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Child Protection Thematic Report

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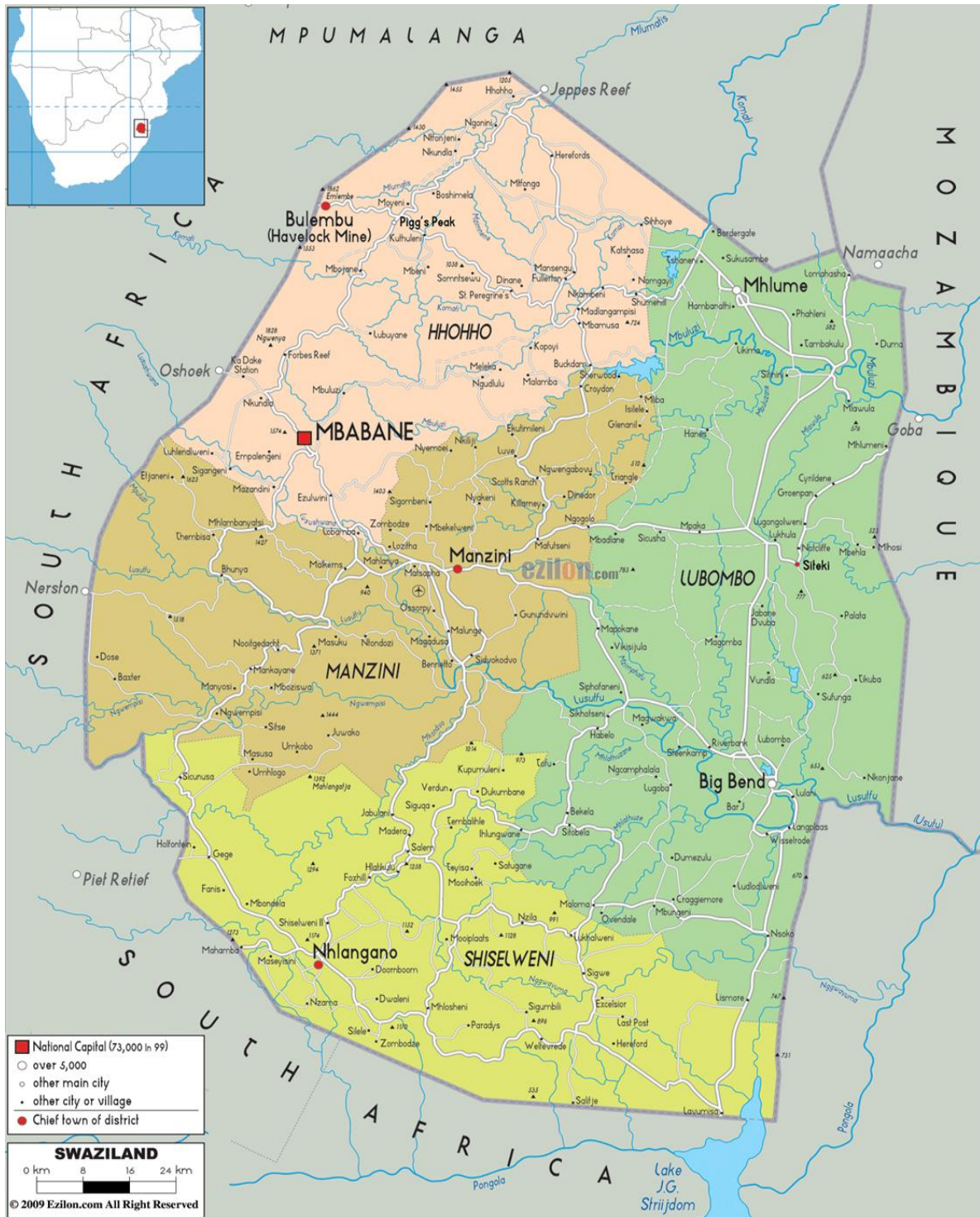
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Abbreviations and Acronyms

APLD	Adolescent Protection, Learning and Development
CANGO	Coordinating Assembly of Non-Government Organisations
CRVS	Civil Registration and Vital Statistics
CP	Child Protection
CPWA	Children's Protection and Welfare Act of 2012
DPMO	Deputy Prime Minister's Office
DPP	Director of Public Prosecutions
DSW	Department of Social Welfare
ESAR	Eastern Southern African Region
GBV	Gender-based violence
MICS	Multiple Indicator Cluster Survey
MOET	Ministry of Education and Training
MOJCA	Ministry of Justice and Constitutional Affairs
MOHA	Ministry of Home Affairs
MOH	Ministry of Health
NCCU	National Children's Coordination Unit
NCP	Neighbourhood Care Point
OSC	One Stop Centre (for management of SGBV)
NERCHA	National Emergency Response Council on HIV and AIDS
PEPFAR	Presidential Emergency Plan for AIDS Relief
RSPS	Royal Swazi Police Service
SDGs	Sustainable Development Goals
SODV	Sexual Offences and Domestic Violence
SWAGAA	Swaziland Action Group against Abuse
UNDAF	United Nations Development Assistance Framework
VAC	Violence against children
YCSD	Young Child Survival and Development

Map of Swaziland



Executive Summary

Swaziland has a young population with about 45 per cent of the population aged below 18 years, 24 per cent (299,300) of the population are adolescents aged between the ages of 10-19 years¹. HIV and AIDS is by far the most pressing challenge in Swaziland. At 26 per cent among 15-49 year olds, Swaziland has the highest national HIV prevalence rate in the world to date. Adolescents are particularly at risk of contracting HIV and the 2009 Swaziland Modes of Transmission study estimated young people between 15 and 24 years of age to account for 35 per cent of all new HIV infections.

Physical, sexual and emotional violence against children and adolescents continues to be a major problem, especially in the home. Approximately one in three females report to have experienced sexual violence as a child, nearly one in four were exposed to physical violence and 3 in 10 experienced some form of emotional abuse.² A vast majority (89 per cent) of children aged 2–14 years reported having experienced at least one form of physical punishment at home.³ While the national legislative framework is largely aligned with international human rights standards, more remains to be done to protect children, including the implementation of the Sexual Offences and Domestic Violence Bill. The Bill calls for adjustments in the allocation of resources, standards for services, professional training and the care and referral system, and accountability mechanisms for child protection.

UNICEF Swaziland child protection interventions are part of the Adolescent, Protection, Learning and Development (APLD) programme, and contribute to the country's developmental priorities as reflected in a number of government documents such as the extended National Strategic Framework (e-NSF) for HIV and AIDS, the National Plan of Action for Children 2011- 2015 and the Department of Social Welfare (DSW) 2011-2015 strategy. The eNSF identifies prevention and protection against Gender Based Violence (GBV) as crucial for providing a supportive environment for HIV programming and calls for increased reporting, referral and access to services, including post exposure prophylaxis (PEP)⁴.

In 2016, UNICEF Swaziland implemented the first year of its new Country Programme 2016-2020. The country programme was developed to address issues of children and adolescents adopting a life cycle approach. As such, two major outcomes, one that focuses on the first decade (0 to 9 years) and one on second decade (10 to 19 years) were developed to guide programming and child protection interventions are integrated into the two outcomes to support children and adolescents.

In 2016, significant milestones towards the realization and protection of child rights were achieved. UNICEF Swaziland's efforts towards implementing key child protection interventions were directed towards policy, capacity development, and advocacy for child rights. However, some key downstream strategic partnerships were maintained, including with civil society organizations delivering critical services to vulnerable children and generating evidence.

¹<http://data.worldbank.org/country/swaziland>

² A national study on violence against children and young women in Swaziland, 2007.

³ MICS 2010.

⁴ NERCHA; The National Multisectoral HIV and AIDS Framework (eNSF) 2014 – 2018; 2014

On the legal and policy framework for protection of children, UNICEF continued to engage in advocacy for the enactment of two important pieces of legislation that will significantly contribute towards building a protective environment for children: (i) the Sexual Offences and Domestic Violence (SODV) Bill; and (ii) the Persons with Disabilities Bill. For the SODV Bill, the disagreement on inclusion of 'stalking' as a form of violence continued and more efforts were directed at engaging key stakeholders to ensure consensus on the main content of the Bill. In order to ensure that persons living with disabilities were also given equal opportunity to enjoy their rights, UNICEF Swaziland intensified advocacy for the enactment of the Disability Bill, orienting 20 Senate members on the Bill which will be debated in Parliament in 2017. The DPMO is committed to lobby for the enactment of the two Bills in 2017 and UNICEF support will be directed towards that effort.

UNICEF and other key development partners continued to lobby the government on improved leadership and coordination of issues related to violence. A high-level task team on violence which was established by Cabinet decree in 2015 to coordinate a multi-sectoral response to violence, with a Multi-sectoral Task Team on Violence as its implementing arm, were both launched in 2016 by the Deputy Prime Minister. This provides an opportunity to enhance coordination among and across a number of government ministries, departments and civil society.

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

Within the framework of the global UNICEF End Violence against Children campaign, the Country Programme aimed at strengthening an enabling environment to prevent violence against children and adolescents with a focus on national capacities to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and neglect of children and adolescents. Implementation and awareness of the Children's Protection and Welfare Act (CPWA) of 2012 and advocacy for enactment of the SODV Bill and were prioritized.

UNICEF Swaziland continued to support evidence generation to support policy and programming decisions on key child protection areas. The national study on the Drivers of Violence Affecting Children was validated and launched by the Deputy Prime Minister's Office (DPMO) in November with UNICEF Swaziland technical and financial support. The study found three structural drivers of violence against children – poverty, HIV and gender norms and gender inequality, underscoring the value of a multi-sectoral approach in Swaziland. A plan of action will be developed to advocate for effective programming to address key findings.

UNICEF Swaziland continued to strengthen routine data collection on violence against children by supporting the National Violence Surveillance System which continues to generate key data that provides information on the magnitude and trend on violence in Swaziland. The 2015 report was launched at a public forum to generate debate and inform policy and programming. The report shows that between January and December 2015, a total of 7,729 cases of violence were reported compared to 6,169 reported in 2014. A third

of the violence is against children while 85 per cent of all victims of violence are female. The most prevalent forms of violence were emotional (35 per cent), physical (27 per cent) and sexual (18 per cent).

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

To increase access to equitable multi-sectoral services for gender based violence, UNICEF Swaziland collaborated with MoH, Ministry of Justice and Constitutional Affairs (MoJCA), Royal Swaziland Police, the DPMO and other partners in identifying and renovating an additional One Stop Centre site in Manzini region a densely populated location. The One Stop Centre model offers a comprehensive response to women and children who are victims of sexual and gender based violence, including free medical care, psychosocial counselling, legal support and social services. With an additional centre under construction at a referral hospital, UNICEF Swaziland strengthened capacity to address high rates of gender based violence.

UNICEF Swaziland, in collaboration MoET, Peace Corps, and the Federation of Disabled Persons Swaziland supported the development and launch of a Swazi sign language manual. The manual addresses communication barriers between students with hearing impairments and their parents and teachers, promoting inclusivity in the family and within the classroom and will be rolled out in all-inclusive schools in 2017. UNICEF Swaziland continued to contribute towards building a cadre of teachers in specialized inclusive education approaches, with nine teachers completing their penultimate year of university specialisation in special needs education which will contribute to an expansion of quality inclusive education services in Swaziland.

In an effort to improve community awareness, prevention and response to child abuse, UNICEF Swaziland in partnership with the Royal Swaziland Police sensitized 2,000 community members in Siphofaneni (a constituency with a higher number incidents of violence reported to the police) on violence against children and women.

UNICEF Swaziland forged a number of strategic partnerships to achieve children's rights with a particular focus on adolescent girls. In partnership with the MoET and UNESCO, UNICEF Swaziland led the World's Largest Lesson in 23 schools, improving both teacher and student understanding on SDG5 on Gender Equality. In total 9,200 primary and secondary school students, including those living with disabilities, were sensitized on the SDGs through a combination of lessons, video presentations and active participation in poetry, poster art and debates on SDG 5.

Despite progress and positive results, some key challenges remain. These include but not limited to delayed enactment of the SODV Bill, weak M&E systems on child protection, deeply rooted cultural practices and norms that perpetuate violence, limited resources and inadequate technical expertise in protection.

All supported interventions throughout 2016 were implemented in close collaboration with Government Ministries and departments, civil society organizations, UN and development agencies to advocate for child protection rights especially in areas of violence against children, CRVS and support of children with disabilities. Through the Delivering as One (DaO) approach, UNICEF strengthened its relationship with other resident UN agencies. Partnership with Faith Based Organisations (FBOs) and civil society in particular Save the Children and World Vision was pertinent in amplifying call to end violence against children. Improved relationship was enhanced with the contribution from Presidential Emergency Plan for AIDS Relief (PEPFAR) who continue to provide resources in the area of sexual and gender based violence (SGBV) and HIV and AIDS.

UNICEF's total expenditure on Child Protection programming in 2016 was USD 1,013,394. Child Protection Thematic contributions provided USD 219,881 to support these programming efforts, amounting to 21.7 per cent of total Child Protection funding for the year.

Despite the positive gains and results achieved in 2016, UNICEF's programming in the context of a country ranked as lower-middle income, continued to be affected by decreasing donor funding, declining human resources and significant programmatic adjustments. Fortunately, USAID through PEPFAR continued to provide financial support to UNICEF in the two interrelated areas of SGBV and HIV and AIDS. To support the emergency response USD 206,012 of humanitarian funds were received from the Canadian government and UNICEF Humanitarian Thematic fund and will support implementation of child protection in emergency interventions in 2017.

UNICEF Swaziland highly appreciates the financial support from UNICEF Child Protection Thematic Funds and the contribution by the Korean National Committee, and other donors including PEPFAR which has contributed significantly towards expansion of the response to SGBV in Swaziland.

Strategic Context of 2016

Swaziland is classified as a lower middle income country with a Gross National Income (GNI) of US\$2,930 per capita. However, the country's various human development indicators continue to show poor performance and the poverty dimensions are characterized by low income and expenditure, malnutrition (stunting), poor health, low education attainment, unemployment and the impact of the HIV pandemic. High levels of inequality still exist, further exacerbated by the disease burden of HIV and AIDS that impacts on child survival and development. Leading causes of death among under 5 years children include, HIV and AIDS (15 per cent), pneumonia (14 per cent), diarrhoea (7 per cent) and injuries (4 per cent). While it is recognized that the middle income categorization of the country limits resource mobilization, UNICEF Swaziland has strengthened its resource mobilization capacity to address these challenges, by developing a Resource Mobilization and Leveraging Strategy 2016-2020, inclusive of annual plans and targets.

Despite its middle-income status, Swaziland continues to be characterized by high levels of inequalities. While poverty levels decreased slightly between 2007 and 2010, from 69 to 63 per cent, they continue to remain high. Seventy (70) per cent of children live in poverty, raising to 80 per cent for children who have lost both their parents.

The HIV prevalence in Swaziland is 26 per cent for 15- 49 years old and is the highest in the world. Over half of HIV infected people are below the age of 25 years. Among this population data shows a disproportionate HIV prevalence and incidence among males and females, at all ages, with a prevalence of 10 per cent among women aged 15-19 years, compared to 2 per cent among men the same age.

In 2007, the Government of Swaziland, with support from UNICEF and the Centres for Disease Control (CDC), carried out a study on violence against children and young women which revealed that sexual violence towards children was common with one in three girls experiencing some form of sexual violence; more than half did not report the incident as they did not realize that it was abuse. Physical, sexual and emotional abuse against children are at alarming levels, whereby approximately 1 in 3 females experienced some form of sexual violence as a child⁵ and; 89 per cent of children aged 2-14 years, experienced at least one form of physical punishment at home⁶.

Thirty eight per cent (38 per cent) of respondents aged 18-24 years at the time of the survey experienced sexual violence before they turned 18 years, and 28 per cent of girls aged 13-17 years had experienced sexual violence. Among those who experienced one or more incidents of sexual violence before age 18, nearly a third experienced three or more incidents in their lifetime. The study also found that perpetrators were commonly known to the victims: among girls who experienced sexual violence prior to age 18, 36 per cent reported the perpetrators to be a husband or boyfriend, 27 percent reported a man/boy for the same neighbourhood, and 16 per cent indicated the perpetrator was a male relative other than a father, stepfather or husband. The study brought to light that services for survivors of sexual violence are limited, there is a lack of knowledge of what constitutes sexual violence among service providers and the health facilities are not adequately equipped to carry out the necessary medical legal investigations.

Hence, Swaziland continues to struggle with responding to two devastating and closely linked epidemics: violence against children and women, especially gender-based violence (GBV) and HIV/AIDS. These two are exacerbated by the high levels of poverty at 63 per cent of the population and high inequities and the high numbers of orphans and vulnerable children (OVC). The HIV epidemic has left 45 per cent of children OVCs among whom 24 per cent have lost one parent and 5 per cent have lost both. Furthermore, children's vulnerabilities to trafficking, exploitation and abuse, as well as their access to various social benefits continued to be crippled by the low rates of birth registration across the country. The country also has a large number of children institutionalized with 1,772 (1,234 boys and 538 girls) within 47 residential places for various reasons such as orphan-hood, poverty, sexual abuse within family.

In the absence of solid protection and social welfare systems the risks of abuse, neglect and violence against all these children are very high both within the community (family, neighbourhood) and institutional (schools, residential care, correctional facility) environment.

Swaziland's legislative framework has been largely aligned with international human rights standards, except the enactment of the key legislation dealing with all forms of violence –

⁵ VACS 2007

⁶ MICS 2010

“Sexual Offences and Domestic Violence Bill 2009”. Although the CPWA 2012, seeks to improve the protection of children, there is need for the enactment of the aforementioned Bill to compliment the CPWA and also scale up of its implementation.

The criminal justice system sector in Swaziland is currently under severe strain as a result of an increased demand for a specialist approach to crimes of sexual violence, especially for OVC and other vulnerable groups. Given the unique considerations and procedures involved in cases of sexual violence against children and other vulnerable groups, individuals involved in the criminal justice process require sustained capacity building to ensure that these cases are dealt with sensitively, effectively and swiftly.

Even as data on violence continue to show high incidences of VAC and young women, understanding the social norms, beliefs and practices that perpetuate violence in the country remains low. As a result, strategies and programmes developed to address violence are developed and implemented without tested theories of change. It is for this reason that the national study on ‘Drivers of Violence Affecting Children’ was commissioned in 2015 and completed and launched in 2016, dissemination of the results will be prioritised in 2017.

To improve Government’s ability to coordinate and comprehensively approach all child related matters after the decommissioning of the National Children’s Coordination Unit (NCCU) in 2014, the Government continued with the process of establishing a full-fledged Department of Children Services, recruiting both Director and Deputy Director in 2016. It is within this context that UNICEF Swaziland continued to support Government and its partners to ensure enhanced protection of children.

The 2016 End Year Review for the child protection programme indicated that the programme was generally on-track. The review provided specific feedback and rating on four key outputs designed to contribute to achievement of the child protection results.

The major donors to the child protection, the HIV programme and SGBV in Swaziland have been the European Union (with social protection as a key focus area), the U.S. Government (PEPFAR), the UN agencies, and the Global Fund to Fight HIV and AIDS, Tuberculosis (TB), and Malaria (GFATM).

3. Child Protection Programme and Related Results

In 2016, UNICEF Swaziland implemented the first year of its new Country Programme 2016-2020. The country programme was developed to address issues of children and adolescents following a life cycle approach. As such, two major outcomes, one that focuses on the first decade (0 to 9 years) and one on second decade (10 to 19 years) were developed to guide programming.

The two outcomes and specific outputs provide basis for the implementation of the child protection programme are:

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

- Output 1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, ECD, WASH and birth registration services increased.

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

- Output 2.1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.
- Output 2.2: Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.
- Output 2.3: Safe and protective environments in schools improved
- Output 2.8: Perceptions, attitudes and knowledge on key harmful social norms improved

In 2016, UNICEF contributed to the achievements of the national level results through support to various activities as stipulated below in each of the output areas:

Prioritization for the four results (outputs) was informed by:

- 1) Understanding of the overall sector strategic approach and its co-relation/linkages with the global and regional child protection priorities;
- 2) Understanding of limitations and opportunities in relation to UNICEF's role in the context of middle-income countries, whereby the greater portion of the efforts are directed towards upstream policy, strategy and advocacy work with the Government;
- 3) Understanding of linkages with UNDAF and UNICEF's comparative advantages in a given country context, and;
- 4) Understanding of social context and causal pathways that contribute to both, the protection and also violation of children's rights and wellbeing.

The UNICEF Swaziland Child Protection interventions focused on addressing bottlenecks that hinder achieving results for children in relation to the five outputs. The tables below highlight the identified bottleneck and key results achieved in 2016.

Outcome 1	By end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school.
Progress against Outcome	The Young Child Survival and Development programme aims at ensuring that young girls and boys will be immunized, healthy, registered at birth and ready for school. Provision of services to children ensures that a comprehensive package is provided and this includes access to child health services such as immunization, access to HIV services, early childhood care and

	<p>development services, nutrition and WASH. Significant progress was made during the year in creating an enabling environment that facilitated implementation of the programmes and achievement of results for children.</p> <p>UNICEF support was focused on ensuring that all identified HIV positive children, as well as pregnant and lactating women, access ART. UNICEF Swaziland provided technical support to the Ministry of Health (MoH), in the review and implementation of the new ART guidelines.</p> <p>In partnership with a local NGO called Siphilile, UNICEF Swaziland supported capacity strengthening of parents and caregivers on early stimulation and provision of safety, care, learning and nutrition to children 0 to 3 years especially in day care centres and at household level. With a focus on vulnerable households, 45 care givers conducted 13,142 home visits to identify children in need of services and disseminated messages to caregivers on HIV, health, nutrition and child protection including making referrals where necessary.</p>
Constraints and actions taken	<p>Due to the effects of the El Niño induced drought from 2015 to 2016 resulting in lack of food and safe water, families prioritized available resources towards fulfilling these needs as opposed to transport costs to health facilities consequently affecting the uptake of ART among pregnant and lactating women and children. This led to increased numbers of adults and children missing their ART appointments. To address these challenges, UNICEF advocated with key implementing partners to strengthen follow up through use of expert clients and the World Food Programme (WFP) supported the 'food by prescription' programme to be scaled up to ART sites. In addition, UNICEF initiated support towards strengthening the follow up system for children and adolescents through use of social media/sms and support groups to ensure adherence to treatment.</p>
Output 1.2	Capacity of key government institutions to provide quality health, HIV, nutrition, ECD, WASH and birth registration services increased.

Progress against Output⁷	<p>The Programme aimed at strengthening capacity of key government institutions to provide quality health, HIV, nutrition, ECD, WASH and birth registration services. In collaboration with Ministry of Home Affairs and Ministry of Health, UNICEF supported the piloting of health facility based birth registration in one health facility which resulted in 339 (24 per cent) of births registered at the facility over a two months period.</p>
Constraints and action taken	<p>Human resource shortages among several implementing partners resulted in delayed and or partial implementation of planned activities and irregular provision of services. Furthermore, the focus on the drought response shifted attention and resources from regular programming. UNICEF continued to put focus on priority areas through constant follow up and monitoring with partners to ensure priority issues for children were still addressed.</p> <p>Birth registration continues to be constrained by a number of legal and operational challenges, including requirements for presence and identification of both parents, payment of registration fees and long waiting times for fees payment, coupled with inadequate interministerial coordination to facilitate the registration process.</p> <p>UNICEF engaged (and continues to engage) in policy and operational advocacy to ensure the policy and operational environment is conducive to facilitate universal birth registration.</p>
Outcome 2	<p>By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education.</p>
Progress against Outcome	<p>The outcome aimed to increase protection from violence and access to quality health and HIV services for adolescent girls and boys aged 10-19 years by 2020. This will be achieved through increased investment, better national coordination and the provision of services tailored to adolescents, particularly in the areas of protection against violence, HIV sensitive education and quality learning outcomes, and HIV prevention, care and treatment.</p> <p>In 2016, within the framework of the global UNICEF End Violence against Children campaign, the interventions aimed at strengthening the enabling environment to prevent</p>

⁷ This output falls within the Child Survival and Development outcome area but contributes to child protection by enhancing provision of birth registration services

violence against children and adolescents, with a focus on national capacities to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and neglect of children, including adolescents. Implementation and awareness of the 2012 CPWA and advocacy for enactment of the SODV Bill and its subsequent implementation were prioritized.

Significant progress was made towards capacity development of Government and communities to prevent and respond to violence against children and gender-based violence. UNICEF Swaziland's advocacy on prevention and response for adolescent violence supported the Government to launch the Multi-sectoral Task Team on Violence (MTTV) which is responsible for coordination of the national violence prevention and response in all settings. In collaboration with MoH, the Nazarene Health Institutions and in partnership with PEPFAR, UNICEF Swaziland continued to improve access to post-violence comprehensive treatment and care including HIV care by supporting the roll out of One Stop Centre model to one additional site, the Nazarene Raleigh Fitkin Memorial (RFM) Hospital. This was refurbished and the One Stop Centre will be fully functional by second quarter of 2017.

UNICEF Swaziland provided lead support to conduct the national study on the Drivers of Violence Affecting Children in Swaziland. The study found three structural drivers of violence against children – poverty, HIV, gender norms and gender inequality, underscoring the value of a multi-sectoral approach in Swaziland. The findings informed the development of a Violence Response Policy Brief to advocate for a strengthened national response. A plan of action will be developed to advocate for effective programming to address key findings. Additional evidence was generated through UNICEF's continued support of the National Surveillance System on violence which disseminated an annual report to stakeholders. In partnership with UNFPA and the DPMO, a national strategy for responding to violence against children was developed to guide the national response.

Violence in and around schools continues to impact retention in schools and hinders the full development of adolescents in Swaziland. To improve a protective environment in schools, UNICEF supported an assessment of the MoET Toll-Free Line, to provide a report on the high level of suspected and unreported incidents of violence occurring in the school system. The assessment reviewed the functionality of the toll free line, identified gaps and

	<p>provided recommendations for improvement. UNICEF supported the next phase of the Toll-Free line which entails establishment of fully operational, modern hotline system, providing 24/7 reporting, referral and counselling option to victims of violence in and out of school system. The reactivation of the line will act as one of the points for strengthening referral mechanism to appropriate services for the survivors of gender-based violence.</p>
Constraints and actions taken	<p>Programming for adolescents remains challenged by implementation of interventions thorough silo approaches at the national level. UNICEF will from 2017 strengthen advocacy and technical support for using an integrated and holistic life cycle approach to improve synergies and maximize results for adolescents.</p>
Output 2.1	<p>Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.</p>
Progress against Output	<p>Both the SODV Bill and the Persons with Disabilities Bill are still pending enactment. UNICEF Swaziland supported the DPMO Disability unit for the sensitization of a draft Disability Bill for Members of Parliament (both House of Senate and House of Assembly). As a result, the Bill will be presented and debated in both houses of parliament in the first quarter of 2017. The Bill calls for improved allocation of resources, inclusive standards for services, professional training and referral system, and accountability mechanisms for children and people living with disabilities. Once enacted, it will guide the completion of the draft National Plan of Action for Persons with disabilities which highlights key interventions for inclusive programming in Swaziland. This is key in meeting child protection concerns for children living with disabilities.</p> <p>Tremendous progress was made towards capacity development of the Government and communities to address prevention and response to violence against children. In order to strengthen the response towards violence against children, UNICEF Swaziland supported DPMO in conducting stakeholder consultations for the development of the National Strategy on Violence. The strategy was launched in November 2016. Furthermore, through joint advocacy for strengthening the coordination and response to violence, a national High Level Task Force on Violence and its implementing arm, the MTTV were both launched in November 2016.</p>

	<p>To strengthen government capacity to legislate, plan and budget for the response to the ongoing neglect of children, UNICEF Swaziland, in collaboration with Ministry of Home Affairs (MoHA) initiated a review of the Civil Registration (Births, Marriages and Deaths) act through supporting a learning visit to Namibia for MoHA, MoH and UNICEF Swaziland officers. The learning visit facilitated harmonization and amendment of the CRVS legislation, policies and guidelines to be in line with the international standards. The CRVS bill will be tabled to parliament for debate in 2017 after consultation with stakeholders. This process was informed by the national assessment of barriers to CRVS completed and launched in 2015 through financial and technical assistance from UNICEF Swaziland, WHO, United Nations Economic Commission for Africa (UNECA) and the African Development Bank. Furthermore, UNICEF Swaziland continues to provide technical assistance to the drafting and review of the new bill.</p>
Constraints and actions taken	<p>Although the country has a data tracking system on violence, the system is manual, data collection and analysis is periodic and does not provide detailed data that can inform sub-regional level interventions. UNICEF is advocating and providing technical support for strengthening the data collection, analysis and dissemination system.</p> <p>A High Level Task Force on Violence and a MTTV were established to enhance coordination of the response to violence, exploitation and abuse. However these two entities are yet to define their terms of reference and develop an implementation plan. UNICEF will in 2017 provide technical assistance to strengthen national coordination of violence, exploitation and abuse by supporting the two teams established by government. The implementation of the CPWA 2012, is slow, particularly due to the absence of the national regulations. In addition, there is no legal framework on violence, including domestic violence and no legal framework for promotion of the rights and protection of persons with disabilities.</p> <p>UNICEF is undertaking advocacy at the highest level and provides technical support to ensure that both the legal and operational environment is conducive for strengthening child protection framework in the country.</p> <p>In order to provide the evidence base for the development</p>

	<p>of legal, policy and programmatic framework on violence against children, through a partnership with DPMO, MoH, MoJCA, Central Statistics Office, the University of Swaziland and CANGO (represented by SWAGAA) with technical assistance from the University of Edinburgh a study on the 'Drivers of Violence Affecting Children' in Swaziland was completed, launched by the Deputy Prime Minister and is currently undergoing print. Over 1,000 copies of the main report and summary version for policy makers will be disseminated at the national and sub-national levels. It is expected that the results of the study will help policy and programme personnel to understand the drivers and determinants of violence hence guide national prioritization of intervention that will reduce the violence, especially against girls and women.</p>
Output 2.2	<p>Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.</p>
Progress against Output	<p>UNICEF has continued to support the operations of existing One Stop Centre (OSC) and roll-out of new centers. During the reporting period, the procurement of a technical service provider for the renovation of a site at Mbabane Referral hospital to host the One Stop Centre was completed. Although the Ministry of Health had earlier identified Lubombo Hospital for the location of the new OSC, due to inadequate funding for renovation works at both Lubombo and Mbabane hospitals government decided to prioritize Mbabane hospital due to the strategic location of the hospital. A site at Mbabane Government hospital has been identified, renovation materials procured and is expected to be completed by end March 2017. It is anticipated that the completion of the site will allow for the relocation of the current OSC from Mbabane Magistrate Court for provision of integrated services which have hitherto lacked the full package of medical interventions available to survivors of sexual violence on a 24 hour seven days a week basis. In addition through the Ministry of Health leadership a new site for the second OSC has been renovated at the Nazarene Raleigh Fitkin Memorial Hospital a regional referral health facility in the Manzini region. Furniture and essential medical and non-medical equipment have been procured for the center. Preparatory work for the launch and full operationalization of this centre is ongoing and it is anticipated that it will open for service provision in the second quarter of 2017. This will expand access to services into a second region and improve equity. Discussions are ongoing on how the OSC will be constituted to ensure an integrated and holistic approach to service delivery (health,</p>

justice and social services). Ministry of health,, UNICEF and MoJCA are discussing a model of the OSC and these arrangements are in place to develop a service level agreement to facilitate multi-sectoral engagement at the service center. This will ensure government ownership of the facilities to the whole process and adopting the centres as part of the hospitals for sustainability purposes. This will also ensure that services are available all the time as health facilities are open throughout the day (24 hours/7 days a week).

To ensure that the process for the roll out continued to adopt a multi-sectoral approach, several consultations between UNICEF, DPMO, MoH, and MoJCA were held to address challenges on the strategic and operational challenges. In addition a meeting of the OSC Core Team was revived and agreed on key steps in facilitating the operationalization of the two OSCs. The Core Team is critical for providing continued oversight role in rolling out the OSC.

The roll-out of new OSCs will provide additional support to violence survivors in addition to the current OSC at Mbabane magistrate court that attended to 91children (71 female and 19 males) in 2016.

In order to strengthen the provision of integrated services to survivors of sexual violence, and integrated Sexual Offences Manual was completed and 350 copies printed. This manual is intended for use at the OSC and other service provision points. The manual spells out the roles of each service provider and provides guidance on how to be victim sensitive and friendly when providing services. A total of 17 persons drawn from OSC, DPMO (DSW), MoH, RSP and MoJCA (DPP) were involved in development of the manual. Significant misunderstanding between some officials in the multi-sectorial partnership has led to delays in the finalization of this activity; however UNICEF has undertaken both technical and high-level engagement of stakeholders and consensus has been reached on how the partnership will be managed.

UNICEF supported preparations towards roll-out of capacity building initiatives on Child-sensitive case management. UNICEF supported the preparatory steps for the capacity building of 70 intermediaries (police officers and social workers) for child witnesses. Further support has been provided towards development of a draft communication Strategy for the One stop Centre consultations were held with a total of 20 partners and the OSC communication strategy will be developed by June 2017.

	<p>However challenges remain from an equity point of view as the system (OSC) is not reaching the most vulnerable children, especially orphans in Neighborhood Care Points, Residential Care Facilities and Juvenile Penitentiary. These are the critical areas for child protection.</p> <p>In order to improve data availability to support programming UNICEF further supported the printing and dissemination of the National Violence Surveillance Report 2015.</p>
Constraints and actions taken	<p>The absence of a site manager at the Mbabane OSC, who is accountable for management and coordination, has hampered full operations and impact. Currently, the site manager role is assumed by a public prosecution officer who also has an important role in following up prosecution of cases with the police and the court. Due to the need for her to physically be at the Centre, she is not able to fulfil this important role. UNICEF will continue advocacy efforts to ensure the centre is staffed with personnel with appropriate skills to fit the job profile.</p> <p>The current OSC does not provide services 24 hours, seven days a week. The operating hours of the OSC are currently confined to the business operating hours of the Magistrate's Court (between 8:00m. to 16:30pm. from Mondays to Fridays) due to its location at the Magistrate's Court premises. UNICEF has successfully engaged in high-level advocacy with the relevant government personnel and all OSCs will be located within a 24 hours/7 days a week health facility where survivors of SGBV can access the critical integrated services any time of the day or night.</p> <p>The centre continues to use paper-based data capturing system which compromises quality of data analysis and use. UNICEF is providing technical and financial support to relocate the centre to a national hospital and strengthen data management systems.</p> <p>In addition in-adequate coordination, lack of experience in managing multi-sectoral services in government entities negatively affected the scaling-up process and the partnership for the one-stop center and this has continued to delay progress with respect to completion of key tools such as Standard Operating Procedures (SOPs) and clinical guidelines for the one-stop centers. UNICEF continues to act as an active intermediary to ensure that</p>

	there is improved coordination, joint actions and improved commitment of all stakeholders on this initiative.
Output 2.3	Safe and protective environments in schools improved
Progress against Output	<p>To improve reporting of violence happening in and around schools, UNICEF Swaziland in collaboration with MoET initiated the procurement process for the establishment of the Toll Free line. Implementation and capacity building of service providers will be undertaken in 2017.</p> <p>Building on achievements for 2015 in line with the national disability policy, UNICEF Swaziland supported the School Health Department within the MoH to procure disability screening equipment for early detection of disabilities among school children. During the reporting period, a total of 25,000 students from all the four regions of the country were screened (12,000 girls and 13,000 boys).</p>
Constraints and actions taken	<p>Violence in and around schools continues to impact retention in schools, and hinders the full development of adolescents in Swaziland.</p> <p>The delay in the establishment of a national toll-free line for reporting of violence in schools has been caused by long procurement processes within government and insufficient technical expertise. UNICEF is working with the government to fast track installation and operationalization of toll free line in the first part of 2017 so as to facilitate school based reporting of violence and abuse cases.</p>
Output 2.8	Perceptions, attitudes and knowledge on key harmful social norms improved
Progress against Output	<p>Community engagement, adolescent participation, capacity building and generation of evidence were all championed in 2016 with UNICEF Swaziland support in order to comprehensively address key harmful social norms. In the context of addressing social norms around violence, important data gaps persist. UNICEF Swaziland, in partnership with the DPMO, continued to strengthen the generation of data relating to violence against children. The National Violence Surveillance, Drivers of Violence Affecting Children report and 2014 MICS were disseminated to stakeholders. The reports identified key social norms around HIV and violence which will be prioritized for programming in 2017.</p> <p>In an effort to improve community awareness, prevention</p>

and response to child abuse, UNICEF Swaziland in partnership with the Royal Swaziland Police (RSP) sensitized 2,000 community members on violence against children and women. The targeted communities pledged to partner with RSP Domestic Violence and Child Protection Unit to curb violence against children and women through the identification and reporting of perpetrators and the support of survivors of violence in their communities.

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

To promote inclusive participation, UNICEF in partnership with World Vision Swaziland and the Children's consortium, reached more than 3,000 children in June, a month dedicated by the Government of Swaziland to intensifying advocacy on children's issues. The children got an opportunity to share their experiences on the impact of the severe El Niño-induced drought in Lubombo one of the worst affected regions in Swaziland. Teachers, parents and community leaders were also consulted to discuss child protection issues during the El Niño emergency. The parents and community leaders committed to protect children during and after the emergency.

UNICEF in partnership with MoET, hosted another event on the Day of the African Child reaching 1,400 learners from five inclusive schools. To ensure that the children with disabilities also enjoy their right to play, Life-skills through Sports were facilitated during the event. This provided an opportunity for further interaction among learners and engagement on pertinent issues on adolescent development including HIV prevention and violence against children.

	<p>To promote a conducive environment for children, and to develop positive social norms and behaviors, UNICEF supported printing of 4,000 communication materials aimed at raising awareness on SGBV and popularising services provided at the One Stop Centre to communities and schools in drought stricken areas. The materials included an OSC brochure, Violence Against Children prevention posters and a learning game on GBV for children. The One Stop Centre used these materials to raise awareness on SGBV and services were promoted in six schools and one community. The MoET also invited the OSC to a jamboree for all partners involved in fighting violence in schools and in communities. The Surveillance System Network, made up of 8 organisations working on SGBV and GBV is responsible for the dissemination of the communication materials.</p>
Constraints and actions taken	<p>The challenge remains that societal tolerance of violence undermines reporting and law enforcement. Renewed commitment to ending violence through the operationalization of the MTTV will ensure continued focus in this area. UNICEF continues to support advocacy and generate evidence to support interventions aimed at addressing harmful social norms such as violence against children.</p>

3. Financial Analysis

UNICEF's total expenditure on Child Protection programming in 2016 was USD 1,013,394. Thematic contributions provided USD 219,881 to support these programming efforts, amounting to 21.7 per cent of total Child Protection funding for the year.

Tables 1, 2, 3, 4 and 5 below provide analysis of budgets, funds received and expenditure by selected codes.

Table 1: Planned Budget for Outcome Area 6 and Available Funding

Outcome Area 6: Child Protection Swaziland
Planned and Funded for the Country Programme 2016 (in US Dollar)

Outputs	Funding Type ¹	Planned Budget ²	Funded ³
06-01 Data and Child Protection	RR		0
	ORR		19,762
06 -02 Child Protection Systems	RR		0

	ORR		9,239
06-03 Violence, exploitation and abuse	RR		403,380
	ORR		439,856
06-05 Birth Registration	RR		90,639
	ORR		305
06-07 Child Protection #strengthen families and communities	RR		2,643
	ORR		0
06-08 Child Protection #General	RR		20,292
	ORR		27,278
Total Budget		920,000	1,013,394

¹ RR: Regular Resources, ORR: Other Resources - Regular (add ORE: Other Resources - Emergency, if applicable)

² Planned budget for ORR (and ORE, if applicable) does not include estimated recovery cost.

³ ORR (and ORE, if applicable) funded amount exclude cost recovery (only programmable amounts).

Table 2: Country-level thematic contributions received in 2016

Outcome Area 6: Child Protection from Violence, Exploitation and Abuse
Thematic Contributions Received for Outcome Area 6 by UNICEF Swaziland in 2016
(in US Dollars)

Donors	Grant Number	Contribution Amount	Programmable Amount
Global Child Protection Thematic – Korean National Committee for UNICEF	SC149906-0059	158,933	158,933
Global Child Protection	SC109904	9,239	9,239
Global Education Thematic	SC149905	51,708	51,708
Total		219,881	219,881

Table 3: Expenditure in the Outcome Area 6: Child Protection Swaziland
2016 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
06-01 Data and Child Protection	0	19,762	0	19,762
06-02 Child Protection systems	0	9,239	0	9,239
06-03 Violence, exploitation and abuse	0	439,856	403,380	843,236

06-05 Birth registration	0	305	90,639	90,944
06-07 Child Protection # strengthen families and communities	0	2,643	0	2,643
06-08 Child Protection # General	0	27,277	20,292	47,569
Grand Total	0	499,083	514,311	1,013,394

Table 4: Thematic expenses by programme area

**Outcome Area 6: Child Protection from Violence, Exploitation and Abuse, Swaziland
Expenditure of thematic contributions by programme area in 2016 (in US Dollars)***

Programme Area	Expenses
06-01 Data and Child Protection	12,133
06-02 Child Protection systems	9,239
06-03 Violence, exploitation and abuse	193,307
06-07 Child Protection # strengthen families and communities	2,643
06-08 Child Protection # General	2,558
Grand Total	219,881

Table 5: Expenses by Specific Intervention Codes

**Outcome Area 6: Child Protection from Violence, Exploitation and Abuse, Swaziland
Major Interventions Using Thematic Funds based on Specific Intervention Codes in 2016**

Specific Intervention Codes	Total Utilized (US\$)
06-01-01 Child Protection and violations # periodic data collection and analysis	14,930
06-02-01 Child Protection systems strengthening	9,239
06-03-01 Violence against children (general)	329,895
06-03-03 Prevent and address gender based violence, sexual abuse and sexual exploitation	243,877
06-03-05 Adolescent development # protection from violence	88,044
06-05-01 Birth and civil registration	56,168
06-07-03 Child Protection focused on care and support for children with disabilities	2,643
06-08-01 Child Protection # general	39,930
08-02-03 MICS # General	7,348

08-02-05 Other multi-sectoral household surveys and data collection activities	6,604
08-02-07 Data dissemination	416
08-02-08 Monitoring # General	91,478
08-02-09 Emergency rapid assessments	3,159
08-03-01 Cross-sectoral Communication for Development	21,217
08-03-02 Communication for Development at sub-national level	32,981
08-04-01 Parenting programmes / parenting education and support	5,449
08-04-02 Community based child care	622
08-09-01 Innovation activities	307
08-09-06 Other # non-classifiable cross-sectoral activities	42,465
08-09-09 Digital outreach	7,643
08-09-10 Brand building and visibility	5,599
10-07-12 Management and Operations support at CO	3,382
Total	1,013,394

4.0 Future Work plan

The UNICEF Country Programme 2016 - 2020 continues to focus on consolidating the child protection achievements to-date while sustaining the gains already made, as well as addressing key challenges to progress through the use of innovative, evidence-based and child and adolescent sensitive approaches. This will be achieved by establishing clear accountabilities to achieve equity based outcomes that reduce vulnerabilities to child protection concerns and ensure that strategies that will provide opportunities for addressing child protection take into consideration the middle income country context. UNICEF will therefore focus on areas where value is added and facilitating evidence generation and systems strengthening for scale up and resource leveraging for children and adolescents. These interventions will contribute to achievement of SDGs 3 and 5 on good health and wellbeing and gender equality by 2030.

In 2017 the programme plans to achieve and support implementation of the following outputs and activities:

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

- Output 1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, ECD, WASH and birth registration services increased.

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

- Output 2.1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.
- Output 2.2: Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.
- Output 2.3: Safe and protective environments in schools improved
- Output 2.8: Perceptions, attitudes and knowledge on key harmful social norms improved percentage of the target population are reached by UNICEF-supported programmes that address.

Priorities for 2017

- Although OSC services are currently based in Mbabane town centre, information about their existence is reaching rural communities through awareness raising and linkages with partners. To maximize scale up of services, continued awareness raising will be critical. Going forward, it is anticipated that OSC services will develop linkages with community-based personnel who deal with SGBV cases. This will include community police, Rural Health Motivators, Lihlombe Lekukhalela (shoulder to cry on) and other community based volunteers. Linkages with the regional Social Welfare Officers and other regional service providers will be critical to ensure that the comprehensive package is scaled up and strengthened.
- Support the development of regulations for implementation of the CPWA 2012 and costing of the National Plan of Action for Persons with disabilities costed and an accompanying monitoring and evaluation framework developed.
- Finalize the printing and targeted dissemination of the Drivers of Violence Affecting Children in Swaziland report and develop policy briefs to inform review of legislation and policies to enhance prevention and response to violence.
- Mobilize and leverage funding to support the establishment of OSC in other regions of the country. Government has agreed to the establishment of additional OSC in all regions, UNICEF requires more funds for the establishment and training of more frontline service providers such as OSC site coordinators, health workers, police and prosecutors.
- Work with Government to institutionalize training on child friendly case management for key actors in handling SGBV cases (health, judiciary, social workers).
- Strengthen the national surveillance system including supporting the RSP to upgrade their data system from manual to electronic and also the core team on data to come up with ways of providing unique identifier and creating strong referral mechanisms
- Monitor and support the reactivation of the Toll Free Line for reporting cases of violence both within school system.
- Support the assessment of the birth registration pilot at RFM hospital and implementation of the CRVS implementation plan.
- Work with the ministry of health and DPP to finalise the current national guidelines for the management of the sexual violence.
- Strengthening national systems to coordinate the response to comprehensive sexual violence especially in adolescents and women.
- Undertake strategic and targeted advocacy for enactment of SODV Bill and the Persons with Disability Bill to strengthen the legal framework for addressing injustice related to sexual violence and promoting the rights of people living with disability.

- Support training of police and social workers in child sensitive case management, and training of staff in the new OSC for enhanced integrated management of sexual violence especially among children and adolescents.
- Provide technical support for communication for development approaches in using social and behaviour change communication adopting C4D approaches to generate demand for child protection services and mobilise communities to address social norms, beliefs and attitudes facilitating sexual violence and increasing vulnerability to violence and its harmful effects.

In order to enhance social and behavior change communication on violence against children and adolescents, UNICEF Swaziland will engage adolescents and youth as U-Reporters in an effort to get their voices and opinions in various issues that affect them. U-Report is an interactive SMS platform that engages adolescents and youth on matters that affect them. One of the priority areas that U-Report will focus on is Child Protection, and the platform will be used innovatively to:

- Understand underlying community behaviour and perceptions about violence;
- Increase awareness against violence;

Resources for implementation of protection programme in 2017

Table 6: Planned budget and Available Resources for 2017: Outcome Area 6: Child Protection from Violence, Exploitation and Abuse for Swaziland Country Office

Output	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
2.1 Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.	RR	340,000	451,180	-111,180
	ORR	100,000	66,851	33,149
2.2 Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups	RR	60,000	60,164	-1,164
	ORR	150,000	266,684	-116,684
	ORE	0	150,012	-150,012
2.3 Safe and protective environments in schools improved	RR	10,000	25,000	-15,000
	ORR	150,000	71,717	78,283
	ORE	0	56,000	-56,000
2.8 Harmful practices and social norms affecting adolescents, especially adolescent girls, addressed	RR	10,000	25,000	-15,000
	ORR	150,000	99,990	50,010
Total for 2017		970,000	1,272,598	-302,598

¹ Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost.

² Other Resources shortfall represents ORR funding required for the achievements of results in 2017.

5.0 Expression of Thanks

UNICEF Swaziland appreciates the financial and technical support received in particular from UNICEF Eastern and Southern African Regional office and the Korean National Committee for UNICEF, who supported key disability interventions through Child Protection Thematic funding. The Adolescent Protection, Learning and Development section relied heavily on the thematic funds for implementation of programmes in 2016. As illustrated above the only substantive other resources complemented by the Thematic funds were PEPFAR funds under the Together for Girls programme and Full Participation Fund. The flexibility provided by the thematic funds not only facilitated complementary efforts with the already available resources, but it also allowed for room to execute changes in strategy in cases of unforeseen challenges. Given the existing donor context and classification of the country as a middle income country, it is anticipated that the country office will continue to rely on these thematic funds for its interventions.

Annex 1: Case Studies and photos

Case: Improving Child Protection Opportunities through access to inclusive education at St Joseph's Primary School.

Author: UNICEF Swaziland

UNICEF's support towards electrification of classrooms and the administration block at St Joseph's Primary has yielded positive results. St Joseph's is a Special Education school located outside Manzini region in Swaziland and has an enrolment of 554 learners, some with disabilities.



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Sindisiwe Simelane and Mpendulo Mantimakhulu are visually impaired learners at St Joseph's Primary School. They believe UNICEF's support towards refurbishment of the school enhanced their academic performance.

Sindisiwe Simelane, a 17 year old girl and Mpendulo Mantimakhulu 14 year boy, both visually impaired and attending the Braille Reception class at St Joseph's where they are oriented on reading and writing in Braille, narrate with great excitement the improvement they experience in their academic achievement due to UNICEF's intervention in the school. They explained that back then, when their classrooms and administration block did not have electricity, they had to rely only on the narration by the teacher during teaching and learning but now they have access to learning material made possible by the installation of electricity. "The electrification of the office block has enabled our teachers to connect a printer that translates normal reading material to Braille, ensuring that we can have access to individual reading material which facilitates our learning", they explained with smiles.

These two vibrant adolescents further narrate that the refurbishment of the facility, which included installation of a dual powered electrical system using solar and hydro-electric energy, has literally transformed their learning environment and they now enjoy being at school. “Although we are visually impaired, but we are able to follow the light and this means we now have more interaction with and appreciation of our environment”, they explained.

The electrification also allows them to organize themselves into evening study groups or as individuals using the braille material that is produced and provided to them by the school administration. Teachers are also able to provide remedial classes in the evening, since a majority of the learners reside in the boarding facility.

The school administration concurs with what Sindisiwe and Mpendulo shared. “The project has worked wonders for our school. The learners are now more excited with their environment. We are now able to provide reference material for individual learners and this has greatly improved their performance. They do well in the continuous assessment, tests, internal and external examinations” adds Mrs. Thandi Ginindza, Deputy Head teacher.

Maximizing on the fruitful collaboration with KUC for UNICEF, Swaziland country office in partnership with the MoET, will continue supporting programmes targeting the most disadvantaged children, especially those with disabilities through promotion of their rights.

Annex 2: Donor Feedback Form ⁸

DONOR FEEDBACK FORM

Name of Report: Child Protection Thematic Report

Reference number: 2016 OA6 Child Protection Thematic (SC149906)

Completed by: Name _____

Designation _____

Organization: _____

Date completed: _____

Email: _____

Please return to UNICEF (email): rodede@unicef.org cc: tradosavljevic@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. To what extent did the funds utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

⁸ Please return this form to UNICEF Swaziland (rodede@unicef.org) copied to (tradosavljevic@unicef.org) we value your feedback.

3. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5	4	3	2	1	0

4. To what extent does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.
