deputy Prime Minister led a parallel exercise to meet State party reporting on the CRC. UNICEF assisted the National Children's Coordination Unit of the DPM's Office with the stakeholder consultation and review of progress in Implementation of the *Convention of the Rights of the Child since 2006*, when Swaziland submitted its first national report on the CRC.

The UPR and CRC reviews had unanticipated benefits. They generated concern and, a sense of urgency to address some of the gaps before Swaziland submitted its reports for external review. One example is the action of the Ministry of Foreign Affairs to fast-track consultations on a long list of conventions that Swaziland has not ratified. With technical and financial assistance of UNICEF and UNDP, the Ministry held workshops for legislators and secured informal endorsements from them on these instruments including the African Charter on the Rights and Welfare of Children and the Optional Protocol on the CRC.

UNICEF also invested in the development of capacity of the several departments of the Ministry of Justice, the National Task Force on People Trafficking and People Smuggling, Department of Social Welfare, Royal Swaziland Police and the media as part of a strategy to protect the best interest of the child and that they employ a rights-based approach in execution of their duties. Prosecutors, the judiciary, courts clerks and prison warders were the beneficiaries of the UNICEF-funded training to strengthen the capacity development in human rights based approach.

## Gender

*Partially met benchmarks*

**Gender Equality:** In June 2011, the UN Gender Theme Group developed a joint programme on gender, which has five components. UNICEF is focusing on two components gender and education and prevention of violence and abuse. Gender was mainstreamed in all programmes. For instance in education programme,

focus was on addressing gender disparities in education. In Child Protection, gender-based violence was a focus in awareness programmes as well as abuse surveillance.

To ensure gender disaggregated data, major surveys used tools that facilitate collection and analysis of gender disaggregated data.

Following gender audits conducted in 2010, focus was on implementing the recommendations of the gender audit, especially in the education sector.

## Environmental Sustainability

### *Initiating action to meet benchmarks*

UNICEF partnered with other UN agencies to build national capacity in disaster risk management. Technical support was given to Ministry of Health, Emergency Preparedness and response unit. UNICEF supported water and sanitation activities in drought prone regions. The design of the WASH interventions took into account environmental sustainability.

## South-South and Triangular Cooperation

**South-South and triangular cooperation:** Swaziland is the SADC Member State with the highest per capita burden of HIV and TB. The SADC Secretariat is implementing the Communicable Disease Project, which comprises a paediatric component to be implemented in partnership with UNICEF. The paediatric component *Scaling-up Paediatric HIV, TB and Malaria Continuum of Care* supports strengthening the capacity of SADC Member States towards harmonized policies and service provision for integrated paediatric HIV, TB and malaria prevention, treatment, care and support, specifically for children and adolescents. Under this component, each country is required to conduct a rapid assessment, identify best practices and conduct a gap-analysis in the area of pediatric HIV, TB and malaria prevention, care and treatment.

In partnership with the MOH and the SADC Secretariat, UNICEF conducted an assessment of good practices. These include MOH support for the Schools as Centers of Care and Support initiative; adaptation of task shifting for ART initiation from doctors to nurses to ensure more children access ART; strategy for retention of children on ART in care; high HIV testing at ANC due to routine testing for all pregnant women and use of pediatric AIDS care pocket guide for management of HIV infected children. Reports on these practices will be completed and shared with SADC member states in October next year.

The Ministry of Education is lagging behind the Ministry of Health in sector in streamlining sector coordination largely due to lack of capacity. To expose national leaders to SWAps, EU and UNICEF facilitated a study-tour of Rwanda for senior Ministry of Education Officers. The visit took place during Rwanda's Annual Joint Review of the Education Sector in Kigali. The ministry staff considered the visit was beneficial and has prepared a draft plan and road map on how to improve sector coordination in the country.

## Country Programme Component: Basic education

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
At least 90 per cent of children and young people, especially adolescents, have adequate gender, livelihood and life skills for HIV prevention and to support the transition to adulthood.	0	FA2OT8
Increased access of children under the age of 9 years, particularly the most vulnerable, to a holistic package of ECCD services, reflecting the new realities resulting from HIV/AIDS	2	FA2OT1, FA2OT2
Increased rates of enrolment in primary school, from 93 per cent in 2007 to 100 per cent by 2015, and increased rates of completion in quality basic education by both boys and girls, from 44 per cent in 2007 to 70 per cent by 2015	2	FA2OT4, FA2OT7, FA2OT3

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	% Spent (4)/(3) * 100
OR-E				
OR-R	140000.00	564801.23	543153.75	96.17
RR	150000.00	143473.08	134993.19	94.09
<b>Total</b>	<b>\$290,000.00</b>	<b>\$708,274.31</b>	<b>\$678,146.94</b>	

### Results Achieved

#### c) Results Achieved:

**Under PCR 4:** In 2011, the Ministry of Education reached a major milestone with the approval of the Education Sector Policy that adopted CFS as a main strategy for delivery of education in all primary and secondary schools. The policy promotes positive discipline and makes HIV/AIDS and life skills as a compulsory subject for the first time. It also addresses inclusive education, OVC issues and curriculum development. The Ministry conducted an equity analysis using the 2008 and 2009 EMIS data and effectively disseminated the findings.

UNICEF continued to support the roll out of Free Primary Education, which has benefited children in grades one to three. To support this initiative, the Ministry created the FPE Unit under the Primary Inspectorate. Among other things, UNICEF donated 1,000 desks to improve conditions of over-crowded classrooms.

The MoET and Sebenta National Institute conducted a census of children attending non-formal education classes with assistance from UNICEF. Preliminary results of the census identified two main barriers to formal schooling: lack of uniforms and school fees. The partnership with Sebenta sought to improve the non-formal curriculum for primary schools and set in motion MoET efforts to align different curricula.

UNICEF supported the development of the Child-friendly Schools Management Guide, which includes standards and indicators for each of the pillars of child-friendly school initiative (Inqaba). The guide contains various school development planning tools, including a self-assessment instrument that can be used to benchmark performance and monitor the equity dimension of various interventions.

At year's end, 92 head-teachers and school committee chairpersons in Lubombo (the poorest region) were trained on use of the Inqaba guide. The training will benefit around 39,900 school children, including 14,300 OVCs.

Another major achievement of the programme in 2011 was the organization of the "National Dialogue on Violence against Children in and around Schools." This initiative raised stakeholders' awareness of violence and the importance of timely reporting cases.

UNICEF also supported development of an Education in Emergencies plan (EiE) with the National Disaster Management Agency (NDMA), Ministry of Health and World Vision. The plan incorporates the findings of a simulation exercise conducted in one community, Mkhiweni Inkhundla.

**Under PCR 5:** UNICEF, the World Education Inc. and Bantwana supported the development of a syllabus for Guidance and Counseling in secondary schools, which incorporates health promotion and life skills for HIV prevention. Piloting of the new syllabus will take place in 2012 and, if approved, introduced in all schools in 2013.

**Under PCR 6:** Under Early Childhood Development, UNICEF held internal consultations to better define a strategy on IECD and strengthen interventions for children 0–3 years old. The Office supported local efforts to define operational and quality standards for ECD centers, both public and private one. Swaziland with test out these standards in eight centres in 2012.

With technical assistance of UNICEF South Africa, the programme contributed to development of Early Learning Standards in 2011. The draft will inform further development of curriculum for trainers and caregivers, parental education programmes.

### **Most Critical Factors and Constraints**

**Constraints Affecting Performance and Persistent Challenges:** One of the main constraints is linked to the fiscal crisis affecting the country. The whole programming under Education is based on the assumption that the GoS continues its efforts in ensuring that the whole cycle of primary education is free by 2015. During 2011 however, there has been debate around the possibility of halting the FPE engagement by the GoS due to lack of financial resources. If in the next years, the government cannot ensure adequate financial resources for FPE and OVC grants, all the gains achieved so far will be jeopardized.

Another major constraint was the lack of leadership and capacity within the Guidance and Counseling Department of the MoET. There was also a lack of time and opportunity for appropriate monitoring of the programme. While the section planned to undertake field visits at least three times a month, this target was never achieved and the monitoring of activities at school level (including ECD) lagged behind.

### **Key Strategic Partnerships and Interagency Collaboration**

#### **Key Partnerships and Interagency Collaboration**

The programme worked with several governmental and non-governmental partners in order to achieve the programme component results. Stronger collaboration with WFP was established, particularly for the food security pillar of Inqaba (CFS). On HIV prevention in schools, UNICEF strongly collaborated with the UNESCO National Commission, both for the development of the syllabus and for the teaching and learning material. Stronger collaboration however still needs to be sought with UNFPA, particularly for out-of-school children. UNICEF facilitated the collaboration of the MoET with Roundabout Outdoor Ltd. in order to install 10 play pumps in 10 school compounds. Together with UNAIDS, the office also facilitated contact with Star for Life, a South African NGO active in the field of life skills education. The Ministry is yet to sign a MoU with the organization, however the partnership looks promising.

## Humanitarian Situations

The office has been also engaged with MoET and other partners to develop an Education in Emergencies plan (EiE). A final draft is ready for approval: the draft incorporates the findings of a simulation exercises conducted in a community, Mkhweni Inkhundla, in collaboration with the National Disaster Management Agency (NDMA), Ministry of Health and World Vision.

## Summary of Monitoring, Studies and Evaluations

### Survey on Non-formal Learners

Education section in collaboration with Sebenta, an institution that provides learning to children outside formal education, was supported in conducting a survey on types of children attending non-formal school.

### Design of cohort study of vulnerable children to inform social protection issues for the most vulnerable children and families

Providing relevant information on the outcome of vulnerable children is important to inform social protection interventions towards the children and to advance equity focus of programmes. To ensure availability of child-specific information on school children, UNICEF engaged HSRC to review regional experiences and develop tools for Swaziland. Further refinement of the tools and the processes is planned for 2012.

## Future Work Plan

### a) *Future Work Plan:*

In 2012, the Education Programme plans will focus on the following areas:

- Support for the roll out of FPE initiative, particularly a costing exercise to help Swaziland determine and set school fee levels
- Expand Inqaba (the Swaziland brand of child-friendly schools) to all 587 primary schools in the country and follow up on the Safe School Initiative, particularly focusing on the commitments from the Violence National Dialogue
- Promote the new vision for integrated Early Child Development, particularly stimulation using NCPs as entry points. Strengthen the M&E component of the programme, prioritizing field visits and developing appropriate monitoring tools.

## Country Programme Component: Child survival and development

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Increased and sustained coverage of high-impact preventive maternal, new-born and child health, nutrition and water, sanitation and hygiene (WASH) interventions, with a focus on the worst-affected regions;	2	FA1OT12, FA1OT2, FA1OT3, FA1OT13 (c), FA1OT4, FA1OT10
Increased coverage and quality of curative services for childhood illnesses, especially pneumonia, diarrhoea, maternal and neonatal complications and acute malnutrition	2	FA1OT6, FA1OT7, FA1OT8, FA1OT9, FA1OT10
Increased coverage of quality PMTCT and pediatric HIV care to reduce the incidence of new HIV infections in mothers and children, treat HIV infected children and mothers, and provide family planning to prevent unwanted pregnancy;	1	FA3OT1, FA3OT2, FA3OT9, FA3OT3, FA3OT4, FA3OT6

## Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	% Spent (4)/(3) * 100
OR-E				
OR-R	2000000.00	909971.73	883462.05	97.09
RR	150000.00	228881.34	227891.56	99.57
<b>Total</b>	<b>\$2,150,000.00</b>	<b>\$1,138,853.07</b>	<b>\$1,111,353.61</b>	

## Results Achieved

**PCR 1:** Progress was achieved towards the three IR targets on ARV prophylaxis for PMTCT, ART for eligible HIV-positive pregnant women and on initiation of HIV-positive children on ART, including 95 per cent of HIV-positive pregnant women received ARV prophylaxis for PMTCT; 76 per cent received ART for their own health; 96 per cent of exposed infants received ARV prophylaxis; and 36 per cent (369/1020) were initiated on ART.

Key strategies used to support implementation include 1) improved coordination at national level through development of one national PMTCT implementation plan; 2) technical and financial support to the government and implementing partners for training of health care workers on the use of new 2010 PMTCT guidelines; 3) operationalizing a task shifting policy that allows nurses to initiate children on ART; 4) programme review and experience-sharing workshops aimed at improving the quality of PMTCT and pediatric AIDS care services; and 5) increased accessibility of HIV testing services for women and exposed in infants and sustained in-country capacity to perform DNA PCR HIV test.

UNICEF provided 30 per cent of the ARVs for PMTCT and created awareness on the importance of MNCH services leading to increased demand for PMTCT and pediatric AIDS services. This year, UNICEF demonstrated increased uptake of newborn male circumcision from 3.2 per cent of male infants delivered in the Nazarene Hospital in 2009 to 44.4 per cent in 2011.

**PCR 2:** The annual work plan for 2011 focused on delivery of a package of health care services (immunization, vitamin A supplementation, deworming and management of minor illnesses) and reducing WASH deprivation for vulnerable children in Lubombo and Shiselweni regions. To advance the country programme equity focus approximately 17,316 children in 77 schools and 164 NCPs in deprived regions were reached with a package of health care services. Most of the children received treatment for minor ailments and 660 were referred to the health facilities for specialized care. During the Child Health Days and the Week of the African Child, 10,421 children aged 0–59 months in hard-to-reach areas received the package of health care services and 10,345 children were assessed for malnutrition using MUAC.

**Under PCR 3:** An NGO serving people living with HIV received UNICEF assistance to deliver a package of preventive and curative health services and psychosocial support to vulnerable children at the NCPs. This project, which started in 2010, benefited 7,126 vulnerable children and families with poor access to basic health and social services. The NGO established outreach teams comprised of qualified nurses who used 20 central NCPs as a staging place for the to serve children in 87 nearby NCPs. More than 100 caregivers from the 87 NCPs were trained in community-integrated management of childhood illnesses. The caregivers mobilized families to attend outreach services, visited homes to support children who are on ART, provide support on ART adherence and identify children in need of referral for specialized care.

## Most Critical Factors and Constraints

### ***Constraints Affecting Performance and Lessons Learnt***

- The financial crisis in Swaziland has negatively impacted delivery of health services in various ways including; shortage of transport for undertaking outreach services and conducting supportive supervision, shortage of essential medical supplies and inadequate human resource due to high staff turnover, especially in rural health facilities.
- Quality Improvement (QI) and Quality Assurance (QA) started off as two parallel programmes. An attempt to integrate or merge these into one programme has been a challenge, which resulted in a delay to finalize and implement the national QA/QI strategic plan.
- Declining water tables during the dry months continued to cause low yields for some boreholes fitted with hand pumps causing significant safe water shortages for some communities and schools.

## Key Strategic Partnerships and Interagency Collaboration

### ***Key Partnerships and Interagency Collaboration***

On-going effective partnerships with NGOs and relevant government ministries especially the MOH and Ministry of Natural Resources and Energy (MNRE) account for the increased uptake of PMTCT and paediatric HIV services including other areas of child survival and development.

UNICEF, WHO, UNFPA, EGAPF, ICAP and CHAI collaborated better in 2011 to provide technical and financial support especially to MOH in developing regional plans for implementation of quality Maternal Neonatal Child Health (MNCH) services including PMTCT and Paediatric AIDS care. UNICEF also worked closely with two regional referral hospitals (Raleigh Fitkin Memorial and Good Shepherd), the children's referral clinic (Baylor Centre of Excellence), the Health Research Institution (HIVQUAL), International Relief and Development, Population Services International (PSI) and Swaziland Positive Living (SWAPOL).

## Humanitarian Situations

Swaziland has a chronic humanitarian situation as a result emergency response is mainstreamed in regular programme. The Water and sanitation response as well as nutrition are skewed towards regions affected by drought.

Available evidence shows that water and sanitation deprivation is one of the major national challenges. Drawing on the findings of the Swaziland Child Poverty Study of 2009, approximately 10,800 children taken care of at the NCPs and schools in poor regions benefited from improved hygiene practices: care givers in 50 NCPs and teachers and school committee members from 10 schools received WASH training to improve hygiene practices and received hand washing devices and soap. Sixty-five hand pumps were rehabilitated to provide access to water for 19,170 persons in the deprived regions.

## Summary of Monitoring, Studies and Evaluations

### ***Monitoring, Study and Evaluation Activities***

- Assessment of bottlenecks for PMTCT Virtual Elimination Strategy
- Evaluation of Teen Club for HIV-positive adolescents at Swaziland Baylor Centre of Excellence
- Review of the Swaziland Expanded Program on Immunization (EPI) within the context of Health system and External Environment
- Swaziland EPI Cold Chain Assessment

## Future Work Plan

Child Survival and Development programme future plans will focus on the following areas:

- Support implementation of the country operational plan for eliminating new HIV infections among children and for keeping their mothers alive and strengthening MOH capacity to manage children living with HIV
- Improve access of women and children in poorest regions to antenatal care and deliveries
- Strengthen the community outreach component, community/facility linkages with a focus on

# Annual Report 2011 for Swaziland

addressing vulnerable populations such as children and adolescents with HIV/AIDS

- Improve monitoring systems and data for programming

## Country Programme Component: Child protection

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Strengthened child-sensitive social protection programmes for vulnerable children and families, including those infected or affected by HIV	2	FA3OT8, FA4OT1, FA5OT7
Strengthened legislative and enforcement systems and improved protection and response capacity to protect women and children from violence, exploitation and abuse at national and sub-national levels.	2	FA5OT4, FA4OT4, FA4OT7, FA4OT9

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	% Spent (4)/(3) * 100
OR-E				
OR-R	1800000.00	984301.90	984301.90	100.00
RR	150000.00	166500.00	166500.00	100.00
<b>Total</b>	<b>\$1,950,000.00</b>	<b>\$1,150,801.90</b>	<b>\$1,150,801.90</b>	

### Results Achieved

PRC 7: Following high-level advocacy by the UNICEF and other partners, the Child Protection and Welfare Bill and the Sexual Offences and Domestic Violence Bill were passed by the House of Assembly on 27th October 2011 and will go to the House of Senate for endorsement next and then to the King for assent by first quarter of 2012.

Swaziland enhanced child-friendly service provision through courts; police system; training the judiciary and law enforcement officials in the Ministry of Justice and Constitutional Affairs to improve the capacities of prosecutors on handling child related sexual offences, human trafficking, promote quality service delivery, effective data collection and empowering the prosecutors with upcoming legislations on sexual crimes and children's issues in conformity with international standards. The Universal Periodic Report was submitted while CRC report was drafted and will be finalized in 2012.

Following finalization of the NPA for Children, a new MoU (2011–2013) between UNICEF and REPSSI is being developed. MoU focuses on supporting NCCU and Ministry of Education to implement the psychosocial support component of the National Plan of Action for Children 2011–2015 and CFS initiative. UNICEF supported a two-pronged strategy to scale up birth registration – the first strategy was to sustain on going decentralized birth registration services in deprived communities offered through NGOs and the second strategy was to strengthen birth registration services offered in hospitals. UNICEF supported the development of a birth registration strategy to address bottlenecks.

Between January and June 2011, the average newborn registration rate had reached 72 per cent against a target of 70 per cent by December 2011. Community based registration aimed at reaching the most vulnerable also improved with some partners registering over 80 per cent of eligible children in the communities.

**PCR 8:** In partnership with NGOs and the government, UNICEF conducted an “Action Learning” pilot project on community systems strengthening, aimed at improving access to basic social services for the most vulnerable children and families. This was done through NGO and the government led social protection programmes such as education, health, birth registration and social welfare services.

Efforts to enforce the child protection systems through improving quality and scaling up service delivery to reach the most vulnerable children focused on supporting the finalization of the Strategic Plan for Department of Social Welfare, and strengthening the capacity of the Department. The department of Social Welfare finalized the printing of guidelines on Alternative care and Standards for Residential care facilities. The processes of development, adoption and institutionalization of accredited training programme for social workers was initiated. The accredited PSS Certificate Programme (Community Based Work with Children and Youth) has been localized with UNISWA and is part of the academic calendar in 2011/2012.

To decentralize social work in Swaziland, UNICEF supported the DPM’s Office with six furnished mobile offices. These offices are expected to promote social protection and address social inequalities that affect children in the rural communities. Officers from the Department of Social Welfare were deployed to provide services to the vulnerable groups in these areas and nearby communities.

### **Most Critical Factors and Constraints**

#### ***Constraints Affecting Performance and Persistent Challenges:***

- Slow process of finalizing legislative tools. Delays in enacting the new child related legislation in turn affected completion of other pieces of work such as the induction training packages and the CRC state party report. Until the CPWB is enacted into law, most of the 72 CRC recommendations remain unaddressed.
- Lack of resources and, in many instances, capacity is a major challenge for government, NGO and community structures concerned with violence against children.
- Lack of services for victims of abuse. The gap is in the establishment of a system to facilitate a swift response mechanism to provide follow-up support services to reported cases of violence against children and abuse.
- Current economic crisis. Focus on economic recovery has relegated children’s issues, in particular protection, to a lower priority. (The strategy to mitigate this challenge is to continue supporting the DPM’s office with high advocacy including for the passage of the draft Bills through the House of Senate)

### **Key Strategic Partnerships and Interagency Collaboration**

#### ***Key Partnerships and Interagency Collaboration***

Key partners include the Deputy Prime Minister’s Office, which coordinates children’s issues. Various line Ministries and government departments, NGOs, faith-based organizations and community-based organizations collaborate with UNICEF.

### **Humanitarian Situations**

Not Application. In light of Swaziland chronic humanitarian situation, child protection activities are mainstreamed in regular programme. Focus was on strengthening child protection systems and addressing abuse child abuse.

### **Summary of Monitoring, Studies and Evaluations**

#### ***Surveillance system on abuse strengthened***

Monitoring of violence and abuse in Swaziland, particularly among children and women, is a priority. UNICEF worked closely with the Department of Social Welfare and civil society organizations on the improvement of the system of monitoring incidence of violence and abuse of children and women. Swaziland now has a surveillance system with a solid foundation – a standard form for collecting data on new cases of violence, a forum for the government, NGO and UN stakeholders, and a mechanism for information dissemination, and a

# Annual Report 2011 for Swaziland

lead agency (Department of Social Welfare). Data on abuse is collected by relevant organizations, compiled and reported on monthly basis. Monthly aggregated update information on abuse is shared within the network of stakeholders who meet once a month and summary briefs are produced once in two months and distributed widely.

## M&E system for NCPs

UNICEF continued its support for the NCP M&E systems with a view to strengthen alliance and improve advocacy for children. A quarterly monitoring tool has been developed for reporting on services provided to most disadvantaged children within NCPs. The Ministry of Tinkhundla and Administration (MTAD) is coordinating the civil society organizations and ensuring that NCP monitoring is efficient and effective.

## Future Work Plan

### d) Future Work Plan

In view of the huge funding gap for Social Protection since the end of the multi-year DfID assistance and limited donor interest in Swaziland, the Child Protection Programme will focus on the following:

Upstream policy work including advocacy for the on the unfinished work on legislative instruments, protocols and regional instruments and development of strategies to translate commitments into results. Capacity building for the Department of Social Welfare in partnership with PEPFAR with a view to the development of a child a more robust and child protection system

- Improvement of referral mechanisms for children at different levels of the system and across different sectors such as justice and health.

## Country Programme Component: Advocacy and communications

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Strengthened institutional capacity, particularly within the government, for effective communication to generate positive social and behaviour change, with a specific focus on HIV related high risk behaviour, including multiple and concurrent partners.	2	FA5OT6, FA5OT9, FA3OT7

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	% Spent (4)/(3) * 100
OR-E				
OR-R	400000.00	208374.48	206273.12	98.99
RR	112000.00	73215.99	70746.33	96.63
<b>Total</b>	<b>\$512,000.00</b>	<b>\$281,590.47</b>	<b>\$277,019.45</b>	

## Results Achieved

### *Effective gender-sensitive communication and social mobilization interventions*

To build capacity of partners to prevent violence, abuse and HIV infection among children and young people, 50 organizations working with children received orientation on use of HIV prevention modules. UNICEF assisted with the development of a user-friendly planning checklist for frontline organizations and training guide for future use.

In October, UNICEF worked with the Ministry of Education to facilitate dialogues with teachers, ministry of education officials, community child protectors and children on violence against children. These dialogues culminated in the first national dialogue on violence against children.

UNICEF worked with FBOs to commemorate the second national observance of the Day of Prayer and Action for Children. In the process, the eight faith-based organizations that signed pledges of support for children against violence in 2010 reaffirmed their commitment to preventing and responding to violence against children. The FBO used the national MOE dialogue as a platform to share experiences with others. ( To strengthen partnership with the media to advance children's rights, UNICEF facilitated discussions with the University of Swaziland Department of Journalism and Mass Communication. The discussion focused on how to integrate child rights in the Journalism syllabus. It is expected that the child's rights syllabus will be incorporated into the university's journalism programme in the 2012–2013 academic year.

In order to ensure that Swazi children's issues continue to be visible; UNICEF revamped its website. In line with Delivering As One, UNICEF also continued to make contributions to the bi-annual One UN Newsletter.

### ***Participation of young people in preventing HIV, abuse and violence facilitated***

The children's consortium working closely with the National Children's Coordinating Unit and UNICEF, engaged 5,000 boys and girls from the Lubombo region which has the highest percentage (16.6 per cent) of girls married before age 18 and the lowest percentage (55.4 per cent) of women who reject the two most common misconceptions on HIV transmission. The dialogues were on delaying sexual debut and preventing and responding to violence. The dialogues culminated with the celebration of the Day of the African Child in June, where the children communicated what they had learnt in the dialogues through poetry, song, speeches and dance. The children were also engaged in debates on the same issues under the leadership of the Royal Swaziland Police and the community leadership. To maximize the gains in engaging children and young people during traditional annual events, UNICEF and UNFPA developed a plan to enhance engagement of young people on prevention of HIV, abuse and violence beginning in 2012.

### **Most Critical Factors and Constraints**

#### ***Critical factors or constraints affecting performance***

Owing to the financial crisis affecting the country, most NGO partners had to downsize and therefore did not have both human and financial capacity to implement programmes.

### **Key Strategic Partnerships and Interagency Collaboration**

#### ***Key Partnerships and Interagency Collaboration***

Partners include: government ministries, NGO partners, FBOs, media and communities. Within the context of delivering as one UNICEF participated in the UN Communication group, which organized joint advocacy initiatives.

### **Humanitarian Situations**

UNICEF supported the development of a communication plan for pandemic influenzas including H1N1.

### **Summary of Monitoring, Studies and Evaluations**

#### **Behavioral Surveillance Survey**

Obtaining information about the older cohort of children (youth) is essential, particularly on their sexual behavior. This is important as the country targets reducing HIV infections among youth. A behavioral surveillance survey, which includes children in and out of school and those in tertiary institutions, was

# Annual Report 2011 for Swaziland

conducted. The survey not only collects behavioral information but also biological information for certain age groups. UNICEF provided financial and technical support towards the survey.

## Future Work Plan

The Advocacy and Communication Component of the Country Programme will focus on the following areas:

- Strengthen partnerships with FBOs and the media to prevent and respond to violence against children
- Strengthen Communication for Development that highlights the needs of disadvantaged children
- Enhance children's participation, especially in dialogues for HIV prevention

## Country Programme Component: Social policy and monitoring and evaluation

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
National systems and structures to enhance integration of disaster risk reduction in development programmes, mainstream gender issues and prepare for and respond to emergencies to ensure fulfillment of the core commitments to children in emergencies	2	FA6OT1
Research, policy analysis and monitoring and evaluation initiatives to produce high-quality evidence for making child-friendly laws, policies, programmes and budgets.	2	FA5OT1, FA5OT2, FA5OT3, FA5OT5

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	% Spent (4)/(3) * 100
OR-E				
OR-R	250000.00	332277.94	289100.04	87.01
RR	77000.00	109452.58	109452.58	100.00
<b>Total</b>	<b>\$327,000.00</b>	<b>\$441,730.52</b>	<b>\$398,552.62</b>	

## Results Achieved

### PCR 10: Support for development of National M&E system for NPA

To have effective monitoring and evaluation systems, UNICEF assisted National Children's Coordination Unit (NCCU) to develop a National M&E system for the NPA for Children (2011-2015), including an M&E plan. The process was consultative, and the documents were finalized. The NPA will be launched in 2012.

### Surveillance system on abuse

Monitoring of violence and abuse in Swaziland, particularly among children and women, is a priority. UNICEF worked with the Department of Social Welfare and civil society organizations to improve the system of monitoring the incidence of violence and abuse. Swaziland now has a surveillance system with a solid foundation; a forum for stakeholders; a mechanism for information dissemination; and a lead agency (Department of Social Welfare). Data on abuse is collected by relevant organizations, compiled and reported on monthly basis. Monthly aggregated update information on abuse is shared within the network of stakeholders and summary briefs are produced.

UNICEF continued its support for the NCP M&E systems to strengthen alliance and improve advocacy for children. A quarterly monitoring tool has been developed for reporting on services provided to most disadvantaged children within NCPs. The Ministry of Tinkhundla and Administration (MTAD) is coordinating civil society organizations and ensuring that NCP monitoring is efficient and effective.

#### **Implementation of MICS Round 4**

To capacitate both the government and civil society to conduct research and policy analysis that supports laws, policies, programs and budgets for children's issues, the Central Statistical Office under the Ministry of Economic Planning and Development was supported to conduct the Multiple Indicator Cluster Survey round 4. A preliminary report was compiled and disseminated in January 2012. A final detailed report and a summary report highlighting the major findings report have been produced.

#### **Support for UN Program on Data and Strategic Information**

As part of the UN joint programme, UNICEF contributed to the development of an UNDAF M&E plan, Performance Framework and Data Tracking Tool. A document on processes of how data will be collected from different agencies and reported was also developed.

#### **Support to UN Joint Initiatives**

As part of UNICEF's commitment to Delivering as One, a household survey on impact of the fiscal crisis was undertaken jointly with other UN agencies. UNICEF contributed to the design of the survey, training of data collectors and report writing. Preliminary findings have been disseminated. The information will inform UN response to the impact of the fiscal crisis.

#### **PCR 11: National systems and structures to enhance integration of disaster risk reduction in development programmes**

##### **Results achieved**

UNICEF supported capacity development initiatives for education sector disaster preparedness and response planning. An Education Sector emergency preparedness and response plan was developed and coordination mechanisms established.

Within the context of Delivering as One, UNICEF participated in the finalization of the UN Emergency Preparedness and response plan in 2011 and the UN contingency plans for epidemics.

UNICEF and WFP supported the annual vulnerability assessment (VAC), which is a key tool for informing preparedness planning and response.

#### **Most Critical Factors and Constraints**

##### ***Critical factors or constraints affecting performance***

The current fiscal crisis has affected operations both within government and civil society organizations. Lack of an operating budget in ministries and high staff turnover among NGO partners delayed implementation of activities planned for the year. Weak monitoring capacity among implementing partners affected the quality of programme monitoring. While the importance of M&E has been acknowledged this has not translated into allocation of human and financial resources.

#### **Key Strategic Partnerships and Interagency Collaboration**

##### ***Key Partnerships and Interagency Collaboration***

Key partners included the Central Statistical Office, National Children's Coordination Unit, Department of Social Welfare, Ministry of Education and Training, Ministry of Health, NERCHA, Save the Children, World Vision, SWAGAA, AMICAAL, Royal Swaziland Police – Domestic Violence and Child Protection Unit. UNICEF also worked closely with the UN M&E Group for strengthening of UNDAF monitoring. Partnerships with academic institutions were also strengthened.

## Humanitarian Situations Support to UN Joint Initiatives

As part of UNICEF's commitment to Delivering as One, a household survey on the impact of the fiscal crisis was undertaken jointly with other UN agencies. UNICEF contributed to the design of the survey, training of data collectors and report writing. Preliminary findings have been disseminated. The information will inform UN response to the impact of the fiscal crisis.

## Future Work Plan

In view of the donor interest in Swaziland and tight financial picture for UNICEF Swaziland in the past several years, the Office will explore strategies to meet the social policy functions of the Office including the possibly of delegating tasks to the Representative and Deputy Representative and cost-sharing technical assistance on social policy with Botswana, Namibia and Lesotho and short-term consultancies. Areas of focus in 2012 are:

- Institutionalization of capacity development for NPA monitoring by developing an M&E performance framework and monitoring tools
- Dissemination of the MICS results systematically and support further analytical of the data-set to highlight vulnerabilities and inequities
- Support UN Joint programme activities particularly the implementation of the recommendation of the UN assessment of the financial crisis and UNCT declaration equity as the important objective for UN support for Basic Social Sector Pillar of the UNDAF

## Country Programme Component: Cross-sectoral costs

### PCRs (Programme Component Results)

PCR	EQ Rank	OT Details
Effective and efficient programme management and operations support	0	Support 1, Support 2, Support 3

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	% Spent (4)/(3) * 100
OR-E				
OR-R	0.00	0.00	0.00	0.00
RR				
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

# Annual Report 2011 for Swaziland

---

## Effective Governance Structure

### Governance and Systems

- The Country Management Team (CMT) is the advisory body to the Representative and provides oversight monitoring of the 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 Annual management priorities, funds management and utilization rates, resource mobilization, human resources management related indicators (performance appraisal, leave, work-life balance, etc.) and financial controls.
- Other committees are Joint Consultative Committee, Staff Association executive committee and Contract Review Committee.

Following the 10 global improvement initiatives, two new critical review bodies established in 2010 continued to play a key roles in the office management structure: Programme Cooperation Agreement (PCA/SSFAs) review committee and the Central Review Body (CRB) for the staff selection. 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 staff association committee represented the interest of staff members in the CPMP process.

## Strategic Risk Management

Strategic risk management is an integral part of the office governance structures. In 2011 the office conducted two major events for strategic risk management:

Emergency Preparedness and Response mainly focused on ensuring adequate emergency preparedness in line with the Core Commitments for Children as reflected in the 2011 work plans. Within the context of delivering as One, UNICEF played a key role in the UN Emergency Preparedness and Response team. The major risks identified were TB/MDR/XDR, cholera and the financial crisis. UNICEF contributed to UN Rapid Assessment on the impact of the financial crisis. The results of the rapid assessment will inform UN response and strategies in 2012. Roles and responsibilities of various UN agencies in disaster risk reduction were defined with UNICEF being assigned lead roles for Health, WASHE and Education. In addition, UNICEF co-leads the protection cluster. The Ministry of Health was supported by UNICEF and other UN agencies to develop contingency plans for cholera.

In 2010 UNICEF conducted Enterprise Risk Management concurrently with Risk Control and Self-Assessment exercise. In 2011 the office focused on addressing selected high risk factors which were identified through the Risk control and self-assessment exercise namely: predictability of funding, Aid environment, natural environment and country environment. Given the complex nature of these risks, a UN wide approach was adopted. The UN Rapid Assessment on the financial crisis as well as contingency planning both aimed to address the risks.

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

## Evaluation

*Other management* – The office developed an IMEP, which guided all office M & E work. Through the Country Management Team and programme Coordination team, follow up on recommendations of previous evaluations was done. Field level supervision calls for increased attention in an environment where government departments and NGO partners have adopted extreme measures (such as staff cuts or lack of

supervision of activities) to save costs as a result of the financial crisis. The Office will continue to increase the frequency of Spot Checks. Since the adoption of HACT by the UNCT in 2009, the Office conducted 3 Spots Check in 2010, 5 in 2011. The Regional Office could possible continue the Peer Review Missions which were initiated in 2010.

### Effective Use of Information and Communication Technology

In preparation for VISION go-live, office connectivity tests indicated that the Internet Leased line that was not adequate to run VISION transactions. To address this UNICEF collaborated with the other UN agencies (UNDP/WFP) and joined in on a common VSAT connection.

ICT solutions were provided in accordance with UNICEF standards and policies and in consideration of: (i) the ITSSD global roll-out plan; (ii) UNICEF standards; (iii) ICT key result areas identified at the beginning of the year; (iv) equipment life cycle; and (vi) Delivering as One UN objectives.

All end user client computers were migrated to Microsoft Windows 7. Obsolete equipment was submitted to the Property Survey Board (PSB) for proper disposal. Systems and services were maintained to ensure availability at all times. BlackBerry services, voice and data sat-phones were maintained for key staff and security focal points, as stipulated in the BCP. In the second half of the year, a significant amount of time and resources were invested in preparations for the migration to VISION, and included such activities as connectivity tests, Firewall upgrades and office wide training for all staff.

### Fund Raising and Donor Relations

*Fundraising and donor relations* – The office fundraising strategy entailed maintaining existing donors as well as reaching out to new donors. Regular liaison was maintained with National Committees. The Office maintained contact with National Committees and submitted all donor reports on time. A fundraising donor kit, focusing on HIV and AIDS, was developed to complement on-going resource mobilization through project proposals.

Efforts to leverage resources from other development partners were strengthened through UNICEF engagement in Global Fund proposal development and advocacy with PEPFAR, EU and the World Bank. Notwithstanding these efforts, the country classification as low middle income status posed major challenges for resource mobilization, especially given the global financial crisis and several large scale emergencies in the region.

### Management of Financial and Other Assets

*Management of financial and other assets of the organization* – The year 2011 coincides with the beginning of the new Country Programme with a new Country Programme Management Plan. The financial resources declined in year 2011 requiring strategic adjustments in many ways to ensure more cost effective and efficient management of the limited funds. A human resources recruitment and retention strategy was developed and implemented to ensure a phased approach in line with the available funds. The office maintained a fleet of vehicles adequate to support the programme implementation. However, due to the decline in OR funds, the replacement plan could not take place this year meaning that the office will operate with a relatively aging fleet which often implies high costs for maintenance.

### Supply Management

*Supply management* – The supply component was highly influenced by the preparatory work for IPSAS compliance. The office focused on procurement of programme supplies early enough in the year to ensure all orders are fully delivered and paid for before the closure of accounts. Implementing partners continued to receive technical support in procurement. HACT spot checks served as fora for capacity development.

## Human Resources

This year being the beginning of a new Country Programme with a new staff structure, the Human Resources management focused on finalizing the recruitment exercise, initiated late in 2010, for the new positions. A training plan was developed with three (3) group trainings activities

The staff learning and development was an achievement worthy to highlight in the year: all the planned group trainings i.e. Competency Based Interviewing, Programme Planning Procedures and Microsoft Office 2011 were 100 per cent implemented. The individual learning's were successfully implemented at the approximate rate of 50 per cent. VISION learning and training were systematically conducted in the last quarter of the year to ensure all staff members are adequately empowered and ready for VISION in their respective functional roles. The most achievement beyond expectations was on staff development through staff exchange; five staff representing 15 per cent of staff benefited from staff exchange opportunities. It is the first in the office history and a significant for a medium size country office.

## Efficiency Gains and Cost Savings

The office initiated some cost saving strategies but has not yet yield tangible results. This should be an area of focus for the year 2012. The office has already identified few areas that can generate savings such as travel, conference and meeting venue and a strategy on reduced rates on incentives to Implementing Partners has already been internally developed and approved by CMT to be effective in January 2012. Efforts should continue to cut on costs in other areas.

Due to the projected decline in OR, there will have to be major changes in the CPMP to adjust the originally approved staffing structure with the available resources. This may lead to abolishment and/or downgrading of some positions.

## Changes in AMP and CPMP

Due to funding constraints the office will use a number of strategies to redistribute the workload and ensure efficient programme implementation. Some of the functions e.g. human resources, social policy, supply, which had staff members until December 2011, will now be redistributed following the end of contracts. Greater emphasis will be put on convergence in programming to ensure synergy and maximize limited resources.

## Summary Notes and Acronyms

DAC - Day of African Child  
 FBO - Faith-based organization  
 MOH- Ministry of Health  
 NGO - Non-governmental organization  
 NERCHA - National Emergency Response Council on HIV and AIDS  
 NCP - Neighbourhood Care Point

# Annual Report 2011 for Swaziland

## Evaluation

	<b>Title</b>	<b>Sequence Number</b>	<b>Type of Report</b>
1	SMS technology in early infant diagnosis of HIV	ZAMA/2011/005	IMEP
2	SMS technology in early infant diagnosis	ZAMA/2011/005	IMEP
3	Impact Assessment of the Hear Me Project	LESA/AHP/2011/001	Evaluation
4	Child Grants Programme Rapid Assessment	PLSP/2011/001	Evaluation
5	Child Grants Rapid Assessment	PLSP/2011/001	Evaluation
6	Rapid Assessment of the Child Grants Programme	PLSP/2011/001	Evaluation
7	The Situation Analysis of Orphans and other Vulnerable Children in Lesotho	2011/003/PLSP	Situation Analysis
8	Child Poverty Study in Lesotho	PLSP/2011/003	Study

## Other Publications

	<b>Title</b>
1	Annual Report 2010
2	Country Programme Action Plan 2011–2015
3	Ten Things Everyone Should Know About Violence Against Women and Children (Re-print)
4	A National Study on Violence Against Children and Young Women in Swaziland (Re-print)
5	Antenatal Care leaflets
6	Faith-Based Organizations' partnership to end violence against children
7	National Guidelines on Alternative Care
8	National Minimum Standards for Residential Child Care Facilities in Swaziland

## Lessons Learned

	<b>Title</b>	<b>Document Type/Category</b>
1	Use of Information Communication Technology to enhance Neonatal Male Circumcision (NMC) results	Innovation