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HIV and AIDS Thematic Report

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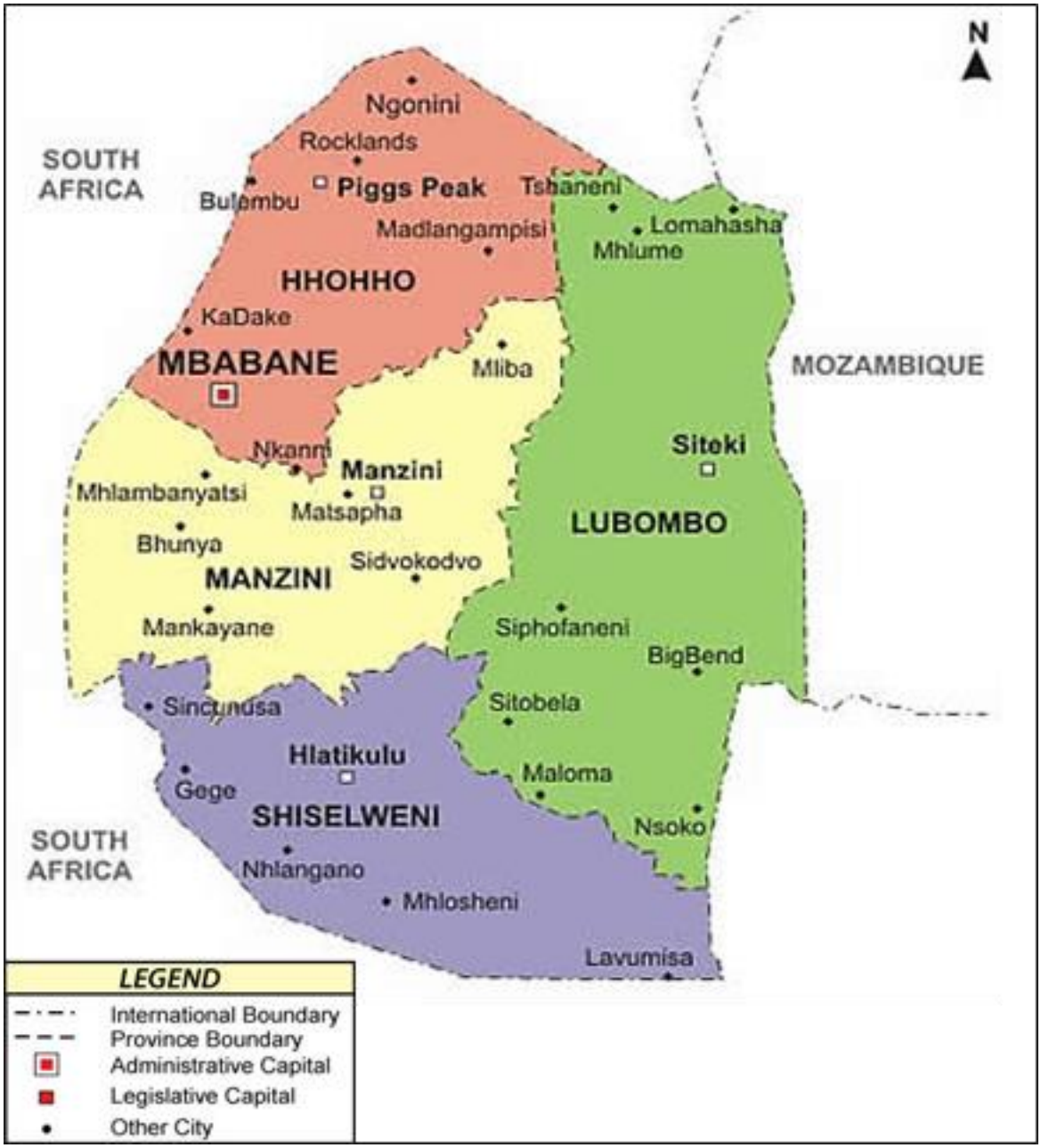
Map of Swaziland



Abbreviations and Acronyms

ADLHIV	Adolescents living with HIV
AIDS	Acquired Immune-Deficiency Syndrome
ART	Antiretroviral Therapy
BFHI	Baby Friendly Hospital Initiative
CLTS	Community Led Total Sanitation
CRVS	Civil Registration and Vital Statistics
CSD	Child Survival and Development
CSO	Central Statistical Office
DPMO	Deputy Prime Minister's Office
ECD	Early Childhood Development
EIMC	Early Infant Male Circumcision
EHU	Environmental Health Unit
EmONC	Emergency Obstetric and New-born care
ENSF	extended National Strategic Framework on HIV
EPI	Expanded Program on Immunization
EU	European Union
FPE	Free Primary Education
GPE	Global Partnership for Education
GFTAM	Global Fund for TB,HIV and AIDS and Malaria
GNI	Gross National Income
HMIS	Health management and Information systems
HIV	Human Immuno deficiency Virus
IEC	Information, Education and Communication
IRs	Intermediate Results
IYCF	Infant and young child feeding
M&E	Monitoring and Evaluation
MHM	Menstrual Hygiene management
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal Neonatal Child Health
MNRE	Ministry of Natural resources and Energy
MoET	Ministry of Education and Training
MoH	Ministry of Health
MoU	Memorandum of Understanding
MUAC	Mid-Upper ARM Circumference
MTR	Mid-Term Review
NDS	National Development Strategy
NER	Net Enrolment rate
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	Non-Governmental Organization
NPA	National Prosecution Authority

PEPFAR	Presidential Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission of HIV
QI	Quality Improvement
RAM	Results Assessment Management
RBM	Results Based Management
RSP	Royal Swaziland Police
RUTF	Ready to use foods
SGBV	Sexual and gender-based violence
SRHP	Sexual Reproductive Health Programme
SUN	Scale-Up Nutrition
SitAn	Situation Analysis
SEN	Special Education Needs
SACMEQ	Southern Africa Consortium on Monitoring Educational Quality
SWAGAA	Swaziland Action Group Against Abuse
SNHI	Swaziland Nazarene Health Institutions
TB	Tuberculosis
UNICEF	United Nations Children's Fund
UNISWA	University of Swaziland
WB	World Bank
WHO	World Health Organization

1.0 Executive Summary

Swaziland has a young population with about 45 per cent of the population aged below 18 years, with 24 per cent (299,300) of the population adolescents aged between the ages of 10-19 years[1]. 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 today. Adolescents are particularly at risk 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.

Approximately 22,000 children live with HIV; about a quarter (20 per cent) of Swazi children have lost one or both parents and it is estimated that 77,999 children were orphans in 2016 of which 60 per cent were AIDS related orphans[2]. According to the Multiple Indicator Cluster Survey (MICS) 2014, 2.1 per cent of children below the age of 1 year in Swaziland are orphans but this increases to an alarming 41 per cent by the age 17 years. In addition, 54 per cent of the children have a parent who is chronically ill, of which 12 per cent have a chronically ill adult in the household and four per cent of the children had experienced an adult death in the household. Increased and more equitable social investment in children and adolescents is key to the reduction of poverty and inequalities, with the long-term goal of improving girls' education and contributing to HIV prevention and mitigation.

New HIV infection among girls aged 18-19 years is 3.84 per cent whilst in boys it is 0.84 per cent. HIV prevalence among pregnant women still remains high at 34 per cent, contributing significantly to new infections in children. UNAIDS currently estimates that 222,102 people are living with HIV in Swaziland and women are disproportionately affected. A third (31 per cent) of women are HIV positive compared to a fifth (20 per cent) of men.

Despite concerted efforts, evidence indicates that progress in the prevention component of the national response to the HIV epidemic has lagged behind treatment and impact mitigation. The 2014 MICS, indicates that comprehensive knowledge on HIV and AIDS among girls and boys between 15 and 19 years old, declined from the 2010 MICS baseline (49.1 per cent (2014) compared to 58.2 per cent (2010) among females and in males 50.9 per cent (2014) compared to 53.6 per cent (2010) respectively). Data demonstrates that there are increasing trends of adolescent risk-taking behaviour, including early, unsafe sexual activity that contributes to new HIV infections and the spread of HIV and sexually transmitted infections (STIs), and a high teenage pregnancy rate of 24 per cent[3]. Violence against children and adolescents, which presents a high risk to HIV transmission, continues to be a reality, particularly within the family environment, and is prevalent in all forms: physical, sexual and emotional abuse, which are founded in negative social norms. The Violence Against Children study (2007) highlighted that approximately one in three females experienced some form of sexual violence as a child which increases vulnerability of girls to HIV.

Swaziland has made significant progress in reducing HIV incidence and AIDS-related mortality by more than 25 per cent and 35 per cent respectively over the last decade. A downward trend in new HIV

[1] http://data.worldbank.org/country/swaziland

[2] Swaziland HIV Estimates and projections report 2015

[3] SDHS, 2007.

infection has been seen in the whole population, however, young people aged 15 to 24 years remain at the centre of the epidemic in terms of new HIV infections and vulnerability. The estimated number of pregnant women needing Prevention of Mother to Child Transmission of HIV (PMTCT) has shown a gradual decrease from 11,222 in 2013 to 10,816 in 2016. The PMTCT programme continues to register a significant positive impact and HIV estimates show a reduction in HIV-positive infants from 17 per cent in 2009 to 5.1 per cent in 2016 at 18 months old. The number of people on Antiretroviral Therapy (ART) has increased such that 74 per cent of all people living with HIV were on ART by 2016.

In Swaziland, UNICEF contributes to the national HIV response as articulated in the extended National Strategic Framework on HIV (eNSF) 2014-2018, the National Health Sector Strategic Plan II (2014-2018), Education Sector Policy, 2012 Children's Protection and Welfare Act (CPWA), 2013 Swaziland National Disability Policy, which are key guides to HIV planning and programming. The efforts of UNICEF are also reflected in the Swaziland United Nations Development Assistance Framework (UNDAF) 2016-2020. UNICEF Swaziland has mainstreamed HIV interventions into programme components of Young Child Survival and Development and Adolescent Protection, Learning and Development.

In 2016, UNICEF support contributed to increased access to HIV services such that 93 per cent of HIV positive mothers received ART for PMTCT, 84 per cent HIV exposed children received Antiretroviral medicine (ARV) for prevention of HIV and 72 per cent of children aged 0-14 years living with HIV received ART. UNICEF contributed towards the adaptation and implementation of new ART guidelines to ensure that all identified children, adolescents and pregnant women are initiated and remain on ART. UNICEF Swaziland further supported strengthening of follow up and support system for adolescents living with HIV with the establishment of 14 teen clubs and training of 320 teen club members who provided peer support to 1,485 adolescents living with HIV (ADLHIV) and supported 110 home visits to 132 clients to follow up on children and adolescents with poor adherence to treatment. This led to 94 per cent ART retention rate among teen club members.

Further support was provided to training of 22 nurses from 11 health facilities on Youth Friendly Services, resulting in the establishment of teen clubs by seven health facilities with the recruitment of 546 adolescents (340 females and 206 males). Teen clubs target both HIV negative and positive adolescents as a platform for enhancing knowledge and life skills for behavioural change and provide peer-to-peer support and education. UNICEF in partnership with PEPFAR and the Global Fund supported the roll out the new HIV and life skills curriculum to 211 of the 255 secondary schools and 1,085 teachers and 3,859 parents of school going children were sensitized on the content of the HIV and life skills curriculum and their roles in enhancing life skills education. As a result of this training, 38,670 students have been reached with life skills and HIV prevention information through the school system. To complement the life skills curriculum, UNFPA in partnership with UNESCO provided technical support to review the Health and Physical Education Syllabus for primary school to mainstream comprehensive life skills education.

Despite the increase in the coverage of aforementioned interventions, a significantly large gap, fuelled by inequities, still remains in access to ART for children and adolescents. Despite the fact that early infant testing is high at 95 per cent, the proportion of identified children initiated on ART still remains low representing a missed opportunity in linking HIV positive children to treatment. Some of these babies have grown to older children and adolescents without showing any symptoms of HIV while others

with known HIV status have grown to adolescents with minimal psychosocial support to allow for smooth transitioning.

The number of children and ADLHIV on ART in Swaziland has increased significantly over the past years. These children frequently feel ridiculed, stigmatized and discriminated by society because of their HIV status which leads to self-stigmatization as well as low self-esteem. This can lead to self-exclusion for essential services. Such feelings and attitudes make them vulnerable to depression and poor adherence to ART as shown by low viral suppression among children (69 per cent) and adolescents (73 per cent) compared to adults (87 per cent). There are still a number of challenges that adolescents face to access the much needed adequate information, counselling and care that arise from overstretched health facilities/workers in coping with the increasing numbers of people living with HIV. As a result, most adolescents are left with many unanswered questions which arise from their physical, emotional and social change, as part of the transition from childhood to adulthood. The Government of Swaziland and UNICEF Swaziland Country Programme 2016-2020 places a greater focus on the second decade of life than in previous programmes, therefore ensuring a set of interventions that focus on sustaining HIV prevention in the second decade of life, as well as tailored adolescent-friendly services for care and treatment.

UNICEF Swaziland continues to focus its HIV work within the life cycle approach and ensuring integration of HIV within various platforms that present an opportunity for prevention of new infections among children and adolescents, early identification of HIV infected children and access to care and treatment for HIV exposed and HIV infected children to cater for the first decade. These platforms include Maternal Neonatal Child Health (MNCH) with special focus on post-natal follow up at community level, nutrition and early childhood and development platforms. For the second decade (10-19 years) UNICEF Swaziland's focus is on prevention of new infections among adolescents; care and treatment for ADLHIV; reducing children and adolescent's vulnerability to HIV; and mitigating the negative impact of HIV on children.

Since UNICEF interventions contribute to the national response to HIV and AIDS, results for success are primarily measured using national management information systems and specialized studies, along with routine programmatic data. This HIV and AIDS Thematic report provides details of the results achieved in 2016 using all sources of funding available to support the HIV and AIDS and Children Focus Areas.

UNICEF Swaziland highly appreciates the financial support from the HIV and AIDS Thematic Funds contributed by Netherlands Committee, United States (US) Fund for UNICEF, U.K. National Committee and other donors including Presidential Emergency Plan for AIDS Relief (PEPFAR) which has contributed significantly towards expansion of the response to the HIV and AIDS epidemic in Swaziland.

2.0 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: neonatal deaths (35 per cent), 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 low middle income categorization of the country limits resource mobilization, UNICEF Swaziland has strengthened its resource mobilization capacity to address these challenges, with the development of a Resource Mobilization and Leveraging Strategy 2016-2020, inclusive of annual plans and targets.

HIV and AIDS is by far the most pressing challenge in Swaziland. At 26 per cent, Swaziland has the highest national HIV prevalence rate in the world to date. UNAIDS currently estimates that 222,102 people are living with HIV in Swaziland, with women disproportionately affected. A third (31 per cent) of women are HIV positive compared to a fifth (20 per cent) of men. HIV prevalence among pregnant women remains high at 34 per cent although a slight decline has been seen from 37 per cent in 2012. Disparities in HIV prevalence amongst male and female adolescents (15-19 years) and youth (20-24 years) is huge where prevalence among adolescent girls is 10.1 per cent compared to 1.9 per cent for males and those aged 20 to 24 years prevalence is 38.4 per cent in females and 12.4 per cent among males underscores the importance of investment in HIV prevention among girls and their partners. According to the MICS 2014, sexually active individuals in the age-group 15-19 years had a lower HIV testing uptake in the 12 months preceding the survey and knowledge of the results of the test, especially among adolescent males (72 per cent for adolescent females and 46 per cent for adolescent males).

Despite concerted efforts, evidence indicates that progress in the prevention component of the national response to the HIV epidemic has lagged behind treatment and impact mitigation. While there has been success in raising universal awareness of HIV, only 58 per cent of the population has the comprehensive knowledge to promote behaviour change for HIV prevention. The high rates of infection, particularly among those aged 15–29 years, indicate that existing levels of knowledge have not been sufficient to promote large-scale behaviour change. In addition, despite significant progress in reduction of mother to children transmission of HIV from 17 per cent in 2009 to 5.1 per cent in 2016 at 18 months, a new trend is emerging where new infections among children are occurring more postnatally (during breast feeding) than during pregnancy and child birth indicating the need for strengthened post-natal follow up and improved infant feeding practices.

Slow progress in HIV prevention has allowed the epidemic to take hold and to claim more lives in Swaziland. It has affected all sections of Swazi society, reversing many of the gains the country has made since its independence. HIV has contributed to a 1.6 per cent decline of GDP growth rate annually, a significant drop in food production, and a negative population growth rate.[4] It has also contributed to a dramatic reduction of life expectancy, from 60.7 years in 1998 to 45.3 years in 2007; a doubling of child mortality between 1996 and 2006; and a rise in maternal mortality by 39 per cent during the same period (67 per cent of maternal mortality is reported to be due to HIV-related deaths).

In Swaziland, UNICEF contributes to the national HIV response as articulated eNSF 2014-2018, the National Health Sector Strategic Plan II (2014-2018), Education Sector Policy, 2012 CPWA, 2013 Swaziland National Disability Policy are key guides to HIV planning and programming and the efforts of UNICEF are also reflected in the Swaziland United Nations Development Assistance Framework. Within the Swaziland Country Office, HIV interventions are mainstreamed into Programme components of Young Child Survival and Development and Adolescent Protection, Learning and Development.

UNICEF support has been upstream and downstream supporting programmes at national and decentralized levels. Decentralized support has been towards the acceleration of the new life skills curriculum and at implementation of projects that generate evidence for other partners to scale up especially for adolescents. At national level, UNICEF supported activities that catalysed support and leveraged resources for children from other partners including development of guidelines and strategies that facilitate implementation of women, children and adolescent access to HIV services.

The major donors to the HIV programme in Swaziland have been the U.S. Government (PEPFAR) and the Global Fund to Fight HIV and AIDS, Tuberculosis (TB), and Malaria (GFATM). However, the domestic funding from Government has been huge and instrumental in ensuring availability of HIV supplies to the population.

3.0 HIV and AIDS program 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 and HIV has been mainstreamed into the two outcomes to support children and adolescents. The two outcomes and specific outputs provide basis for the implementation of the HIV programme are:

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

- Output 1.1: Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, early childhood development (ECD) and nutrition improved.

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

[4]Food and Agriculture Organisation (2007); Swaziland Central Statistics Office, Swaziland National Census, 1997 and 2007.

- Output 1.4. Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.

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 2.6: HIV prevention, care and treatment services for adolescents strengthened.
- Output 2.7: Capacity of primary and secondary educational institutions to disseminate comprehensive knowledge on HIV and AIDS strengthened.

The development of the HIV programme in Swaziland was guided by the UNICEF Strategic Plan 2014-17 outcome on HIV and AIDS and contributes to the Sustainable Development Goal (SDG) 3 to ensure healthy lives and promote well-being at all ages; contribute to reduction of the global maternal mortality ratio to less than 70 per 100,000 live births; end preventable deaths of newborns and under-five children; and end the epidemics of AIDS by 2030. The UNICEF Swaziland country programme aims at delivering the results through the Young Child Survival and Development and Adolescent Protection, Learning and Development Programmes. HIV has been mainstreamed into various projects to ensure that all platforms for prevention of HIV, identification of HIV positive children and adolescents and risk factors that increase vulnerability to HIV among young people are targeted as opportunities for reducing HIV infection and increasing access to HIV services for children and adolescents. This 2016 HIV and AIDS Thematic report captures progress made in all platforms where HIV has been integrated into various sectors including HIV specific programmes, ECD, nutrition, gender-based violence and education programmes.

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

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 section 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 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. Two of the four regions of the country maintained about 80 per cent Penta-3 coverage; at least 80 per cent children less than 1 year received Penta-3 and 83 per cent for measles vaccine; 93 per cent of HIV positive mothers received ART for PMTCT; 84 per cent of HIV exposed children received ARVs for prevention of HIV; 72 per cent of children aged 0-14 years living with HIV received ART and birth registration for those aged below five years was at 53.5 per cent. 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. 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. UNICEF Swaziland in collaboration with the MoH through the Swaziland National Nutrition Council (SNNC) supported; training of 12 master trainers on nutrition surveillance, who in turn trained 834 Rural Health Motivators (RHMs) on screening and referral for malnutrition; capacity building for 21 health workers on Integrated Management of Acute Malnutrition (IMAM) including HIV testing for malnourished children to enhance facility based service provision and; training of 317 HW on Baby Friendly Hospital Initiative (BFHI) for improved infant and young child feeding (IYCF) practices within the context of HIV. The RHMs screened 280,102 children and identified 165 with wasting and 812 were underweight. The children were referred to therapeutic feeding centres for appropriate management, while 767 children were treated for severe acute malnutrition (SAM).

Constraints and actions taken	Due to the effects of the El Niño induced drought from 2015 to 2016 resuting in lack of food and safe water, families prioritized available resources towards fulfilling these needs as opposed to transport costs to health facilities consequentlly 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 key implementing partners to strengthern follow up thorugh 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 strengtherning the follow up system for children and dolescents through use of social media/sms and support groups to ensure adherence to treatment.

Output Results

Output 1.1	**Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved.**
Progress against Output	The Programme aimed at ensuring that appropriate legislation, policies, strategic plans and budgets for maternal, newborn child health, HIV, WASH, ECD and nutrition are improved. UNICEF Swaziland, in collaboration with WHO provided technical support to MoH for the revision of the 'Care and Treatment Guidelines' based on 2015 WHO ART guidelines which require that all people (including children, women and adolescents) to be initiated on ART upon HIV positive diagnosis. Orientation of staff in all health facilities was conducted and through UNICEF and WHO support procurement of essential supplies to ensure adequate stocks was undertaken. In collaboration with WHO, UNICEF further engaged in a technical discussion with Government to initiate the preparation for the pre-elimination of mother-to-child transmission (MTCT) certification and taking forward operationalization of the global 'Start Free, Stay Free and AIDS Free' agenda in Swaziland. The Government's commitment to procurement of HIV supplies (especially ART) using domestic resources will facilitate the operationalization of the two agendas and ensure sustainability and continued ownership of the programme.

	Through UNICEF support, the MoH completed and disseminated the Barriers to Paediatric ART initiation study. The findings raised important issues on stigma and discrimination highlighting the need to address this particular issue in order to enable effective scale up of paediatric ART in health facilities. To generate knowledge in maternal and child health, UNICEF, in collaboration with WHO and UNFPA provided technical and funding support to the MoH to conduct the Maternal Neonatal Quality of Care Assessment. The assessment revealed that there is no system in place in most of the assessed facilities to ensure that more serious conditions are accorded higher priority for medical attention which eventually would affect the quality of HIV services. This informed UNICEF prioritization on areas of support to health system, which will be continued in 2017. UNICEF further provided technical support for the drafting of the Food and Nutrition Bill and Food and Nutrition Policy where HIV has been integrated and the draft policy is ready for submission to Cabinet by the MoH, through the Director of Health Services.
Constraints and actions taken	Government procedures for finalization and approval of essential documents and reports follows a particular process which at times results to delayed dissemination and implementation of recommendations. As a result some key assessment reports have not been printed and some policy documents are still awaiting approval by the MoH before submission to cabinet for final approval which will facilitate implementation. However, UNICEF Swaziland continues to advocate at various levels in order to get the required approval by the relevant government structures.
Output 1.2	**Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.**
Progress against Output	The Programme aimed at strengthening capacity of key government institutions to provide quality health, HIV, nutrition, ECD, WASH and birth registration services. The following results were achieved in 2016 with UNICEF contribution: health facility based birth registration was piloted in one health facility in collaboration with Ministry of Home Affairs and MoH which resulted in 339 (24 per cent)

	of births registered at the facility over a two months period; 80 per cent of designated basic emergency obstetric and new-born care facilities are operational, while 92 per cent of the health facilities provide ART for PMTCT and paediatric HIV management. UNICEF provided technical support to the roll out of PMTCT and Paediatric ART through participation in HIV technical working groups where issues of children and adolescents were discussed to leverage resources from PEPFAR and the Global Fund towards children. UNICEF in partnership with WHO and UNFPA supported the MoH to conduct the Comprehensive Health and Nutrition Assessment that informed the health, HIV and nutrition component of the El Niño drought response. As a contribution to the implementation of the emergency response, UNICEF supported procurement and distribution of 462 weighing scales, 144 height boards, 4,900 Mid-Upper Arm Circumference (MUAC) tapes and therapeutic foods (plumpy nut, F75, F100) leading to treatment of 895 children (573 SAM; 322 MAM). Capacity for community based nutrition screening and programme was enhanced through support to training of 12 master trainers who in turn trained 786 RHMs on MUAC screening and IYCF, including HIV. The RHMs conducted screening of 280,102 children of which 165 children had wasting and 812 were underweight. Furthermore, support was provided to the SNNC to conduct ten nutrition campaigns with integrated HIV messages in drought affected areas. Finally, support was provided to the training of 314 health workers from seven hospitals on BFHI which integrated HIV and IYCF.
Constraints and actions taken	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.
Output 1.4	**Capacity of health and education management information systems to provide timely disaggregated information improved.**

Progress against Output	The Programme aimed at strengthening Management Information Systems (HMIS) capacity to provide timely disaggregated information in the context of monitoring for results. UNICEF contributed towards capacity of 24 champion health workers at health facility and Regional Health Management Teams to use data for service delivery improvement and decision making. Technical inputs to strengthen HMIS to provide basis for data to inform decision making was provided. In addition, 12 computers were procured for 12 health facilities where two champions were trained on use of dashboards that are generated through the data analysis system installed. This has led to generation of age and gender disaggregated data across various health services including PMTCT and ART derived from the dashboard which is used during monthly review meetings to assess performance and action taken based on the identified bottlenecks. UNICEF further introduced U-Report in six health facilities as a key tool to gather and track client feedback on the quality of services received. Indicators such as facility cleanliness, patient waiting time, and availability of drugs were collected as part of U-Report. Health workers were trained on the use of the U-Report and feedback through the platform enables health facilities to integrate and respond to client's expectations. In some instances, the feedback has informed health education information provided to clients. UNICEF provided technical assistance and financial support to train health care providers on the application of RapidPro at the therapeutic feeding sites. A total of 25 out of the 41 sites had health care workers trained to report through RapidPro. This was to respond to the challenges in the surveillance systems and limited data to track improvement in case identification and follow up of malnourished children. Although some challenges were identified in the use of RapidPro, relating mainly to data entry and system interruptions, the UNICEF and SNNC were encouraged by the initial results indicating potential for expansion of the system. U-Report greatly improved overall reporting timing and accuracy, as it alleviated the challenges of paper-based reporting, in terms of the need for copies of forms, collection and delivery of completed forms to a central location, and data entry errors.

Constraints and actions taken	Amidst the achievements, weak surveillance system for nutrition and lack of integration of other key HIV/nutrition indicators in monthly HMIS reports affected complete reporting on children reached with integrated HIV/nutrition services. However, the introduction of the U-Report platform in selected facilities enhanced timely reporting from the facilities and the integration of key nutrition indicators in the new Client Management Information System being piloted in the country will ensure that standard HIV/nutrition data is routinely generated at national level to inform programme improvement. Strengthening HMIS using various platforms would inform government of resource allocation to improve evidence generation and ensure efficiency in government resource utilization since most of the health programmes are supported by domestic funding.
Outcome 2	**By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education.**
Progress against Outcome	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. In 2016, within the framework of the global UNICEF End Violence against Children campaign, the interventions aimed at strengthening the enabling environment to prevent violence against children and adolescents, with a focus on national capacities to legislate, plan and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and neglect of children, including adolescents. Implementation and awareness of the 2012 CPWA and advocacy for enactment of the Sexual Offences and Domestic Violence 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 was 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 in 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 Deputy Prime Minister's office (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 Ministry of Education and Training (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 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. To enhance the quality of education while mitigating the effects of HIV and AIDS, as part of upstream support to Government, UNICEF Swaziland supported the MoET to roll out the new HIV and life skills curriculum to 111 (of 255) secondary schools in the country. The curriculum aims to increase life-skills to respond to HIV, while teaching adolescents about Sexual and Reproductive Health (SRH) to curb the occurrence of early and unintended pregnancies. In addition, UNICEF Swaziland advocated for the mainstreaming of HIV prevention education in the revised curriculum for primary schools. As part of global initiatives for the prevention of HIV and violence, including the 'ALL IN! #End Adolescent AIDS' initiative, and 'Start Free, Stay Free and AIDS Free', UNICEF Swaziland also sought to improve treatment adherence among adolescents living with HIV by supporting psychosocial interventions through teen peer clubs. In partnership with Baylor College of Medicine, UNICEF Swaziland provided peer support services to 1,485 adolescents through 14 teen clubs for adolescents living with HIV. The support contributed to ART retention rates of above 94 per cent among teen club members. In addition, the partnership supported an in-reach approach, with 110 home visits conducted during the year, reaching 132 clients with poor adherence to treatment, high viral load and low CD4 counts. As part of the increased focus on adolescents, UNICEF applied and institutionalized adolescent participation and engagement as a key strategy using the U-Report platform and supporting adolescent participation in programming, such as during the review of the primary school curriculum. UNICEF also partnered with the national Scouts Association to build capacity among out-of-school youth on HIV and violence prevention. Strategic partnerships with PEPFAR and Global Fund were forged to realize children's rights with a particular focus on adolescent girls that are most vulnerable to HIV. Finally, in partnership with the MoET and UNESCO, UNICEF led the World's Largest Lesson in schools to improve understanding on SDG 5 which focuses on Gender Equality.

Constraints and actions taken	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.
Output 2.1	**Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.**
Progress against Output	To support the national response to violence, abuse, exploitation and neglect, in collaboration with other partners, evidence was generated, advocacy for legislation was undertaken and a strategy to guide national and sub-national level action was developed. 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.
Constraints and actions taken	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. A High Level Task Force on Violence and a MTTV were established to enhance cordination 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 cordination of violence, exploitation and abuse by supporting the two teams established by government.
Output 2.2	**Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.**
Progress against Output	In collaboration with MoH, the Nazarene Health Institutions and in partnership with PEPFAR, UNICEF Swaziland continued to improve access to post-violence comprehensive treatment and care by supporting the roll out of a One Stop Centre to one additional site, the Nazarene RFM Hospital, and its refurbishment. The One Stop Centre will be fully functional in 2017. This has enhanced equitable access of services to violence survivors to one more regions (Manzini)) in addition to the current One Stop Centre in Mbabane (Hhohho region). Furthermore, in order to create demand for the One Stop Centre services, UNICEF Swaziland supported the development of a draft Communication Strategy for the One Stop Centre. Consultations were held with a total of 20 partners and the One Stop Centre communication strategy will be finalized in the first quarter of 2017. The primary target for the strategy will be girls and women since they are more susceptible to risk of being abused. Coordination of violence response has been a challenge however, UNICEF Swaziland advocacy efforts resulted in the launch of the national multi-sectoral technical team on violence in November 2016 by the Deputy Prime Minister.
Constraints and actions taken	Although the One Stop Centre is operational, it is inadequately staffed, with skill gaps and some medical services are not available on site. The centre continues to use paper-based data capturing system which compromises quality of data analysis and use. Discussions are underway to relocate the centre to a national hospital and strengthen data management systems.
Output 2.6	**HIV prevention, care and treatment services for adolescents strengthened.**
Progress against Output	UNICEF Swaziland supported interventions to improve adherence to ART, provided psychosocial support to

	adolescents living with HIV and increased adolescent participation in HIV prevention and response. Significant achievements were made in strengthening HIV prevention, care and treatment services for adolescents. In partnership with Baylor College of Medicine, UNICEF Swaziland supported capacity building for 14 teen clubs for adolescents living with HIV. The clubs provided peer support services to 1,485 adolescents. Furthermore, adolescent friendly information, education and communication (IEC) materials with key messages to encourage adherence to ART were pretested, printed and distributed through various outlets including health facilities, teen clubs and youth clubs. This led to 94 per cent ART retention rates among teen club members. This initiative has proven the importance of engaging and listening to adolescents in order to address their challenges. A total of 320 teen club members were trained on leadership skills as a result of the training. They were all assigned coordination and leadership roles in their respective teen club centres. In addition, through this partnership, 110 home visits were conducted through the in-reach initiative which reached 132 clients with poor adherence to treatment, high viral load and low CD4 counts. UNICEF Swaziland in partnership with the Swaziland Nazarene Health Institutions trained 22 nurses from 11 health facilities on youth friendly services. Following this training, seven health facilities established teen clubs and to date 546 adolescents have been recruited (340 females and 206 males). The National Emergency Response Council on HIV and AIDS (NERCHA) in partnership with UNAIDS, UNFPA and UNICEF hosted a national conference on HIV and AIDS. The conference aimed at providing Government and community entities an opportunity to share successes and lessons learnt. As a result of the conference, recommendations on how to sustain the gains achieved in the HIV response were identified. The recommendations of the conference include the need for Swaziland to strengthen adolescent prevention programmes. Prior to the conference, UNICEF Swaziland in partnership with MoET facilitated consultations with 150 adolescents including

	those living with HIV in order to solicit their views on HIV prevention initiatives. These young people were provided an opportunity to present their views during the conference and their inputs were used to inform the recommendations of the conference which will in turn inform programming.
Constraints and actions taken	The national AIDS response continues to be heavily focused on treatment with insufficient attention to prevention in adolescents. UNICEF is undertaking advocacy on prevention and providing technical support for the review of prevention component of the response to inform the development of the next national AIDS Strategic Plan and Global Fund concept note for HIV. The challenge of gender based and sexual violence and negative gender norms continue to hamper demand creation for services. UNICEF has supported national dialogues, and community based advocacy to address violence against children and women.
Output 2.7	**Capacity of primary and secondary educational institutions to disseminate comprehensive knowledge on HIV and AIDS strengthened.**
Progress against Output	UNICEF Swaziland supported capacity building of head teachers and teachers to provide HIV prevention education in the school system. Parents were oriented on the secondary school curriculum that promotes comprehensive HIV knowledge to students. To enhance comprehensive knowledge on HIV and AIDS, UNICEF Swaziland in partnership with PEPFAR through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe women (DREAMS) initiative supported the roll-out of the HIV and life skills curriculum to 211 of the 255 secondary schools. A total of 1,085 teachers and 3,859 parents of school going children were sensitized on the content of the curriculum and their roles in enhancing life skills education. As a result of this training, 38,670 students have been reached with life-skills and HIV prevention information through the school system. UNICEF Swaziland in partnership with UNFPA, UNESCO and MoET provided technical support to review the Health and Physical Education Syllabus for primary school to mainstream comprehensive Life Skills Education.

Constraints and actions taken	Despite the training of teachers, and headteachers on the life skills curriculum, the orientation of teachers has been delayed due to the need to engage them within the context of school vicinity. However through UNICEF advocacy and technical support parents orientation through the guidance and counselling teachers will continue in 2017 coupled with the monitoring of curriculum implementation in schools.
Output 2.8	**Perceptions, attitudes and knowledge on key harmful social norms improved**
Progress against Output	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. In an effort to improve community awareness, prevention 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, 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.
Constraints and actions taken	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.

Results Assessment Framework

Indicator	Baseline	Target 2016	Results achieved
Percentage of children aged 0-6 months old exclusively breastfed	64%	80%	64% (No new data)
Percentage of children aged 6-23 months receiving a minimum acceptable diet of complementary foods.	62%	80%	62% (No new data)
Children born to mothers living with HIV who have acquired the virus through vertical transmission, at 18 months of age	11%	<5%	5.1%
National HIV Strategy and Plans for care and treatment that are aligned to the most recent WHO child and adolescent recommendations for care and treatment and included includes targets for children and adolescents (HIV)	Guidelines not updated	Guidelines updated based on prevailing guidance from WHO	Swaziland HIV care and treatment guidelines revised based on 2015 WHO guidance
Existence of a nutrition Policy that includes guidance on treatment and care for people living with HIV available (Nutrition)	0 - Not available	Nutrition Policy with integrated HIV available	Draft policy available
Number of health facilities that provide SAM treatment services	40	41	40

Number of facilities certified baby friendly	0	16	3
Health facilities providing lifelong ART for pregnant and breast feeding women within the MNCH setting (HIV**)**	-	95%	92%
Health facilities that provide paediatric ART	-	95%	92%
Health Management Information System generates periodic reports with data disaggregated by age and sex (for relevant indicators) at national and sub-national level	0	50	12
Percentage of girls aged less than 18 years who experienced sexual violence. 33%;	(2010): 33%:	15%	No new data is available since 2007
Percentage of adolescents aged 15–19 tested for HIV in the last 12 months.	(2010): 57%	90%	72% female 46% males
Number of adolescents living with HIV who have initiated ART.	(2013):2,000	15,000	No new data available
Percentage of adolescent girls aged 15-19 years who had sex with a non-cohabiting partner in the last 12 months and reported using a condom at the most recent sexual encounter.	(2010): 66%	86%	No new data available
Percentage of adolescent girls and boys aged 15-19 years with comprehensive HIV knowledge.	Girls: (2010): 58.2% Boys: (2010) 53.6%	80% 75%	50.9% for boys and 49.1% for girls
National HIV/AIDS strategies that include proven high-impact evidence-based interventions to address HIV among adolescents available.	Available not updated	Updated	Available not updated
Comprehensive behaviour change communication strategy for adolescents and youth including those from key populations available.	Available not updated	Updated	Available not updated
Health workers trained to provide lifelong ART for Adolescents living with HIV	0	200	22
Life skills and citizenship education embedded in teacher training with substantive guidance for implementation in schools.	No	Yes	No
Number of learners benefiting from the national Life skills education/HIV prevention curriculum and extra-curricular interventions	0	30,000	20,887

4.0 Financial Analysis

Table 1: Planned Budget for Outcome Area

Outputs	Funding Type[1]	Planned Budget[2]	Funded
1.1: Appropriate legislation, policies, strategic plans and budgets for maternal, new-born, and child health, ECD and nutrition improved.	RR	40,000	13,927
	ORR	400,000	156,507
1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.	RR	370,000	618,017
	ORR	565,000	628,606
	ORE	0.00	455,445
1.3: Capacity of parents and caregivers to provide integrated quality ECD (early stimulation, learning, safety, care and nutrition) strengthened	RR	40,000	0.00
	ORR	305,000	46,745
1.4. Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.	RR	35,000	0.00
	ORR	300,000	208,842
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	190,834
	ORR	100,000	104,085
2.2. Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.	RR	10,000	7,812
	ORR	150,000	192,604
2.6: HIV prevention, care and treatment services for adolescents strengthened.	RR	10,000	0.00
	ORR	150,000	95,565
2.7: Capacity of primary and secondary educational institutions to disseminate comprehensive knowledge on HIV and AIDS strengthened.	RR	10,000	
	ORR	150,000	142,098
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	RR	10,000	48,380
	ORR	150,000	80,757
Total Budget		**3,135,000**	**2,990,224**

[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 to Outcome Area received in 2016

Donors	Contribution Amount	Programmable Amount
Thematic Health SC149901	28,569	28,569
Thematic HIV/AIDS SC149902	441,244	436,102
Thematic Water Sanitation & Hygiene SC149903	174,233	166,613
Global - Education SC149905	264,479	87,725
Thematic Child Protection SC149906	247,382	128,403
Total	**1,155,907**	**847,412**

Table 3: Expenditures in the Outcome Area by Key Result Areas

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
02-03 Adolescents and HIV/AIDS				194,257
02-05 HIV General				256,130
GRAND TOTAL				**450,387**

Table 4: Thematic expenses by programme area

Outputs	Donor	Expenditure
1.1: Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved.	Thematic HIV/AIDS	121,186
1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.	Global Thematic Health	28,569
	Global Thematic HIV/AIDS	218,904
	Global Thematic Water Sanitation & Hygiene	166,613
1.3: Capacity of parents and caregivers to provide integrated quality ECD (early stimulation, learning, safety, care and nutrition) strengthened	Global Thematic HIV/AIDS	447
	Global Thematic Education	46,298
1.4. Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.		0.00

2.1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.	Global Thematic Education	9,996
	Global Thematic Child Protection	75,873
2.2. Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.	Global Thematic Child Protection	2,397
2.6: HIV prevention, care and treatment services for adolescents strengthened.	Global Thematic HIV/AIDS	95,565
2.7: Capacity of primary and secondary educational institutions to disseminate comprehensive knowledge on HIV and AIDS strengthened.	Global Thematic Education	26,449
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	Global Thematic Education	4,982
	Global Thematic Child Protection	50,133
Total Expenditures of Thematic Contribution for 2016		**847,412**

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Codes	Total Utilized (US$)
02-03-06 Address barriers to accessing HIV services by adolescents	153,219
02-05-01 HIV # General systems	67,345
02-05-02 HIV and sexuality education	204,732
08-02-03 MICS # General	2
08-02-05 Other multi-sectoral household surveys and data collection activities	2
08-02-07 Data dissemination	
08-02-08 Monitoring # General	8,261
08-02-09 Emergency rapid assessments	1,117
08-03-01 Cross-sectoral Communication for Development	46
08-03-02 Communication for Development at sub-national level	8,345
08-04-01 Parenting programmes / parenting education and support	4,116
08-04-02 Community based child care	
08-09-01 Innovation activities	13
08-09-06 Other # non-classifiable cross-sectoral activities	3,185
08-09-09 Digital outreach	2
08-09-10 Brand building and visibility	1
10-07-12 Management and Operations support at CO	1
GRAND TOTAL	**450,387**

5.0 Future Work plan

The UNICEF Country Programme 2016 - 2020 continues to focus on consolidating the HIV programme achievements to-date whilst sustaining the gains and addressing key threats to progress by closing prevention and treatment gaps using innovative, evidence-based and child/adolescent sensitive approaches. This will be achieved by establishing clear accountabilities to achieve equity based outcomes that reduce vulnerabilities to HIV infection and ensure that strategies that will provide opportunities for addressing HIV for children and adolescents take into consideration the middle income country context. UNICEF will therefore focus on areas where value is added and facilitating evidence generation for scale up and resource leveraging for children and adolescents. These interventions will contribute to achievement of SDG 3 on good health and wellbeing and specifically will contribute to ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. In addition, the programme will be guided by the global targets and guidance on start free, stay free and AIDS free and focus on strengthening health service delivery to be responsive to pregnant adolescents to facilitate the elimination of MTCT among the adolescents.

In 2017 the programme plans to achieve and support implementation 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 1.1: Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved.
- Output 1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.
- Output 1.3: Capacity of parents and caregivers to provide integrated quality ECD (early stimulation, learning, safety, care and nutrition) strengthened
- Output 1.4. Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.

UNICEF Swaziland will focus on sustaining the gains made in the reduction of MTCT during pregnancy and childbirth through provision of technical support to the implementation of the revised new guidelines for re-testing of HIV negative pregnant women. Special focus will be paid to pregnant adolescents and quality improvement to reduce new infections from mothers that convert from being HIV negative to being HIV positive during pregnancy or breastfeeding. In addition, noting the high trends in transmission of new HIV infections in children where over 50 per cent of the new infections occur during breastfeeding, UNICEF will provide technical and financial support towards strengtherning integration of HIV, nutrition and ECD activities to enhance infant and young child feeding practices at health facility and community levels.

To increase peadiatric ART access, UNICEF will support strengtherning of HIV and nutrition integration through the designated therapeutic feeding centres where high yields of HIV positive children can be identified and linked to treatment. UNICEF will also support strengtherning of follow up and support

system for HIV positive pregnant and lactating women to ensure that the HIV exposed and HIV infected children access all relevant services including nutrition, early stimilation for improved ECD, health interventions and HIV services including early infant testing and linkage to care and treatment for those found to be HIV positive. Special focus will be made on identification of older children aged between two to nine years who might have been missed through early infant diagnosis for HIV and link them to care and treatment.

Furthermore, UNICEF will provide support towards advocacy and communication for development to increase awareness levels on eMTCT and create demand for services through community mobilization. UNICEF will continue to engage and advocate with government authorities at various levels for finalization and approval of key essential documents and plans to allow full implementation of the same. Follow up and support system for lactating HIV positive women to reduce transmission to children through breast feeding. Capacity building for provision of quality paediatric HIV care, treatment and support including psychosocial support toward transitioning from childhood to adolescence among the HIV positive children will also be a priority.

UNICEF will continue to focus on scaling up evidence generation and use of data for improving programming for children and adolescents in all facilities. The initiative is tied to the roll out of the Client Management Information System to all health facilities which will create a platform for availability of real time data for children on health, HIV, nutrition that will inform progress and programme improvement.

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 2.6: HIV prevention, care and treatment services for adolescents strengthened.
- Output 2.7: Capacity of primary and secondary educational institutions to disseminate comprehensive knowledge on HIV and AIDS strengthened.
- 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.

The main focus for the programme will be:

- Strengthening national systems coordinate the response to comprehensive sexual violence especially in adolescents and women;
- Strengthening the legal framework for addressing injustice related to sexual violence;
- Proving technical support for the development of evidence based national strategic framework for HIV and HIV prevention plan;
- Strengthening PMTCT services to be responsive to pregnant adolescents;
- scale up approaches for follow up and support system for adolescents living with HIV on ART through teen clubs, home visits, and U-Report;

- Using new approaches to scale-up HIV testing in adolescent girls; strengthen the capacity of the education sector to provide age appropriate HIV and life skills education;
- Supporting the roll-out of the HIV and life skills curriculum in the remaining 40 secondary school in the country;
- Providing technical support for monitoring and evaluation of the implementation of life skills education in secondary schools;
- Evidence generation for inform adolescent HIV programming; and,
- Leveraging resources from PEPFAR and Global Fund to support adolescent HIV programming; and
- Using social and behaviour change communication approaches to generate demand for HIV services.

In addition, UNICEF will support advocacy for the enactment of the Sexual Offences and Domestic Violence Bill; piloting of an electronic National Surveillance System on Violence; training of police and social workers in child sensitive case management, and training of staff in the new One Stop Centre for enhanced integrated management of sexual violence especially among children and adolescents. UNICEF will further provide technical support for communication for development approaches in addressing social norms, beliefs and attitudes facilitating sexual violence and increasing vulnerability to HIV at family and community level and sensitization and mobilization of parents to support the implementation of HIV and life skills education in secondary schools.

Table 6: Planned Budget for 2017

Output	Funding Type	Planned Budget	Funded	Shortfall[5]
Output 1.1	RR	60,000	40,000	20,000
	ORR	350,000	233,328	116,672
Output 1.2	RR	350,000	186,179	163,821
	ORR	650,000	449,509	200,491
	ORE	2,509,428	680,417	1,829,011
Output 1.3	RR	60,000	35,000	30,000
	ORR	250,000	165,000	85,000
Output 1.4	RR	35,000	0.00	35,000
	ORR	150,000	187,503	(37,503)
Output 2.1	RR	340,000	314,137	25,863
	ORR	100,000	66,851	33,149
Output 2.2	RR	60,000	164	59,836
	ORR	150,000	266,684	(116,684)
	ORE	150,012	150,012	0.00
Output 2.6	RR	70,000	0.00	70,000
	ORR	150,000	215,000	(65,000)
	ORE	95,127	95,127	0.00
Output 2.7	RR	40,000	0.00	40,000
	ORR	150,000	100,000	50,000
Output 2.8	RR	10,000	25,000	(15,000)
	ORR	150,000	99,990	50,010
Total Budget		**5,879,567**	**3,309,901**	**2,574,666**

6.0 Expression of Gratitude

UNICEF Swaziland extends its gratitude to the Netherlands Committee, US Fund for UNICEF and U.K. Natcom for the financial support through the HIV and AIDS Thematic Funds and from PEPFAR who provided direct support to the HIV programme in Swaziland. Due to the integrated nature of the programme; a portion of thematic funds for Basic Education and WASH have also contributed significantly towards expansion of the response to the HIV and AIDS epidemic in Swaziland for which we are very grateful. The thematic funds, of which many have a multi-year commitment to support the HIV and AIDS interventions; provide the opportunity to plan long term in the prevention, care, treatment and mitigation of HIV among affected and infected children and families in Swaziland for which UNICEF Swaziland in very grateful.

Funds provided through HIV Thematic funds and other donors have led to accelerated implementation for children and adolescent programmes through implementation of catalytic programmes that were taken on board by other partners based on lessons learnt. Most of the results in the HIV programme for UNICEF have been achieved with support from Thematic funds.

[5] Other Resources shortfall represents ORR funding required for the achievements of results in 2015.

Special gratitude goes to the Government of Swaziland for the great leadership in the implementation of activities within this thematic focus area which has led to the achievement of these results. UNICEF is also grateful to contributions made by all partners towards the results achieved in 2016. UNICEF Swaziland looks forward to continued good partnership and support in 2017 to build on the gains made so far and accelerate work towards 'Start Free, Stay Free and AIDS Free' generation. UNICEF Swaziland is committed to continue supporting the Government towards achieving the desired outcomes of the nation-wide HIV response in the in 2016-2020 country programme cycle and beyond; applying the life cycle approach, to embrace the SDGs, towards an AIDS free generation.

Annex 1: Case Studies and photos

Adolescents living with HIV reached with UNICEF support through Baylor Teen Clubs
Author: UNICEF Swaziland

Case 1
Ten year old *Thembakazi attends teen club at Hlathikhulu Baylor clinic which she joined two years ago. The teen club is supported by UNICEF and it provides space for HIV-positive children to talk safely about the challenges they face, learn how to take their anti-retroviral medicine properly and how to protect themselves.

She is the last born in a family of six. She tested HIV positive at the age of one after a long illness including discharge of puss through the ears. Her mother also tested HIV positive and was then advised to stop breastfeeding. *Thembakazi's father is a traditional healer and he insisted that the young girl be treated with traditional herbs. Her mother got an opportunity to take her back to Baylor clinic when she was four years old when she started Pre-school because she was not looking healthy. She was enrolled on ART but defaulted because her father resisted. The mother reported the issue to a social worker at Hlathikulu Baylor who then followed up with a discussion with the father on the importance of adherence to ART. *Thembakazi's father agreed that the child can continue with her treatment. *Thembakazi is now consistent with her treatment and both parents support her. Her father encourages her to attend teen club sessions. "I like teen club since I get to meet children who are like me".

*Thembakazi's father has still not tested because he thinks he is healthy and relies on traditional herbs. He however, supports *Thembakazi and her mother to take their treatment. All the children in the family know about *Thembakazi's status and they all support her to take her treatment. All the older children tested negative. The drought has affected the family that was relying on yield from the fields for mealie-meal. In good years, the fields would yield 4 – 5 bags of maize but from last year's yield only one bag was harvested. Since the drought, the family now buys mealie-meal from South Africa.
*Not her real name

Case 2

**Sayinile (13yrs) who attends Teen Club at Hlathikhulu in Shiselweni Region, ©unicef Swaziland 2016*

***** Sayinile's* (13) home, built of deep red and brown earth, lies isolated at the bottom of a steep valley in rural Swaziland. Her mother died when she was two-years-old and she now lives with her father, stepmother and grandparents, all of whom are HIV-positive. Sayinilie herself tested positive for HIV when she was just seven-years-old after suffering from tuberculous.

Swaziland has the highest rate of HIV infection in the world, with 26% of adults living with HIV, and this is having a devastating impact on children.

Sitting on a straw mat outside her house Sayinilie, a shy but determined teenager, quietly explains how she faces cruelty and stigma from some because she is HIV-positive. "There are some people I feel really hurt by. When I tell them I have HIV they start telling other people rather than keeping it to themselves, including some teachers at my school."

Two years ago Sayinilie started going to a local Teen Club in nearby Hlatikulu, a programme which is supported by UNICEF. Here HIV-positive children can talk safely about the challenges they face, learn how to take their anti-retroviral medicine properly and how to protect themselves.

Sayinilie explains: "They teach us a lot at the Teen Club - how to take our medication, the importance of taking it at the right time. The Teen Club is also really helpful because it gives us the chance to make friends. The other children there are also HIV-positive, so we come together to play and discuss things, like how to live positively with HIV. Others who aren't part of the Teen Club discriminate against us and call us names, but in the Teen Club it isn't like that, we support each other."

Whilst showing us round her home, Sayinilie tells us how a severe drought is creating further challenges for her family, pushing them further into poverty. "At home I fetch water from the river and help collect firewood, because of the drought this year there is less water in the river. When it is ploughing time, I assist my grandma collecting the maize but this year there isn't much to do as the fields haven't produced very much."

Because of the drought, Sayinilie's father Phinda* (32) is working day and night to try and support the family. Every evening he works as a security guard in the nearby town and during the day he makes money by cutting grass for his neighbours and provides them with wood. Thin and tired, he tells us how he is surviving on two hours sleep a day. "I have had to take on more work because of the drought. There was no rainfall. We tried to plant the maize but nothing happened because of the drought. We are hungry, we have no food. When things were good we used to plant things like sweet potato, ground nuts and maize, there was plenty of food to eat but that's no longer the case. Nothing is growing."

By going to Teen Club, Sayinilie has learnt that even when there isn't any food that it is still important to keep taking the antiretroviral medicine to stay healthy - knowledge that she has shared with her family. She explains: "All of us here are taking ARV's (anti-retroviral medicine), my grandma, my dad, all of us, so we remind each other of the importance of taking them at the right time."

It is clear that the Teen Club is having a hugely positive impact on Sayinilie, not only keeping her healthy and safe but also helping her grow in confidence. She tells us how her favourite subjects at school are English, Maths and Swati and how she enjoys playing netball. And she has big dreams for the future: "When I am older I want to become a teacher because I want to build a better house for my family."

Case 3

Sikhanyiso Ndwandwe (19yrs) who has been attending Teen Club for four years, © unicef Swaziland 2016

Sikhanysio (19) lives with his Grandma and Uncle in a simple concrete house in Nhlambeni, Swaziland. There are few home comforts and with just two small rooms Sikhanysio sleeps on a thin straw mat in the main part of the house.

His mother died from AIDS-related causes and he has never known his father. Like many children in Swaziland, the country with the highest rate of HIV infection in the world, Sikhaynsio is HIV-positive because of mother-child transmission.

He becomes emotional when he speaks about his family explaining “because I don’t have parents, I don’t get that love. There is that pain but I accept it in my life.”

It's clear that he has a very close relationship with his Grandmother but because of her deteriorating health and his Uncle's mental health issues, Sikhanysio has to do everything at home. He gathers the wood, cooks the meals and collects medicine from the local hospital for himself and his Grandma, as well as attending school and keeping up with his homework. He tells us how he dreams of going to university and about what career he would like to have: "When I'm older I want to be a civil engineer. I like working with cars. It is an important job."

7: The David Beckham UNICEF Fund is helping UNICEF to provide life-saving treatment, care and support to HIV-positive children, like Sikhaynsio, across Swaziland. One programme the Fund is helping to support are Teen Clubs, where HIV-positive children can talk about the challenges they face in a safe space whilst making friends and having fun.

Sikhaynsio has been going to Teen Club since he was nine-years-old. He explains: "I started going because I wanted to see that I wasn't alone and there were other people around me who were also taking medication. Teen Club helps me in many ways. It teaches me how to take the medication on time, how to administer it and how to follow some certain rules. I have learnt that if I don't take my medication I am not abusing someone else, but I am abusing myself, I am hurting myself by not taking it."

When we ask Sikhanyiso about what his life would have been like without the support of Teen Club he frowns and tell us: "My spirit would be down and I would be depressed. If I met another child who was HIV-positive I would encourage them to go to Teen Club because it helped me so much. I think it would help my peers because some of them tell themselves that they are cursed, but they are not, it is just a disease, it is just a virus."

In addition to the Teen Club programme, UNICEF also supports outreach from social workers to support vulnerable children and their families. Sikhaynsio's social worker 'Aunty Zodwa', who is full of energy and kindness, has had a hugely positive impact on his life. He says: *"My relationship between me and aunty Zodwa is great. She teaches me how to manage things and how to manage certain situations in life. She has made a big difference in my life."*

Annex 2: Donor Feedback Form

DONOR FEEDBACK FORM

Name of Report:

Grant Reference number:

Completed by: **Name:** _____

Designation:_____

Organization: _____

Date Completed: _____

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

If you have not been fully satisfied, please tell us what we missed or could do better next time?

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

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

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1. 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

If you have not been fully satisfied, please tell us what we missed or could do better next time?

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

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

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

4. Are there any other comments that you would like to share with us?