

The Rapid Assessment Analysis and Action Planning Process (RAAAP) for Orphaned and Vulnerable Children



Swaziland 2004



LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AGEI	African Girls Education Initiative
ARVs	Anti retroviral
CBO	Community Base Organisation
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CSO	Central Statistics Office
DPM	Deputy Prime Ministers Office
EFA	Education for All
FBO	Faith Based Organisation
FAO	Food Agricultural Organisation
GOS	Government of Swaziland
HIV	Human Immuno-deficiency Virus
Inkhundla	A sub-regional (district) grouping of several chiefdoms, also the basis for parliamentary constituencies
LL	Lihlombe Lekukhalela child protection initiative
MEPD	Ministry of Economic Planning & Development
MOAC	Ministry of Agriculture & Cooperatives
MOE	Ministry of Education
MOHSW	Ministry of Health and Social Welfare
MTR	Mid-Term Review
NCP	Neighbourhood Care Point
NCW	National Consultation Workshop
NERCHA	National Emergency Response Committee on HIV/AIDS
NGO	Non Governmental Organization
OVC	Orphan and Vulnerable Children
RAAAP	Rapid Assessment, Analysis and Action Planning Process
RHMs	Rural Health Motivation
SWAGAA	Swaziland Action Group Against Abuse
SWAPOL	Swaziland Positive Living
Tinkhundla	Plural for of “inkhundla” (see above)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	UN Country Team
UNF	United Nations Foundation
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDG	United Nations Development Group
UNESCO	United Nations Education, Social and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNISWA	University of Swaziland
VAC	Vulnerability Assessment Committee
WFP	World Food Programme
WHO	World Health Organization

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1. EXECUTIVE SUMMARY

Swaziland, like other Sub-Saharan Countries, continues to be deeply affected by the HIV and AIDS pandemic, which poses a threat to the country's economic and social development. In 2002, Sentinel Surveillance results from 17 Antenatal clinics identified an HIV and AIDS prevalence of 38.6 percent. An estimated 17,700 people died of AIDS-related deaths in 2003. The pandemic combined with widespread poverty, a weakening economy and regional drought, has left more than one third of children in a state of emergency, with orphaned and vulnerable children destitute and forced to fend for themselves. Without legislation and policies to protect children's property, there are cases of children being disinherited and impoverished. A draft policy on Orphaned and Vulnerable Children still awaits approval by Cabinet.

With the increasing number of AIDS-related deaths, numbers of orphans are now estimated at over 69,000 in a country with a population barely above one million. Swaziland has reached the "second cycle" of the epidemic where the impact of AIDS itself, exacerbating poverty and the vulnerability of children, enhances the risks of further HIV infections among increasingly marginalised young people and women. Present projections foresee 120,000 orphans by 2010, though success with a planned 3x5 initiative may delay orphanhood for some of those children.

Swaziland's Rapid Assessment, Analysis and Action Planning Process (RAAAP) for orphaned and vulnerable children followed the guidelines for similar exercises in 17 African countries with high HIV prevalence rates. The collaboration between UNICEF, UNAIDS, WFP and USAID at regional and international levels was further broadened at country-level to include WHO, UNDP and UNFPA.

The "rapid assessment" sought to determine the magnitude and nature of the OVC problem through analysing and summarising existing data. The analysis focused on engaging key stakeholders to: examine available data; assess critical gaps and constraints on leveraging OVC programmes, identify key actions and resources required to address these gaps within the next 12-24 months, and mobilise leaders, partners and resources around these actions.

In Swaziland the process took place from April to July 2004, starting with a preliminary planning meeting between WFP, UNAIDS, UNICEF and the US Embassy.¹ Key stakeholders participated throughout the process, representing government, civil society and development partners involved in issues affecting orphaned and vulnerable children. They discussed and validated the Tools provided as part of the process until a consensus was reached on each tool, as follows:

- Tool 1A -- Situation of OVC
- Tool 1B -- Contextual Assessment for OVC in Swaziland
- Tool 2A – Assessment of Response
- Tool 2B -- OVC Index for Swaziland, and
- Tool 2C -- Community Response.

The tools collated available baseline information. They summarised national initiatives as well as initiatives with community level participation. During planning workshops, stakeholders analyzed gaps

¹ The US Embassy was involved in the absence of USAID in Swaziland.

and constraints, and developed a foundation for a national OVC action plan which also had inputs from children.

Some highlights of information captured in the tools is summarised below:

Tool 1A: Situation of OVCs² includes:

- National demographic, economic and social background information;
- HIV and AIDS situation;
- Definition of an OVC and number of OVCs living with HIV and AIDS;
- Families/households taking care of orphans;
- Children outside the family, and status of OVCs made vulnerable by HIV and AIDS.

Owing to limited and outdated quantifiable information, stakeholders recommended the urgent need for updating and quantifying information which can be extrapolated to the general population and provide reliable baseline data for planning and monitoring future scaling-up of activities. Stakeholders recommended that the missing quantitative data be included in forthcoming 2005 Demographic Health Survey, and that a national analysis of the current condition of children and women should be conducted.

Tool 1B: The contextual assessment for OVCs includes the:

- Magnitude and nature of the growing OVC crisis (with numbers of orphans growing from less than 40,000 in year 2000 to a projected 120,000 by 2010);
- Negative impact of weak policy and regulatory environment on OVCs and children as a whole;
- Advantages and constraints of a galvanised yet uncoordinated civil society response;
- Role of gender inequalities on high levels of stigma and discrimination;
- Role of destabilising conditions such as the pandemic itself, and chiefdoms disputes;
- Limited access to basic services, such as health, education and psychosocial support;
- Impact of macro economic conditions on OVCs.

Tool 2A: Assessment of Response looks at the initiatives and systems for OVC issues:

- Number of interventions and overall adequacy of interventions at country level;
- Coverage and geographical areas (food, education, health, psychosocial and protection);
- Critique of policy weaknesses on OVC issues;
- Need for enhanced resources/staffing, and issues of incentives for community care;
- Need for improved monitoring and evaluation to evaluate project outcomes.

“Tool 2B: OVC Index” evaluates the progress in the fulfilment of the 2001 United Nations General Assembly Special Session goal on HIV/AIDS, including:

- National-level participatory analyses on the situation of OVCs not yet conducted;
- National strategy to address vulnerability of children’s still inadequate (pending government’s approval of draft National Children’s policy);
- Ad hoc coordination mechanism brings together 25 NGOs and representation from key government ministries in “OVC Network” under Government-UNICEF cooperation.
- National OVC situation and response monitoring and evaluation system is not yet in existence.

² Information in the text provides more detail on each tool, also details are in the annexes.

Swaziland has a large number of community-level initiatives for OVCs underway, loosely coordinated through the OVC Network. The stakeholders recommended that the government should make this body a technical working group reporting to a National Children's Coordinating Committee to enable it work more effectively, and with full mandate from Government. Until the policy is debated and adopted by Cabinet, there remains no proper legal and programme framework to ensure OVC access to basic services and protection.

The stakeholders noted that the 2001-2005 GOS/UNICEF Programme of Cooperation has made strides through its "advocacy by action strategy" to initiate programmes that have had positive impact on the previously unreached orphaned and vulnerable children and recommended that these programmes should be replicated through out the country as a matter of urgency.

Tool 2C: Community Response

This tool provided useful insight into the degree to which interventions actually reach communities. Swaziland has a strategy that emphasises community capacity development. Initiatives have started in a majority of the communities, and there are also rapidly expanding lower-level efforts by neighbourhood volunteers to respond to the crisis affecting orphans and vulnerable children. Galvanisation and enthusiasm of government and civil society was recognised as having a positive impact on the lives of OVCs, but resulting initiatives were criticised for being uncoordinated and too small in scale. Children highlighted needs for food, protection from abuse, appropriate clothes especially during the winter season, and access to clinics when ill. Community interventions are not commensurate to the severity of the crisis as many vulnerable children especially children heading households are falling through the safety nets, and existing interventions do not cover the whole country. Stakeholders concluded that the scope of OVC initiatives is still insufficient, and require an urgent scaled-up response focusing primarily on capacity building of communities that are at the forefront of keeping the children alive and promoting and protecting their rights.

The RAAAP culminated in a National Consultation Workshop, which brought together 57 stakeholders working on OVC issues, representing government, civil society, community based organisations and development partners. It was opened by the UNICEF Representative and closed by the Principal Secretary, Ministry of Health and Social Welfare. The stakeholders identified **six** critical gaps and constraints that hinder the scale up of OVC responses:

- 1) Orphaned children have limited access to basic health services, as a result of constraints on access to health facilities and declining capacities of those facilities.
- 2) The stakeholders (including the children) identified inadequate protection of orphans and vulnerable children from physical and sexual abuse.
- 3) Both adults and children stressed vulnerable children's inability to access food. Participants noted that vulnerable orphaned children especially in child-headed households often do not have a meal a day.
- 4) Lack of access to quality education was identified as one of the most critical gaps, with school being the key remaining socialising agent in the absence of parents, but no policy yet developed to provide free basic/primary education.
- 5) The stakeholders noted that the cultural perception that "children must be seen and not heard" was another gap that hampers children from actively participating in matters that affect them.
- 6) Systems are needed to strengthen data base and coordination of children's issues to facilitate integration of planning, implementation and monitoring at national, regional and local levels.

Plans of action were developed by stakeholders using participatory methodologies to overcome these gaps and constraints. Details of the plan are covered extensively in the text and summarised in a section before the conclusion.

Overall, the process was a positive and useful activity in galvanising the stakeholders' efforts and expanding awareness of activities underway. It has strengthened partnerships to support advocacy and fundraising and future planning. It enjoyed high levels of ownership and participation that brought together key stakeholders to focus on the action plan, working across sectors and civil society organizations. An additional two-day National Consultation Workshop for children, including orphaned and vulnerable children, put into practice the principle that children have a right to express their views, and to have a say in matters that affect them.

The challenge ahead is to create a sense of hope and responsibility around fulfilment of obligations to children, to get financial resources to the families (including child-headed households) for resuscitation of livelihoods that will enable them to fulfil those obligations, along with knowledge and productive inputs, and to build up in communities a vision of a sustainable future, free of HIV.

Capacity Required to Ensure Implementation of Plan

Capacity is required at national, regional and local levels around the following areas:

- 1) Emergency delivery of food – it is **the** number one problem and until there is sufficient capacity to grow and/or procure and deliver food to communities, other efforts will be undermined. This means more effective coordination with World Food Programme and relevant national stakeholders, capacity to ensure timely delivering and monitoring and reporting systems.
- 2) Extension and improvement of service delivery at community level. As noted there are severe delivery capacity gaps within Ministries and NGOs and within communities. It is critical that services be taken closer to those in need and this implies more outreach and support for mobile services and reduction of barriers such as fees for basic health and education services. It is essential to link efforts to the SACI initiative.
- 3) Delivery related to enabling communities to provide for themselves especially around food production – through increasing access to water services, inputs for agriculture and micro credit support.
- 4) Strengthening of the justice and legal system at all levels, including links to the community level, to ensure efficient and effective investigation and prosecution of abuse against children
- 5) Support for caregivers in terms of being able to cope with stressful conditions at the community level and to be able to access and link vulnerable children to support services. As well, caregivers need to be able to provide psychosocial care to often traumatised children
- 6) Better coordination and integration of efforts amongst resource providers and with communities in order to ensure maximum impact. In particular, there is a great need to integrate efforts between Nercha and national NGOs and donors. As well, the specific role of each agency needs to be clarified and strengthened.
- 7) Systems development, especially around data monitoring and vital registration systems. This is needed in all ministries and at all levels and data needs to be coordinated and integrated across sectors. It involves systematic record keeping and data collection, data management and data analysis and integration of data into relevant planning processes

2. THE COUNTRY PROCESS

The Swaziland Rapid Assessment, Analysis and Action Planning Process (referred to as the Process) for orphaned and vulnerable children began in April 2004, with a preliminary planning meeting between WFP, UNAIDS, UNICEF and the US Embassy. The process also included participation from WHO and UNFPA. A collective decision was made on the protocol and methodology, which included the establishment of the required Steering Committee. The Steering Committee appointed a Secretariat, composed of representatives from WFP, UNICEF, the National Emergency Response Council for HIV/AIDS (NERCHA), and the Central Statistics Office (CSO). The secretariat was responsible for the planning and implementation of the process. UNICEF was mandated to compile the final report and chair the Steering Committee meetings which were held at the Office of the Deputy Prime Minister.

The 42-member steering committee met ten times, with an average attendance of 15 members. On the whole, the process registered high-level participation and ownership amongst members during the meetings and the final consultative workshops.

The Steering Committee validated the Tools in the process and reached consensus on the following tools:

- Tool 1A: Situation of OVC
- Tool 1B: Contextual Assessment for OVC in Swaziland
- Tool 2A: Assessment of Response
- Tool 2B: OVC Index for Swaziland, and
- Tool 2C: Community Response.

The Steering Committee engaged in stimulating discussions that enabled stakeholders to come to a deeper understanding of issues affecting OVCs in the country. The lack of updated and quantifiable data on issues affecting OVCs meant that some members of the committee preferred to list outdated but scientifically verifiable information, which other members felt did not reflect the true situation affecting OVCs on the ground. There were also concerns about speculative estimates based on qualitative information that for scientific reasons could not be extrapolated to the general population, though they appeared reflect more accurately the situation on the ground. The Steering Committee succeeded in reaching consensus, while in the process exposing gaps in baseline information that should be collected for future use. The stakeholders requested relevant members to ensure that the forthcoming Demographic Health Survey scheduled in 2005 should capture the missing information as well as updating the database.

The National Consultation Workshop (NCW) took place from 23 to 25 June coinciding with the quarterly OVC Network review meeting, which comprised key government ministries and representatives from 25 NGO and CBO partners who have been at the forefront of OVC issues. Fifty-seven stakeholders participated in the 2.5 day workshop.

Validated Tools were distributed to stakeholders prior to the stakeholders' workshop, which then focused its attention on formulating the action plan to address the prioritised critical gaps that had been identified as hampering an effective response to the orphan crisis. Stakeholders worked in groups to review the tools, identifying the critical gaps affecting OVC coverage, and the constraints causing these gaps. Methodological tools used included capacity and gap analysis, Visualization in Participatory

Process (VIPP), and a range of energizing and participatory approaches (drama, story-telling, and power-walk) in the children’s workshop to ensure full participation.

Based on discussions of information captured in the various tools and the gaps arising, participants formulated draft plans of action aimed to influence programming for the vulnerable children, covering areas of food, abuse, education, basic services, child participation, and establishment of effective, multi-sectoral national-level coordinating mechanisms for children’s issues..



Figure 1: The National Consultation Workshop for children, including orphaned and vulnerable children, highlighted the programmatic significance of the Chief’s runner (“Umgijimi”).

The two-day National Consultation Workshop for children took place from 21 to 23 July, and involved approximately 30 OVCs, almost 50% of them OVCs including those drawn from poverty and drought-affected communities in rural areas. The children identified three critical gaps that most affected them: lack of food, inability to access education and emotional and physical abuse. The workshop provided children a platform to express their views, and also provided useful information about community based distribution of power as perceived by children, which will be for strengthening future community-based programme interventions³.

3. SUMMARY OF MAIN FINDINGS

3.1 Situation of Orphaned and Vulnerable Children (Tool 1A)

Forty-eight percent of Swaziland’s 1,105 million populations are under the age of 18 years. Swaziland’s under-five mortality rate was measured at 87.7 per thousand live births by the MICS survey in 2000. An assessment of infant mortality in 2003 by the Vulnerability Assessment Committee found a rate of 109 per thousand live births, suggesting there has been a very rapid increase in infant and under-five mortality, This is in line with expectations, given the very rapid increase in HIV

³ Children through the “power walk exercise” identified the “chief runner - *umgijini*” as the key person in the community who has power to serve as an intermediary between the children who find themselves in trouble, and those in the community who hold the power that could resolve their problems.

infection among pregnant women, and the almost non-existent coverage of services to prevent mother to child transmission of HIV up until mid-2003. GNI/capita is USD 1.153 placing Swaziland in a lower-middle income category, but it has one of the highest GINI indexes in the world, and 67.8 percent of the population are living on USD 10 per month.

Sentinel Surveillance results collected from 17 Antenatal clinics IN 2002 identified an HIV and AIDS prevalence of 38.6 percent. AIDS-related deaths are estimated at 17,700 in 2004. There is an anticipated increase in the numbers of orphaned and vulnerable children, estimated at over 69,000 in 2004 with projections of 120,000 by 2010. Many of these orphaned and vulnerable children are losing access to basic education, health and social services. A robust national effort to have 12,000 people on anti-retroviral drugs by end 2005 has potential to reduce AIDS-related deaths by about 30 percent during that period.

The net primary school enrolment ratio for both sexes in 2000 was 81 percent. The current reality is that orphaned and vulnerable children are increasingly being denied the opportunity to access school, because they do not have money to pay for school fees. The Steering Committee thus noted that the more recent impact of HIV and AIDS is inadequately reflected in the year 2000 figures. Owing to the lack of sufficient quantitative education data available, qualitative data was drawn on, such as data from 44 schools involved in a UNICEF-supported initiative in 44 schools in 2003, which provided “community education for all grants” to bring OVCs back into school. Those schools registered an average 23 percent increase in enrolment benefiting over 3000 OVCs.

Fifty-one percent of the population have access to safe drinking water. The figure is lower in rural areas, and the trend of rural access to water has actually been downward. Drought in the eastern half of the country has further reduced access to water, including for schools.

Officially 82.3 percent of the population in 2003 had access to essential health services. However, the impact of HIV and AIDS on the health sector is particularly marked, and the additional problem of migration of health professionals to South Africa and the developed world is reducing access to quality services. The Steering Committee concurred with qualitative information indicating that for a myriad of reasons orphaned and vulnerable children are unable to access basic health and social services. OVCs who are traumatised from abuse, as well as caring for sick and dying relatives, have limited access to counselling and psychosocial support.



Figure 2: A girl with a swollen abdomen at an NCP, and another NCP that meets under a tree and supports 62 OVCs, of which 7 have no parents, and 55 have one parent.

Stakeholders agreed on the globally accepted definition of an orphan as a child (less than 18 years) who has lost one or both parents. A vulnerable child was defined as a child under the age of 18 years who satisfies one or more of the following criteria:

- parents or guardians are incapable of caring for him/her,
- physically challenged,
- staying alone or with poor elderly grandparents
- lives in a poor sibling-headed household
- has no fixed place of abode
- lacks access to healthcare, education, food, clothing, psychological care and/or has no shelter to protect from the elements,
- exposed to sexual or physical abuse including child labour.

Gaps, Challenges and Opportunities (Tool 1A)

During the validation of this tool, it was apparent that Swaziland does not have sufficiently updated quantifiable data that can be scientifically extrapolated to the general population. There was limited information available on families/households taking care of orphans, children outside family care, and the status of orphans and other children made vulnerable by HIV/AIDS. Where possible to fill gaps, quantitative data was updated using statistical programmes, such as Spectrum, and qualitative data was used with clear indication in the comments section. The validation exercise has served to raise awareness among key stakeholders on the gaps in baseline data required, which will feed into the Demographic and Health Survey in 2005.

3.2 Contextual Assessment for OVC in Swaziland (Tool 1B)

Policy and Regulatory Environment:

The rapid spread of HIV, widespread illnesses and deaths from AIDS, and now the increasing burden of impact from the pandemic has overwhelmed communities' coping systems and the extended family traditional social safety nets, leaving many children destitute and forced to fend for themselves. Policies have not kept up with the changed situation, and legislation is inadequate to protect children in the context of new risks they face. There are cases of children being disinherited, and left impoverished when exploitative members of extended families lay claim to their parents' properties. There are no social welfare structures in place to monitor the situation of children in foster situations. There are also no standardised regulations to govern children living in institutions. Children in either foster family or institutionalised care are at a risk of physical and sexual abuse, due to incapacity of the social welfare system to monitor their situation, lack of clear reporting structures for cases of abuse, and very limited recourse of orphaned children to support systems, including welfare and police.

The process reiterated the weakness of the policy and legislation framework. Whilst numerous government departments, agencies and stakeholders have initiated interventions to mitigate the impact of HIV/AIDS on children, they have been operating without any formal guiding framework in the form of national policies, or support from national programmes. Where policies have been drafted, they have been tied up and their approval delayed while discussions go on to determine who will be in charge of different aspects of the response. In the meantime, children's rights remain at risk, especially orphaned and vulnerable children.

Despite lack of support from the regulatory environment, specific government officials and departments together with civil society stakeholders and community partners have displayed tremendous commitment and determination to tackle these problems. They are implementing a wide range of community initiatives, operating under common guidelines generated by an “Orphaned and Vulnerable Children Network” which was set up in 2001 as part of the Government-UNICEF cooperation in “Community Action for Child Rights”, and which has served as an ad hoc group to coordinate OVC responses. Members of that group, and the organizations they come from, are pushing hard for creation of a supportive regulatory environment.

During 2001, the Orphans and Vulnerable Children Network initiated an assessment of existing OVC programmes, as a base for policy development and scaling up plans, and for developing a national resource mobilization strategy and project proposal. The network recognised that the legal aspects of child protection need to be addressed through an adequate national policy on children. Once these are in place the process of protecting every child from violence, abuse, exploitation and discrimination will ideally become standard.

A draft national policy on children including orphaned and vulnerable children was developed by a multisectoral task team and then was reviewed by Stakeholders in November 2003. The draft conforms to the Convention on the Rights of the Child (CRC) and the African Charter on Human and Peoples Rights. As of July, 2004, it was still awaiting final Cabinet review and approval.

Civil Society

Civil society has understood the centrality of the HIV/AIDS challenge, and many of the NGOs have reorganized their activities around the response. In a number of areas of the country, Chiefs and their local governance structures are paying increased attention to issues of orphans and vulnerable children, and are calling for support to bring information about HIV and AIDS to the public, in the grassroots rural areas. The private sector, through the Federation of Swaziland Employers, is pulling together a major initiative of advocacy and technical support for the employers to address the HIV and AIDS issues, which will encompass initiatives for both prevention and care, with possibilities that the demands and emerging policies of the private sector may push the health sector to move more quickly with a public sector response.

The “OVC Network” meets quarterly to coordinate on issues affecting OVCs. A number of the approaches pioneered by the network and its focus on mobilizing the traditional structures have been incorporated into the strategies of the National Emergency Response Council on HIV and AIDS (NERCHA), in the areas of mitigation of impact of the epidemic, and are included in the draft national policy on children including OVCs. The increasing numbers of stakeholders working on issues relating to orphans and vulnerable children make the formalization of policies and coordinating structures a high priority, at all levels, if resources are not to be wasted. Stakeholders are demanding in particular that NERCHA and UNICEF, which have complementary strategies focussing on communities, must come together to coordinate more effectively through national as well as regional and community-level decentralised structures.

Stigma and Discrimination

Nearly all communities have some knowledge on HIV and AIDS, but fear of stigma remains a concern that often prevents community leaders, families and individuals from openly acknowledging awareness

of any relatives who died from AIDS-related disease. A study on the impact of HIV/AIDS on Agriculture and the Private Sector in Swaziland (2002) noted that most establishments could not avail information that would ascertain the extent to which AIDS was impacting on the companies' labour forces and economy, because the cause of death was seldom detailed. There is also the problem of relating stigma to taboos, with some communities attributing AIDS-related illnesses and deaths to witchcraft.

Gender inequality is seen as one of the roots of the HIV/AIDS pandemic, and until gender issues are addressed, interventions such as VCT will have limited uptake, as women will not want to know their status for fear of the consequences. The inferior position of women within the social and cultural systems often dictates that women cannot exercise control over their sex lives, or their husbands' sex lives outside marriage. Bride payments perpetuate the idea that a woman is her husband's property. Wives cannot easily refuse sex from their husband, or to demand that the husband use a condom, even if the husband is infected with HIV. The cultural institution of polygamy also trains women to overlook their husband's life outside the home. When women are infected with HIV, they are at risk of being beaten and expelled from their homes by their husbands, irrespective of who may have first brought HIV infection into the marriage. Patriarchal authority is also very strong with sons rather than daughters given preference in inheriting land or accessing education at higher levels. Innovative solutions need to be developed, including targeting more men to understand better how gender inequalities also negatively affect them, in the context of the HIV and AIDS crisis.

On a positive note, the silence on HIV and AIDS has been clearly broken, by Government and in media. Communities are also beginning to talk about such issues. Overt discrimination against those with HIV and AIDS has greatly reduced, but there is a continuing internalization of stigma that makes people reluctant to test or to live openly with HIV. Stigma does not always appear to carry over to children who have been orphaned, and many people talk freely, sympathetically, and with an increasing sense of obligation, about the challenges of caring for the large numbers of children orphaned by AIDS.

Destabilising conditions

HIV and AIDS (measured among pregnant women) went from less than 4% prevalence in 1992 to 38.6 percent in 2002. The rapid increase in numbers of deaths and of orphans left behind followed about eight years later, beginning in 2000. The impact is now hitting hard, and will continue over the coming decade. Poverty, already widespread due to inequalities in income distribution, is worsening as AIDS deaths shred the extended family safety nets and dry up remittances of funds from urban workers to rural families. Costs of medical care for extended illnesses eat up the working capital of rural families engaged in agriculture, and the high cost of funerals further depletes the resources, leaving children and elderly on the homesteads with land but no inputs to use it. These conditions have been compounded by several years of drought affecting nearly one-third of the country. More than one third of children in Swaziland cannot meet their basic needs. If they were to be gathered in a camp, facing the conditions which they face in their homes, they would clearly be declared in a state of emergency.

The phenomenon of child-headed households appeared in the latter part of 2001, when drought-influenced high food prices collided with rapidly increasing numbers of orphans, leaving many extended families unable to take in additional children. By the end of 2002, child-headed households were becoming a common occurrence. A UNICEF-funded survey conducted by the Office of the Deputy Prime Minister in all four regions covered 38 *tinkhundla* where it identified 10,616 children living in 2,666 child-headed households (2002). With no let-up in numbers of AIDS-related deaths to date, it is likely that the numbers are still increasing. Such children are at particularly high risk of

sexual abuse and exploitation, creating a conducive environment for a “second cycle” of the epidemic, where enhanced vulnerability of children fuels further spread of HIV.

Delivery of essential services

The health sector has a capacity crisis owing to a shortage of funding and exodus of professional staff, such as nurses seeking employment opportunities outside the country. These staffing constraints are especially affecting the rural health centres and clinics, and the government is finding it increasingly difficult to cope with the impact of HIV and AIDS.

Assessments indicate that the orphaned and vulnerable children face difficulties to access school, due to the lack of funds to pay school fees. Although Government has allocated funds specifically to support schools to admit the orphans, problems in the administration of these funds has led to many orphans being sent away from school. Orphaned and vulnerable children who have been physically or sexually abused also have limited access to social services due to capacity and access constraints. A Government-UNICEF supported ‘shoulder to cry on’ child protection initiative has served to address abuse in a few selected communities, but has not been scaled up. Efforts are underway to strengthen links between police, community police, hospital/clinic - based services, teachers, and the community “shoulders to cry on” to establish a protective environment to prevent sexual and physical abuse and exploitation of children in communities.

Economic Conditions

The overall situation of children and women in Swaziland is deteriorating, as the the worsening AIDS epidemic impacts on levels of poverty, economic growth, disparities in distribution of economic resources, and capacity to mount effective government action to address the national priorities for children and women. These trends combined with three successive years of drought led to Government to declare a national disaster in early 2004.

Unemployment was conservatively estimated at 22% in 1997, with rates among youth much higher. More recent data is not available, but a 50 percent reduction in jobs in South African mines, and closure of major industries which had been established during the Apartheid period to serve markets in the region, have increased unemployment, especially among young males. 2003 estimated GDP growth rate was 2.9 percent, and the budget deficit reached 4.1 percent of GDP.⁴ Although Swaziland is categorised as a lower middle-income developing country (GDP per capita above US\$1,000), a heavily skewed income distribution results in much of the population living in abject poverty. Over 67 percent of people receive less than E72⁵ (MEPD, 2002), which is below the poverty threshold of a dollar a day.

Until community leaders, policy makers and other people in positions of power recognise the link between women’s economic and social status and their vulnerability to HIV infection, the AIDS crisis will likely continue to grow. In the light of the HIV and AIDS pandemic and widespread poverty, compounded by a weakening economy and drought, more than one third of children in Swaziland are vulnerable and in need of emergency interventions.

⁴ The budget deficit increased from 1.5% of GDP in 2000/2001 to 3% in 2001/2002, to 4.1 % in 2002/2003 (MEPD Micro Unit 2004).

⁵ Approximately US\$11 at current (2004) exchange rates.

3.3 National Response Assessment (Tool 2A)

The rapid country response analysis seeks to identify and summarize all current interventions for orphaned and vulnerable children; and to characterize the level, type, and source of external support available in Swaziland.

Some key points identified in this review are:

- The Government of Swaziland (GOS) is facing a number of constraints to the development and maintenance of a forward-looking, holistic, and integrated system addressing the problems of OVC. Particularly problematic is the lack of an approved policy on OVC issues (a National Policy on Children including OVCs has been drafted but not yet approved). Coordination of the overall approach and communication between implementing groups therefore remains ad hoc.
- As in many Southern African nations, Swaziland's OVC response has largely relied on the communities and extended families including religious groups to establish informal safety nets for the vulnerable children. The basic approach being promoted is to use existing community structures, and to further develop their capacity. The GOS has developed governmental umbrella organizations, such as NERCHA, which support community-focused programming. Various development partners particularly UNICEF and WFP provide substantial support through the government and also in cooperation with civil society organizations. At first glance the resulting OVC programming appears to be on a wide scale. In reality, community-based and regional programming lacks adequate resources and staffing to achieve nation-wide coverage.
- Monitoring and evaluation information is also collected on ad hoc basis, with no national or decentralized M&E guidelines and frameworks yet in place. Vital information gaps compromise OVC strategic planning exercises and hinder scale-up or wider application of "lessons learned".

Gaps, Challenges and Opportunities

Tool 2A arrived two weeks after completing the desk review, which delayed the momentum built during the RAAAP process. The validation exercise helped a number of stakeholders to understand the roles and activities undertaken by different partners working on OVC issues, which has enhanced coordination. It also served to sensitise them to the gaps and constraints in implementation that should be collectively tackled. It has provided a useful resource identifying the level, type and source of external support available in the country.

3.4 OVC Index for Swaziland (Tool 2B)

A necessary and important condition for a scaled up responses for orphaned and vulnerable children is the fulfilment of the commitments made at the 2001 United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. The Steering Committee validated the tool, which was completed by a local consultancy group hired through Futures Group in Washington DC. These deliverables are:

1. ***Completion of participatory analysis of the situation of OVC:*** Numerous assessments have investigated the situation of orphans and vulnerable children in Swaziland: for example the "bottom up" assessment done as part of the mid-term review of the Government-UNICEF "Community Action for Child Rights" programme, as well as the Child-Headed Household assessment undertaken by the Office of the Deputy Prime Minister under the same cooperation. The Steering

Committee recognised that there was a shortage of quantitative data and to some extent qualitative data, but felt that the aggregate total from the different assessments are sufficient to meet this deliverable in the short run. Participants strongly recommended that a national assessment of the situation of children and women should be conducted.

2. ***A National strategy and action plan in place:*** Prior to 2001, the involvement of key stakeholders in planning interventions for orphans and vulnerable children was limited (scoring 0 out of 5). With the increasing effect of the pandemic, and rapid increase in AIDS-related deaths, and orphaned children, stakeholders have been galvanised to respond to the crisis. The “OVC Network” was established early in 2001, initially with seven members, and since expanded to involve over 25 Governmental and NGO member organizations members. The Network meets quarterly to coordinate on issues affecting children impacted on by HIV and AIDS. These stakeholders include government, NGOs, Faith Based Organisations and Community Based Organisations. It is increasingly linking up with NERCHA-supported initiatives and structures at tinkhundla (constituency) and chiefdom levels, including the ‘*indlunkhulu*’ system that supports Chiefs to grow food for vulnerable families.
3. ***Establishment and functioning of coordination mechanisms for policy and programme implementation:*** Coordination of Children’s affairs falls under the mandate of the Ministry of Health and Social Welfare. The Office of the Deputy Prime Minister has stepped in to perform this role because of its jurisdiction over the decentralized (tinkhundla) system of governance in communities, through the chiefs. UNICEF and NERCHA have supported community-focussed initiatives seeking to build capacity of care-givers at community, tinkhundla and regional levels. Coordination on OVC programmes remains ad hoc. Stakeholders continue to express concern that the National Policy on Children including OVCs is urgently needed to ensure that services for OVCs are rolled out quickly and systematically.
4. ***Existence of a legal and a programme and policy implementation environment that ensures access to basic services and protection:*** Advocacy strategies have sought to promote and sustain an enabling environment for the fulfilment of children’s rights in Swaziland, especially in the face of HIV and AIDS. Despite success with community level initiatives and strong commitment of stakeholders, the Steering Committee noted with concern that the policy framework for OVC issues is weak. A 2003 draft policy was developed by a task team of multi-sectoral and civil-society stakeholders, and reviewed by National Stakeholders in a workshop in November 2003. It conforms to the Convention on the Rights of the Child (CRC) and the African Charter on Human and Peoples Rights. It has not yet been submitted by the Ministry of Health and Social Welfare for action by Cabinet, however. Similarly work on a draft amendment to the Criminal Procedure and Evidence Act to introduce special procedures and to permit admissibility of evidence through CCTV and child intermediaries in court for sexual abuse victims has still to be completed by the Attorney General’s office.
5. ***Existence of a functioning OVC situation and response monitoring and evaluation system:*** The participants re-affirmed the need to establish a system for regular community and national monitoring of the situation of orphans and vulnerable children. As mentioned above, monitoring and evaluation information about OVC programming is limited.

Gaps, Challenges, opportunities

The Steering Committee felt that Tool 2B: OVC Index on Swaziland failed to capture the complexities within the five deliverables by utilisation of an either “yes” or “no” response. Despite this realisation, the process did stimulate debate and reminded members to step up action in order to meet the UNGASS goal deliverables. Lessons learned suggested that the tool should however have allowed space for additional clarification.

3.5 Community Response (Tool 2C)

The purpose of Tool 2C was to obtain information about existing community responses. Information was sourced from 27 key stakeholders from Non Governmental Organizations (NGOs), Community Based Organizations (CBOs), Church/Faith based Organizations (FBOs), Government Ministries as well as Donor/Aid Agencies actively involved in OVC activities. In addition, six focus group discussions were held in six communities, with four taking place at Neighbourhood Care Points and two at secondary/high schools. The findings were discussed and validated by the Steering Committee.

The community response assessment confirmed steady increase in numbers of OVCs at community level, and the lack of access these children have to basic food, education, health and social support services. Community interventions do not match the severity of the crisis as interventions and programmes do not cover the whole country. There is an urgent need for a rapid, scaled up response involving capacity building of communities.

Whilst there are a number of key stakeholders involved in supporting OVC activities, all respondents pointed to the issue of national coordinating body, and problems of coordination at all levels, and particularly affecting access to food. Ineffective monitoring and evaluation at community level makes the OVCs problems less visible, and thus impedes responses. The community response assessment viewed the present community responses positively, but urged a rapid scale up of the response to meet the desperate needs of orphaned and vulnerable children at the less accessible *tigodzi* (neighbourhoods) at the periphery of the chiefdoms.

3.6 Unit Costing Questionnaire

The purpose of the unit costing questionnaire was to estimate the unit costs of providing services to OVCs. A local consultancy group, JTK Associates (through Futures Group), collected information from different service providers. “Unit cost” referred to the cost to provide one child with a service, such as a hot meal or a school uniform. These costs were collected from a number of service providers regionally, in order to develop regional averages that will be used to estimate the costs for all countries in the analysis.

In Swaziland, unit costs were collected from eight organisations, including Government departments, NGOs and CBOs. While costs were available per child for school fees, books, and medical attention, essentially these costs were average costs as there are no maintained costs per child. According to the consultancy group, these costs included:

- Routine immunization for one child: E 2 (30 US cents);
- Annual school Fees for Primary School: E 250 to E 800(USD 42 to 135);
- Annual school Fees for Secondary School: E1000-2500 (USD 165 to 415), and
- Food Parcels for OVCs: E 190 (USD 32).

This tool was not submitted for verification by the Steering Committee..

Gaps, Challenges, opportunities

Owing to the scant information collected by government ministries, NGOs and stakeholders, average data collected was considered as specific to particular interventions, and should be cautiously applied to the general population. School fees, for example, vary considerably from region to region which did not come across in the unit cost questionnaire. The consultancy group recommended that a common format should be developed for maintaining cost information.

4. ACTION PLANNING

Action planning was a key stage of the RAAAP process for orphaned and vulnerable children. The cumulative validation of the tools and assessments culminated in an action planning exercise at the National Consultation Workshop, which involved approximately 60 key OVC stakeholders. The workshop was attended by key government ministries, NGOs, FBOs and CBOs, and was closed by the Principal Secretary for the Ministry of Health and Social Welfare.⁶

The action plan summarized key findings, highlighted potential interventions, and proposed strategies to move forward. A National Consultation Workshop for children complemented the adult workshop, providing children a chance to make inputs into the plan. Twenty-seven vulnerable children attended this workshop, including 12 double orphans.

Five **key actions**, including resources required to address them, were identified by both workshops to address the critical gaps and constraints to scale-up:

1. The Right to Food

With the impact of HIV and AIDS, it is apparent that many orphaned and vulnerable children are unable to access basic services and support. The children's workshop highlighted that food was one of their greatest needs. NERCHA has taken initiatives with the Ministry of Agriculture to resuscitate traditional systems of growing food for the vulnerable, on chief's land. WFP food is being provided to children in Neighbourhood Care Points and primary schools in the drought affected areas. In other parts of the country, community leaders are contributing food, and the community driven neighbourhood interventions, such as Neighbourhood Care Points (NCPs), has started to provide an effective infrastructure for reaching children who were previously stranded in their individual homesteads, "out of sight and out of mind". It was emphasised that vulnerable households, schools and NCPs should be supported to establish backyard trench gardening approaches. This "bottom up" approach, driven by communities, has been organized at neighbourhood levels under the *umphakatsi* (chiefdom) council, but strengthened linkages are needed to *tinkhundla* (constituency districts), regional and national level structures, in order to foster sustainability.

To facilitate this, stakeholders recommended that linkages be strengthened between the 'National Emergency Response Council on HIV and AIDS' (NERCHA) and the other stakeholders who have been active since 2001 in developing and expanding the OVC response. NERCHA has received funds

⁶ See Annex for breakdown of gaps, constraints, key actions needed, time line and responsibilities.

from the Global Fund to strengthen the ‘*indlunkhulu*’ system (implemented through the Ministry of Agriculture and Cooperatives), and is setting up ‘*kagogo*’ or social centres at chiefdom level which are to have offices and storage, and serve as a community base for organizing activities and monitoring the situation of OVCs. A key priority identified by the stakeholders is the need to build longer term household food security through provision of agricultural tools, equipment, appropriate technologies and skills. The work of the OVC Network under the Government/UNICEF cooperation needs to be linked up with these NERCHA structures, and by so doing facilitate clarification of issues of eligibility for assistance, of responsibility and accountability among caregivers and volunteers, and of sustainability to meet the challenges of an OVC crisis which has yet to reach its peak.

The children also emphasized the need to strengthen the capacity of both the Rural Health Motivators, and the Chiefs’ Runners to monitor the situation of OVCs in homesteads, who should be able to access relevant support at community and higher levels.

Stakeholders recommended that a network of community services be strengthened to include the Ministry of Agriculture and Cooperatives (MOAC) extension officers to promote awareness about nutrition and water issues.

2. *The Right to Protection*

Orphaned and vulnerable children, their caregivers and community members should be able to respond immediately to circumstances and conditions that result in gross violation of their rights subjecting them to serious risks and hazards. A 2001 baseline survey in 18 communities highlighted the urgent need to protect children from all forms of abuse. Poverty, drought and rapid increases in numbers of orphaned and vulnerable children have overwhelmed capacities of the families to take in additional children. Orphaned children, particularly double orphans who have no parents, are increasingly left alone without parental role models to learn basic life skills (such as to till the land), which compounds their social isolation and destitution.

The children’s social isolation due to the breakdown of guardianship and limited legal recourse makes them vulnerable to neglect and abuse. Some extended families see these OVCs as a burden, and treat them as such. During the children’s workshop, the OVCs identified sexual abuse as a critical issue of concern, followed by frequent expulsion from schools (due to failure to pay fees) and emotional abuse by caregivers and peers. These issues are often overlooked by adults, who prioritise the material needs of the OVCs. Beyond efforts to provide orphaned and vulnerable children with a safe and secure environment, food, clothing and education, what all children need is love. Without love, children have minimal hope for the future, which no provision of basic services can replace.

A pilot initiative has trained a cadre of community child protectors who are focusing on protecting children from physical and sexual abuse. About 2,500 of these “shoulders to cry on” (*lihlombe lekukhalela*) have been trained, about 60 percent of them women and the remainder a mix of men, girls and boys. The child protectors also provide psychosocial support to traumatised OVCs, who have had to care for relatives critically ill with AIDS. A recommendation was made to strengthen the inter-linkages of this group with the volunteers in the Neighbourhood Care Points.



Figure 3: Stakeholders from the adult and children’s workshop developing an action plan for Children's Right to Protection from physical and sexual abuse

The OVC action plan seeks to strengthen successfully piloted initiatives, by expanding the number of *lihlombe lekukhalela* child protectors and the responsibilities of NCP caregivers. The initiative plans to establish community level child protectors in 55 communities by 2005, with efforts already underway to link this to the police and community police. The challenge remains to enable the removal of children from dangerous situations to places of safety.

The Girls’ Education initiative addresses the challenges to achieve gender equality in schools through the promotion of a gender-sensitive learning environment, is now expected to include child rights issues, including protection from abuse.

The legal issues to be addressed were the protection of property rights for OVCs and vulnerable families as well as adoption and guardianship arrangements. Sibling separation was identified as a practice which facilitated disinheritance and where possible should be avoided. Official record keeping needs to be strengthened at all levels including birth and death registration system.

As part of the action plan, partners in the Government/UNICEF Programme of Cooperation were tasked by stakeholders to strengthen the NCP caregivers, who should be able to meet a wide variety of needs. This will require increased training especially in areas of child abuse and psychosocial support. The completion of child friendly spaces in police stations and the amendment of the Sexual Offences Act to incorporate Closed Circuit Television were seen as important complementary activities. There is a need to continue public education initiatives including lobbying and sensitising activities at national, regional and community levels. Expanded training of caregivers and child protectors on property rights will equip communities and children with knowledge of their rights and how to seek legal recourse.

The action plan calls for improving capacities of community level duty bearers, including the Chief’s Runner and the Rural Health Motivators, who are perceived by the children as key intermediaries to the community leaders. Strengthening of traditional community mechanisms of psychosocial support and support for strategic discussions among multisectoral community leaders on provision of psychosocial services were seen to be critical. The children also highlighted that the national toll free line to report abuse and/or seek help is not available in remote communities, as the only phones are privately subscribed by persons who expect payment for all calls. The children recommended that toll-free lines should be set up particularly in remote areas.

3. The Right to Education

Access to basic education has become a major issue of concern. Orphaned and vulnerable children have no money to pay for food, clothing (including school uniforms), and school books, and are often burdened with caring and household tasks. Whilst the right to education is a universal right for every child, the reality is that large numbers of orphaned and vulnerable children continue to be denied access. A 2002 survey of child-headed households in 49 communities identified over 10,000 children living in 2,600 child-headed households, many of them out of school. The decline in children attending primary school, particularly in drought-stricken areas or where there is a food emergency, has corresponded with a rise in the number of girls acting as surrogate mothers, and as family nurses tasked with caring for critically ill relatives with AIDS. A 2003 study to determine girls' scholastic needs in 16 schools, found that the lack of money was the major impediment to school access, in a country where enrolment depends on the payment of school fees.

His Majesty King Mswati III in his 2002 Speech from the Throne publicly stated his concerns that OVCs were being denied access to education, saying that every child has a right to education and no child should be denied education because of poverty. In 2003 he instructed that E16 million⁷ should be allocated to enable the neediest children to attend school. These funds were used for bursaries for orphaned children in the schools. Other funds for student bursaries for orphans were provided by the Ministry of Economic Planning and Development. NERCHA in the same year paid examination fees for all OVCs.

These initiatives enabled in-school orphans to remain there, but did not adequately address the issues of the children who had already dropped out or never enrolled. A Government/UNICEF Community Education for All initiative, in partnership with WFP, FAO, and SCF, has provided grants to schools, meals to school children, farming opportunities, and water and sanitation services in selected schools. In 44 schools across two regions, the initiative has enabled regular attendance by over 7,000 OVCs out of an enrolment of 18,000 pupils in those schools, including more than 3000 of the out-of-school OVCs brought back in.

In 2004, a new allocation of E20 million was made for OVC education. Stakeholders including NERCHA, MEPD, UNICEF, and EU have joined together to complement these resources in support of the Ministry of Education's declaration that all OVCs must be allowed to remain in school. Nevertheless, community assessments in 2004 found that over 20 percent of the 25,000 registered OVCs who were receiving food at NCPs were not attending school because of the lack of funds to do so.

⁷ About US\$ 2.6 million at current currency exchange rate of E6.2 to the dollar.



Figure 4: A group stakeholder listening to questions from the stakeholders on issues regarding Access to Education in the adults workshop; a child reporting back during the children’s workshop on child abuse issues.

The action plan seeks to expand “Community EFA” types of initiatives, which emphasize shared obligations of Government, donor and the communities to ensure children’s rights to education, while at the same time lobbying for free public primary education. It takes into account that in the short term a number of OVCs will benefit from neither, and urges the strengthening of non-formal education opportunities so that all OVCs at least have some access to basic education. The EFA initiative has already been expanded with the Office of the Deputy Prime Minister mobilising funding from local industry to spread this initiative in six additional schools in two regions.

The resources put into the Community EFA grants are small compared to the Government contribution of E20 million, but stakeholders expressed concerns that the most vulnerable children would not be able to access the latter funds due to institutional and infrastructure shortcomings. They appealed for all partners to join in a coordinated expansion of the Community EFA pilot, which has weeded out many of those implementation problems. That pilot has also not addressed issues of how to ensure access for OVCs to secondary and high school education. To maintain quality, they recommended the expansion of infrastructure, the recruitment of teachers and training for all teachers in psychosocial care for vulnerable children as well as improved school-based child monitoring systems. They recommended expanded use of secondary school leavers from the communities to serve as temporary classroom assistants where enrolment increases or OVC emotional support needs overstretch the capacity of existing teachers, and where necessary to run shifts.

The only non-formal education (NFE) avenue in Swaziland is through Sebenta National Institute which provides literacy services to adults and now increasingly to orphaned and vulnerable children in approximately 142 locations. There is a plan to expand NFE services by strengthening the capacity of NCP caregivers to provide basic non-formal education, appropriate early childhood development and to empower OVCs with basic life skills.

5. The Right to Access to Basic services

Sixty-eight percent of the population in Swaziland live below the poverty line and thus households are unable to provide for needs of orphaned and vulnerable children in their care.

Health Services

Orphaned and vulnerable children have limited access to basic health services. The country has developed a multi-tiered health system, including six hospitals, ten health centres and eight public health units, 162 clinics, approximately 160 outreach sites, and 3000 Rural Health Motivators, and about 85 per cent of the Swazi population reside within eight km of a health care facility.

Funding of the health sector has not kept pace with the needs as the impact of HIV and AIDS has overwhelmed the service capacities. The facilities themselves face cannot maintain quality of services, due to shortages of staff, equipment, supplies and drugs. A combination of social isolation, distance from the services and lack of money to pay fees prevents orphaned and vulnerable children's access to health services.



Figure 5: A group reporter feeding back to stakeholders on an action plan for provision of basic health services.

Challenges faced by orphaned children living with AIDS (see cover page photo)

14 year old Nhlanhla Shongwe, who is HIV positive, and lost his mother to AIDS in 1999. He has never known his father, now lives with his grandmother. The grandmother is old, is unable to provide maximum support to Nhlanhla. The Head teacher at the school is assisting him with his fees; giving him hope.

Though his aged grandmother helps him with his medication, he does have an alarm clock, he forgets to take his ARVs on time. "I must take three tablets a day. I take two other pills at six in the morning and six at night, and five ml of syrup two times a day. I know the dosage - I have a measuring cup. I am scared that if I get sick, I may not be able to get my medicines and forget the times, I do not feel taking the medication when I am hungry" Shongwe said in a barely audible voice. He had a cold and coughed frequently.

The PMTCT Plus and 3x5 initiatives are progressing under the Ministry of Health, with support from UNICEF, WHO, NERCHA, the Elizabeth Glaser Foundation and others. The issues of HIV positive children have not yet been addressed, in either policies or programmes. The Ministry of Health and Social Welfare and partners are beginning to look into the issues of treatment for children living with HIV and AIDS.

The action plan seeks to ensure that guardians receive information to provide care

at home, and to know when to seek health care for the children. This can be achieved through health care training for caregivers. Participants recommended to create stronger linkages between health facilities, especially outreach sites and clinics, and the communities, so that OVCs are closer and potentially more likely to access the facilities. To overcome access problems to these services, the stakeholders strongly recommended that the government should be lobbied to provide free primary health care for OVCs.

Neighbourhood Care Points (NCPS) are playing an important role in community service delivery for OVCs. Currently, 25,000 vulnerable children are benefiting through 323 NCPs, and discussions are underway to make the NCP a nationwide strategy. Volunteer caregivers are involved in creating an environment of care, which includes access to food, shelter, non-formal education, and psychosocial support. Vegetable gardens have also been set up at some NCPs, and should be expanded to enhance children's access to nutritious food, and to develop basic life skills (such as gardening).

Surrounded by other children seated on the floor, Dlamini recalled his mother's last words. "We slept together in the bed, every night. She came back from the hospital. She was sick for some time - she was very weak. I went to bed, and she came to bed and lay down beside me. She said, 'My son, I am sorry but I am dying.' The last thing she said to me was, 'Go and sleep with your cousins, because I am leaving this world.'"

The stakeholders recommended that the NCP initiative should have linkages with the health system. It was also recommended that NCP volunteers and guardians of the OVCs, especially for those under five years, should be trained to provide adequate "home practices" in their roles as caregivers. RHM responsibilities should be expanded where possible to include provision of some basic health services (such as growth monitoring), so that minor ailments

can be dealt with and preventative actions taken. Responsibilities relating to the special health needs of HIV positive children also require emphasis.

Swaziland schools are occasionally visited by the School Health Services but there is only one nurse for each region. The Rural Health Motivators provide a first level health response to the community and their role was recognised by the children who identified the RHMS as key community resource persons. Their capacity should be strengthened so that they can provide expanded services. The action plan recommends interventions to capacitate RHMs to meet the new challenges in this expanded role.

Socioeconomic Empowerment

Stakeholders emphasised that a comprehensive national intervention is required to improve the standard of living of households through ensuring household food security, access to credit and training in micro-enterprise and/or small business management. The urgency is to strengthen capacity of communities and families through short term emergency support and long-term sustainable initiatives to improve livelihoods. Service provision plays a key role in these strategies.

6. The Right to Participation

Swaziland has a youthful population with 57 percent of the population 19 years or younger.⁸ Yet, these large numbers of children and youths (including OVCs) remain silent and invisible, isolated in communities without meaningful platforms to express their views and make their needs known.

Children are bearing the brunt of the pandemic. They are isolated and parentless, sometimes disinherited. They are left to fend for themselves, often in child-headed households with minimal access to food, basic health, education and psychosocial support. While the Convention on the Rights of the Child (ratified by Swaziland in 1995) confirms that children have a right to express their views and to have their views taken seriously and given due weight, in reality cultural expectations dictate that children are expected "to be seen and not heard".

⁸ 1997 Population and Housing Census.



Figure 6: The 2004 Day of the African Child Celebrations that began with a march around town, and culminated with speeches including the Deputy Prime Minister. Children were in charge of the celebrations. This photo illustrates the Minister and Principal Secretary of the Ministry of Education dancing with school pupils. The second picture is the beginning of the ‘power walk’, which illustrated the comparative levels of power members of society hold.

Stakeholders identified children’s participation as a key issue. The RAAAP itself put this into practice through the National Consultation Workshop with Children, which provided valuable contributions from orphaned and vulnerable children who are themselves experiencing the problems of limited access to health, education, psychosocial support and basic needs, such as food and clothing. The children, given the opportunity to express themselves, gained confidence to articulate their needs, providing perspectives not gained from the adults, and made proposals for an action plan to address their issues.

“I am happy to be in this meeting to talk about my life, it is important that we give our views on life, life is hard, and I think everybody should do more for orphans, we have none to turn to. I am lucky I am in school, many of my friends are not because they cannot afford school fees. The government needs to do something about that” said Sifiso Nhleko, a form three student from Eastern Lubombo near the Mozambique border.

Of particular importance is the need to strengthen mechanisms for children and young people to articulate their needs, provide feedback on access to services and state of protection and to inform policy and legislative priorities.

Currently, children have had opportunities to participate in the nationwide Children’s Gospel Music Competitions supported by FBOs under the Government/UNICEF cooperation, which has reached large scale coverage of more than 25,000 children in two-thirds of the communities. In another initiative, children from 12 schools carried out a census of out-of-school children in their areas. At the Day of the African Child celebrations, involving approximately 3,000 children from 50 schools, the children presented their report on the out-of-school census to senior government officials, including the Acting Prime Minister and the Minister of Education.

The proposed establishment of a Children’s Parliament is strategic to strengthening input by children from lowest to highest levels of governance structures. Strengthened capacity of in-and out-of-school young people through participation in life skills programmes will enable them to know their rights and to find immediate support. There is also a need to sensitise community and government structures to listen to and engage in productive dialogue with children and young people.

7. Cross-Cutting Issues: Monitoring, Evaluation and Coordination

The work to validate the RAAAP tools re-emphasised a weak database on OVCs. Information is by-and-large outdated, and there are no established systems to monitor the situation of children. Hence whatever data is available arises from studies, occasional surveys, or project initiatives in the communities, with no systems in place to aggregate data at higher levels.

The VAC surveys have collected some information on OVC issues. A national Demographic and Health Survey planned for 2005 will help to address some of the problems of outdated data. A task force has been established to carry out an analysis of the situation of children and women, which is expected to be started before end 2004.

A national data management system still needs to be put in place to ensure collection, management, use and dissemination of relevant data at the different levels with involvement of the appropriate partners. In this regard, NERCHA's *kaGogo* centres are designed to provide a place, at community level, where reports can be brought together, compiled and analyzed, and forwarded to higher levels. The tinkhundla (constituency) level will also be capacitated with a computer.

Stakeholders noted that there were ad-hoc structures to coordinate children's issues. However, at the national level, weak coordination has led to duplication of efforts by different agencies supporting OVC response. This has translated into confusion and sometimes negative influences at the lower levels, particularly in the communities. A key response is to resuscitate and strengthen the National Coordinating Committee for Children to facilitate integration of planning, implementation and monitoring at all levels. The draft policy on children raises these issues clearly, and stakeholders emphasized need to broaden and strengthen advocacy for its adoption.

Action Plan for Orphaned and Vulnerable Children: August 2004 – December 2005

Summary

Part One of the Plan summarised the priority programme area, key interventions and implementing partners. Part Two [in MS Excel] includes timelines, indicators and costing. The total projected cost of implementing the plan is **USD 29,145,000**. The costs are estimates worked out with the MOHSW and UNICEF for scaled up OVC responses with 100 percent coverage.

In order to fully implement the plan, capacity support, as detailed in the executive summary, is critically needed to strengthen

- provision of food
- delivery of services [availability, accessibility]
- caregivers at the community level [skills and resilience]
- justice and legal system to address major issue of child abuse

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
1	Right to Food Individuals and households are able to produce or acquire sufficient appropriate food to meet short and long-term nutritional needs	Govt: DPM, MoE, MOHSW, MOAC, Nercha NGOs: World Vision Multilaterals: WFP	Basic assistance			
			a) Procure agricultural tools and equipment for vulnerable households	# vulnerable households with farming implements	October 04	400,000
			b) School based feeding	# schools with feeding programmes	Oct '04-Dec '05	1,000,000
			c) Clinic based feeding for under 5s and pregnant women	# under 5s and pregnant women on feeding programme	Jan '05-Dec 05	1,000,000
			d) Feeding linked to ARV treatment	# people on ARV linked feeding	Jan '05-Dec 05	1,000,000
			e) Direct feeding at community level	# communities receiving food assistance	Mar '05-Dec 05	1,000,000
		Govt: DPM, MOHSW, MOAC, Nercha NGOs: Moya Centre Multilaterals: FAO,	Training			

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
		UNICEF				
			a) Non formal gardening lifeskills	# people trained	Nov '04	100,000
			b) Alternative food security practices for caregivers of chronically ill household members	# people trained	Dec '04	100,000
			c) Appropriate nutrition for persons who are chronically ill	# people trained	Jan '05	100,000
			d) Less labour-intensive farming technologies	# people trained	Feb '05	50,000
		Govt: DPM, MOHSW, MOAC, MOE Nercha NGOs: Moya Centre Multilaterals: FAO, UNICEF	Community-based involvement			
			a) Establishment of trench gardens at NCPs, schools, community gardens	# of schools and NCPs with trench gardens	Apr '05-Sept '05	400,000
			b) Awareness campaigns regarding food and water issues	# of awareness campaigns held	June '05, Dec '05	50,000
			c) Involvement of agriculture extension workers	# of agricultural extension workers involved	May '05-Aug '05	50,000
2	Right to Protection Orphans and vulnerable children, their caregivers and community members	Govt DPM, MOE [Guidance and Counselling], MOJCA, MOHA, MOHSW, CSO, MEPD, Royal Swaziland	Basic Assistance			

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
	<p>are able to respond immediately to circumstances and conditions that result in gross violation of the rights of children, subjecting them to serious risks and hazards</p> <p>Of particular concern is vulnerability due to breakdown of guardianship, isolation and limited recourse to law and psychosocial support</p> <ul style="list-style-type: none"> • sexual and physical abuse – in the home, community and school. • loss of property rights 	<p>Police NGOs: Save the Children, Swagaa, AMICAALL, Care Nakekela Community: NCP caregivers, Lihlombe Lekukhalela, Rural Health Motivators, caregivers NGOs: Siphila’Nje; Save the Children, Swagaa Multilaterals: UNICEF</p>				
			a) Remove OVCs from dangerous situation and temporary resettlement	# of OVCs removed and placed in safer environments	May ‘05	200,000
			b) Provide legal aid for OVCs and their caregivers	# of OVCs and caregivers with access to legal aid	Sept ‘05	500,000
			c) Avail legal redress for widows and OVCs regarding pensions and property	# of widows and OVCs provided with legal redress % widows who’ve experienced property dispossession	Dec ‘05	500,000
			d) Improve fostering, adoption and guardianship arrangements	Improved arrangements on fostering, adoption and guardianship Proportion of orphans that live together with	Dec ‘05	100,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
				all their siblings		
			e) Complete child friendly spaces in 23 police stations	# of police stations with completed child friendly spaces	Mar '05 – Dec '05	275,000
			Vital Registration and Information Systems			
			a) Improve birth and death registration system	Properly functioning system % children whose birth is registered	Feb '05	1,000,000
			b) Improve fostering, adoption and guardian record keeping	All cases on fostering, adoption and guardian registered	Mar '05	400,000
			c) Improve health and education record keeping	All cases relating to health and education registered	Apr '05	500,000
		Govt DPM, MOHSW, MOE NGOs: SC, Swagaa Multilaterals: UNICEF	Training and Advocacy			
			a) Train LLPs to handle full spectrum of child protection issues	# of LLPs trained	Feb '05	50,000
			b) Develop IEC materials targeted at children and other vulnerable groups	Existence of IEC materials	Nov '04	100,000
			c) Conduct broad based awareness campaign	Campaign conducted	Apr '05	100,000
			d) Raise awareness regarding stigma towards vulnerable groups	# of awareness actions done	May '05	100,000
			e) Train NCP caregivers in child protection issues	# of NCP caregivers trained	Mar '05	100,000
		Govt: DPM, Royal Swaziland Police, MoE,	f) Lobby for the amendment of Sexual Offences Act	Existence of amended Sexual Offences Act	Oct '04	20,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
		MOJCA, MOE, MOHSW, Regional administrators Community: caregivers NGOs/CSO: Save the Children, press Multilaterals: UNICEF, UNCT				
			g) Lobby for protection of property rights of OVCs in legislation	Inclusion of property rights in legislation	Mar '05	20,000
		Govt: DPM, MOHSW, MOE, MOA, Nercha NGOs: Save the Children, SWAGAA, Multilaterals: UNICEF	Community involvement			
			a) Raise awareness in communities around issues of child abuse, neglect and labour	# of awareness actions conducted	June '05-Dec '05	500,000
			b) Organise strategic discussions among multi-sectoral community leaders on child protection	# of strategic discussions held	July '05-Nov '05	75,000
		Govt: Swazi Telecom, MOE NGOs: Save the Children, Swagaa Multilaterals: UNICEF	c) Prioritise development of toll free lines in remote areas	# of meetings held with relevant stakeholders	Aug '05 – Sept '05	30,000
	Protection - Psychosocial Support Orphans and other vulnerable children and their caregivers are able to provide positive and meaningful psychological and social support to their family and to the society in which they live.	Govt: DPM, MOHSW, MOE, Nercha NGOs: Save the Children, SWAGAA Multilaterals: UNICEF	Community Based Involvement			

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
	Of particular concern is the emotional abuse faced by orphans and vulnerable children from extended family caregivers and by peers in school and community					
			a) Strengthen child protection networks at community and regional levels to respond to needs of individual children	# of networks mobilised	Oct '04 – Dec '04	500,000
			b) Improve capacity amongst RHMs, Bagijimi	# of RHMs and bagijimi trained	Oct '04 – Dec '04	100,000
			c) Promote strategic discussions among multisectoral community leaders on provision of psychological services	# of discussions held	Oct '04 – Dec '04	20,000
			d) Strengthen traditional community mechanisms of psychological support	# of traditional community mechanisms mobilised proportion of OVCs that receive appropriate psychosocial support	Oct '04 – Dec '04	250,000
			e) Raise awareness within communities around HIV/AIDS and stigma	# of communities mobilised	Oct '04 – Dec '04	100,000
			f) Issue based support groups for community members	# of support groups established	Oct '04 – Dec '04	50,000
			Basic Assistance			
			a) Provide therapeutic services for chronically ill	# of patients assisted	Apr '05 – Dec '05	150,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
			patients			
			b) Facilitate positive preparation of wills and memory books	# of people / communities mobilised	Nov '05 – Dec '05	50,000
			c) Provide community based psychological services for the chronically ill with HIV/AIDS	# of patients receiving assistance	July '05 – Dec '05	150,000
			d) Facilitation of youth groups, mentoring and other peer groups	# of groups mobilised	Sept '05-Dec '05	250,000
			e) Facilitate establishment of community libraries or centres for information exchange	# of community libraries established	May '05-Feb '05	750,000
			f) Provide recreational facilities and programmes	# of communities with recreational facilities and programmes	Jan '05 – Dec '05	750,000
			Training			
		Govt: DPM, MOHSW, MOE, Nercha NGOs: Swapol; various others Multilaterals: UNICEF, WHO	a) Train LLs and NCP caregivers and other role players on psychosocial support for OVCs	# of participants trained	Jan '05 – Mar '05	150,000
			b) Provide household based education programme on HIV/AIDS	# of people trained on programme	Apr '05 – Aug '05	100,000
3	Right to Education Children, young people and their caregivers acquire information, build skills and develop technical experience through relevant formal and informal systems of education	Govt: MOE, DPM, MEPD, MOHSW, School head teachers and committees Multilaterals: UNDP, UNICEF, EU	Basic Assistance			

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
	Of particular concern is access to bursaries for primary school education, access to support for fees for secondary school education, access to stationery, uniforms					
			a) Expand access of orphaned children to bursary supported primary education	School attendance ratio of orphans as compared to non-orphans	Jan '05-Dec '05	5,000,000
			b) Collectively lobby for free primary school education and targeted support for OVCs in secondary schools	# of stakeholders lobbied	Jan '05 – Dec '05	125,000
			c) Ensure that schools have access to gender and rights sensitive materials and teaching approaches	# of schools with access to assistance	Jan '05 – Dec '05	250,000
			Training			
			a) Train teachers in psychosocial care and support for OVCs	# of teachers trained	Oct '04 – Dec '05	400,000
	There is a need for gender supportive environments that will enable orphaned and vulnerable children, especially young girls, to fully participate in and complete their education		b) Promote use of gender sensitive materials and approaches	# of relevant sectors using materials	Feb '05 – July '05	50,000
			Monitoring			
			a) Establish school based monitoring of children at risk of dropping out	# of schools using monitoring mechanism	Jan '05 – Dec '05	50,000
	There is need for access to alternative forms of	Govt: DPM, MOE NGOs: Sebenta, Various	Capacity Development			

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
	nonformal education	other NGOs Community: teachers, community members, parents Multilaterals: EU, UNICEF				
			a) Train NCP caregivers in nonformal education activities	# of NCP caregivers trained	Feb '05 – July '05	150,000
			b) Strengthen capacity of Sebenta to provide services to OVCs in a variety of accessible contexts	Capacity of Sebenta strengthened	Nov '04 – Feb '05	150,000
			Community Involvement			
			a) Establish community innovations in early childhood care and development for OVCs	Existence of community innovations	June '05-Dec '05	500,000
4	Right to Access Basic Services Orphaned and vulnerable children and their caregivers have basic commodities, such as food, clothing, bedding and/or shelter	Govt: DPM, MOHSW, MOE, MOAC, Nercha NGOs: Swapol; World Vision, various others Multilaterals: UNICEF, FAO	Basic Assistance			
			a) Provide short term care packages for vulnerable children living without adult supervision	# of OVCs with access to short term packages	Oct '04 – Dec '05	500,000
			b) Provide short term care packages for vulnerable households	# of vulnerable households with access to short term packages Proportion of children that have	Oct '04 – Dec '05	1,000,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
				three locally defined basic needs met Proportion of households with OVCs that receive free basic external support in caring for the children		
			c) Provide specialised assistance for vulnerable children and caregivers with disabilities	# of OVCs receiving specialised assistance	Mar '05 -- Dec '05	500,000
			d) Provide assistance to improve shelter, water, sanitation for neediest households	# of households assisted	Apr '05 – Dec '05	1,000,000
			e) Reintegrate or resettle children into caring foster and alternative care facilities	# of children reintegrated or resettled	Nov '04 – Dec '05	100,000
			f) Expand and strengthen decentralised outreach services	# of outreach services expanded	Aug '05 – Dec '05	500,000
			g) Improve health facility based referral and information systems for urgent cases	Referrals and information system improved	May '05 – Sept '05	500,000
	Orphans and vulnerable children have the physical, mental and emotional well being that enable them to be as productive as possible and achieve their greatest potential	Govt: DPM, MOHSW Community: caregivers, RHMs, NCP caregivers Multilaterals: UNICEF, WHO	h) Provide psychosocial counselling for vulnerable children, caregivers and the chronically ill	# of individuals assisted	Nov '04 – Dec '05	1,000,000
			i) Provide short term health care for vulnerable children and households in need	# of OVCs and households assisted	Jan '05 – Dec '05	1,000,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
	Basic services [health] Of particular concern is 1) limited access to basic health services because orphaned and vulnerable children cannot -afford fees for outreach sites -travel long distances to clinics -travel without an adult to clinics 2) Lack of awareness in healthy homecare practices 3) Shortage of staff at health facilities 4) Shortage of equipment, supplies and drugs at health facilities	Govt: DPM, MOHSW Community: caregivers, RHMs, NCP caregivers Multilaterals: UNICEF, WHO	Training			
			a) information on health, hygiene, nutrition, and ARV therapy for persons with HIV and AIDS	Information available	Oct '04 – Sept '04	100,000
			b) Develop care and support manuals for trainers of caregivers of the chronically ill	Manuals developed	Nov '04 – Jan '05	250,000
			c) Train health care workers in providing efficient and faster service for older persons, those with disabilities and vulnerable children	# of health workers trained	Feb '05 – Apr '05	200,000
		Govt: DPM, MOHSW Community: RHMs, NCP caregivers NGOs: Various	d) Train NCP caregivers so they can provide basic health and nutritional services	# of NCP caregivers trained	Feb '05 – Apr '05	200,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
		Multilaterals: UNICEF				
			Community Involvement			
			<ul style="list-style-type: none"> Establish community care and support initiatives 	# of initiatives established	Mar '05 – Aug '05	50,000
			<ul style="list-style-type: none"> Formation of peer groups 	# of peer groups established	Aug '05 – Dec '05	100,000
		Govt: MOHSW, MoE, DPM, Nercha NGOs: Moya Centre Multilaterals: UNICEF, WHO, FAO, WFP	c) Strengthen School Health Services, RHMs and other appropriate role players to reach NCPs	Programme strengthened Health care access ratio of orphans as compared to non-orphans	Sept '05 – Dec '05	250,000
	Socioeconomic Security Orphans and vulnerable children and/or households with orphans and vulnerable children can sustain their livelihood over the medium and long term with or without short-term emergency assistance	Govt: DPM, MOHSW NGOs: Various Multilaterals: UNICEF	Community Involvement			
			a) Support and train NCP caregivers on homecare practices for dissemination through community linkages	# of NCP caregivers trained	Feb '05 – Apr '05	50,000
		Govt: DPM, MOHSW, Nercha NGOs: Various Multilaterals: UNICEF	Advocacy			
			a) Lobby for free primary health care for orphaned and vulnerable children	# of stakeholders lobbied	July '05 – Sept '05	75,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
		Govt: DPM, MOAC, MEPD, MOHSW, MOE Private Sector NGOs Multilaterals: UNDP, FAO	Basic Assistance			
			a) Provision of microfinance and small credit services for orphans and vulnerable children	# of organisations provided with assistance	May '05 – Dec '05	150,000
			b) Provide regular income support for older caregivers of orphans and vulnerable children	# of older caregivers assisted	Mar '05 – Dec '05	1,000,000
	Of particular concern is that majority of households are living in absolute poverty and are unable to provide for needs of orphaned and vulnerable children in their care	Govt: DPM, MOAC, MEPD, MOHSW, MOE Multilaterals: UNDP, FAO	Training			
			a) Counselling about savings, health, psychosocial and educational investments	# of people trained	Jan '05 – Apr '05	50,000
			b) Training in micro-enterprise and/or small business management	# of people trained	Jan '05 – Apr '05	200,000
		Govt: DPM, MOAC, MOHSW, MOE Private Sector NGOs Community: leaders,	Community Involvement			

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
		caregivers Multilaterals: UNDP, FAO				
			a) Establish Volunteer programmes to support community safety nets	# of programs established	June '05 – Dec '05	100,000
			b) Provide incentives for local businesses to sponsor OVCs	Incentives created	Aug '05 – Dec '05	25,000
			c) Strategic discussions among multisectoral community leaders regarding socioeconomic security issues	# of discussions held	July '05 – Nov '05	50,000
5	Right to Participation Of particular importance is the need to strengthen mechanisms for children and young people to articulate their needs, provide feedback on access to services and state of protection and to inform policy and legislative priorities	Govt: DPM, MOE, MEPD, MOHSW, National Parliament NGOs: FLAS, Save the Children, Siphila’Nje, Various NGOs Multilaterals: UNICEF	Advocacy and Training:			
			a) Strengthen Children’s Assembly and other processes at local, district and national levels to facilitate participation	Processes mobilised and strengthened	Nov '06 – Dec '05	100,000
			b) Strengthen capacity of in and out of school young people through life skills programmes to know their	# of children trained	Jan '05 – Dec '05	500,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
			rights and know how to find support needed			
		Govt: DPM, MOE, MOHSW NGO: Siphila’Nje Multilaterals: UNICEF, UNDP	c) Sensitise community and government structures to listen to children and to provide platforms for children and young people to express themselves through various ways	# of structures sensitised	Apr ’05 – Sept ’05	100,000
6	Cross-Cutting Issues: M&E and Coordination There is need to ensure the development and strengthening of coordination mechanisms at national, regional and local levels to integrate service delivery and create protective environment	Govt: MEPD, DPM, MOHSW, MOE,	Basic Assistance			
			a) Development and strengthening of National Coordinating Committee for Children to facilitate integration of planning, implementation and monitoring at national, regional and local levels	NCC developed and strengthened	Jan ’05 – Mar ’05	100,000
	Systems are in place to ensure collection, management and use of relevant data at national, regional and local levels	Govt: MEPD, CSO Multilaterals: UNDP, UNICEF	b) Strengthen systems to disseminate information from data management systems	Systems strengthened	June ’05 – Dec ’05	200,000
	Communities need to manage and control their own data collection and monitoring systems	Govt: MEPD, CSO, MOHSW, MOE Community: leaders, caregivers, line department employees	c) Strengthen capacity amongst RHMs and Bagijimi to monitor the situation of orphans and vulnerable children in homesteads	Capacity of RHMs and Bagijimi strengthened	Aug ’05 – Dec ’05	100,000

	Priority Programme Area	Implementing Partners	Key Interventions	Indicators	Duration	Cost [USD]
		Multilaterals: UNDP, UNICEF				
			d) Strengthen National Data Management systems	National Data Systems strengthened	June '05 – Dec '05	250,000
	GRAND TOTAL					29,145,000

5. CONCLUSION AND WAY FORWARD

The assessment tools of the RAAAP are useful for capturing information, and may help in mapping broad outlines of the way forward, but capturing information is not the same as capturing the realities of children's lives.

We turned to the children for that. Nhlanhla, the 14-year-old boy born with HIV, looks more like an eight-year-old in size. He is still struggling to hang on to life: struggling to breathe in the evening, to hold back fear at the hospital, to master his regimen of anti-retroviral pills which have not been formulated for children, to hold his own among other children; struggling – figuratively and literally – to have his voice be heard.

Nhlanhla became sick the evening of the Workshop with Children. The officer on duty with the children that night, drove him to the hospital in her car, and sat with him there through much of the night. This was something special for Nhlanhla. He usually has to find his way to the hospital himself. He taught more than all the numbers can teach: about the tender vulnerability of each child, and about their tenacious will to survive, and to hold on to the very essence of what childhood means: the opportunity to be, and to become.

Nhlanhla enabled all those in the workshop to share the feeling of what it means to be a “caregiver”, making a connection with a child not one's own, becoming a “duty bearer” trying to fulfil in practice those theoretical obligations of “States Parties” to promote and protect “children's rights”. He is one child, in a group of 27 who gathered for two days, drawn from communities of a small country in a little corner of the world. The situation of those 27 is unfortunately representing a trend covering half a continent of the world: where gross neglect of children's rights is becoming the norm, not the exception.

The impact of the HIV epidemic that swept through the Swazi population, in the ten years between 1992 and 2002, is only now being fully felt. In many communities, 50 percent of women aged 20-30 – and that by and large means 50 percent of mothers – are HIV positive. Death rates of parents are high, leaving care of children to the old, who themselves are neglected and dying. Swaziland is only at the beginning of the crisis for children left behind: the middle and the end will stretch out over at least the next two decades, even if a super-human rollout of ARVs is achieved, and the corner is turned on reducing further spread of the HI virus.

Swaziland – one should say the people of Swaziland – are struggling not to be overwhelmed, and to rise to the challenge to do their part. The “yes” and “no” answers regarding UNGASS commitments to have policies on paper (for Swaziland, a “no”) do not capture the energy, drive and commitment that in the last two years have seen 108 out of the country's 360 chiefdoms resuscitating their own traditions, to plant special farms whose produce will support the vulnerable elderly and children. They do not capture the hard work and commitment of the volunteers who have come forward, over the last 18 months, to establish over 300 Neighbourhood Care Points, where 25,000 children are being reached. What they are being reached with may not be much, in material terms, in communities that are poor, and being served by caretakers who themselves are hardly a step above poverty themselves. But how does one measure the value of what these caregivers bring from within their hearts: the smile, the pat on the shoulder, or the stern but caring word of warning to desist from wrong behaviour? What do these small acts of love mean for children who have gone through the trauma of caring for now-dead

parents; who have been left alone in ghostly homesteads to feel the loneliness and despair of responsibility for siblings; who know pangs of hunger as they go to bed still uncertain of tomorrow's meal; and who have known the fear of huddling in darkness and not knowing whether a knock on the door heralds the arrival of a benefactor bringing food, or of a predator that stalks the night, or both.

In Swaziland, on the issues of orphans and vulnerable children, something is happening, much is being learned, and the nation is only at the beginning of meeting the challenges ahead:

- The achievement of reaching 25,000 children in NCPs represents a “coverage” of less than 17 percent of OVCs. The challenge remains to create programmes and systems that track where children are, and who is covering their basic needs and protecting their rights, and can assess the quality of that coverage, and act to fill gaps.
- HIV/AIDS, poverty, food insecurity, children's vulnerability, and failures to promote and protect children's rights are coming together as a classical “vicious cycle” with a potential cyclonic effect to devastate the future of an entire society. “OVC programming”, particularly around the Neighbourhood Care Point as an entry point for interventions, needs to address all five elements of that vicious cycle. The challenge is to create a sense of hope and responsibility around fulfilment of obligations to children, to get financial resources to the families (including child-headed households) for resuscitation of livelihoods that will enable them to fulfil those obligations, along with knowledge and productive inputs, and to build up in communities a vision of a sustainable future, free of HIV.
- Voiced commitments from the highest levels of Government and society that OVCs have a right to education, and even financial allocations to support that, have not yet been translated into practical policies, procedures and institutional action that brings the most vulnerable back into school. Experiences make it clear that the best – and perhaps the only way to cut through all the constraints is for Government to commit to support universal free public education, in return for community commitment to do their part to achieve Education for All, especially the OVCs. The nature of that education also has to change fundamentally, to revolve around a “life skills education” that includes values, critical thinking skills, and concrete livelihood skills, in addition to the literacy and numeracy skills that have dominated concepts of formal education.
- Swaziland appears to have shifted into reverse gear regarding provision of basic services. OVC programming, particularly around the schools and neighbourhood care points, provides opportunity to re-establish forward motion in areas of safe water and sanitation, growth monitoring and nutrition, and provision of basic and preventative health services.
- Special attention is needed for treatment of children and parents infected with HIV. The Health sector capacity to deliver services is in decline at the time when the country faces its greatest health challenges. Rebuilding and expanding human resources capacity in the health system needs particular attention, along with innovative thinking on how to strengthen community roles and capacities.
- With a whole generation of Swazis decimated by AIDS, the future of the society truly rests upon the shoulders of the young people. In all the solutions sought to the present crisis, children must participate in the assessment and analysis of what is to be done, be accorded roles and responsibilities that engage their full capacities, and receive guidance and resources to get their part of the job done.
- Government has not adequately fulfilled its “States Party” obligations regarding the Convention on the Rights of the Child. An immediate challenge is to put in place the legal and policy framework to address urgent issues in the contemporary situation. These include protection of children and women regarding inheritance and land tenure; protection of children and women from violence and abuse, protection of children from child labour and exploitation; promotion of access to basic

services including education and health, and establishment as well as resourcing of social safety nets for a sustainable national system and response.

- The costs of meeting the rights of OVCs need to be assessed. This exercise needs to look at the material needs, the costs of education, health, shelter and clothes. It also needs to consider how to provide emotional, spiritual and social-support needs. The latter also requires investment in the people who are able to give children a sense of identity and belonging, and who can be an exemplar to the children, of what it means to be a human being who cares for other human beings.

The Rapid Assessment, Analysis and Action Planning process in Swaziland saw good participation across a wide range of stakeholders. “Participation” and “Process” are not a substitute for Action and Results, however.

The RAAAP came on top of a mid-term review of the Government/UNICEF cooperation, which had just completed a process covering a number of the same issues, though aimed at production of different documentation and focusing on lessons learned for the way forward. The reason for investing precious time in the RAAAP exercise was to adapt the current knowledge base to the RAAAP formats, in order to ensure that Swaziland’s situation is included in the 17-countries’ analysis.

What matters now is that that the RAAAP analyses should lead to a major, global effort of resource mobilization for children’s rights in Africa, on a scale that has not previously been dreamed of, and “in for the long-term”. The orphans and vulnerable children of Africa, in their millions, are the forgotten faces who have been left behind, and remain largely invisible, as the world gradually wakes up to the Holocaust of HIV and AIDS in Africa. That situation must not be allowed to continue.