



Neighbourhood Care Points

Making the Vulnerable Children Visible

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For every child
Health, Education, Equality, Protection
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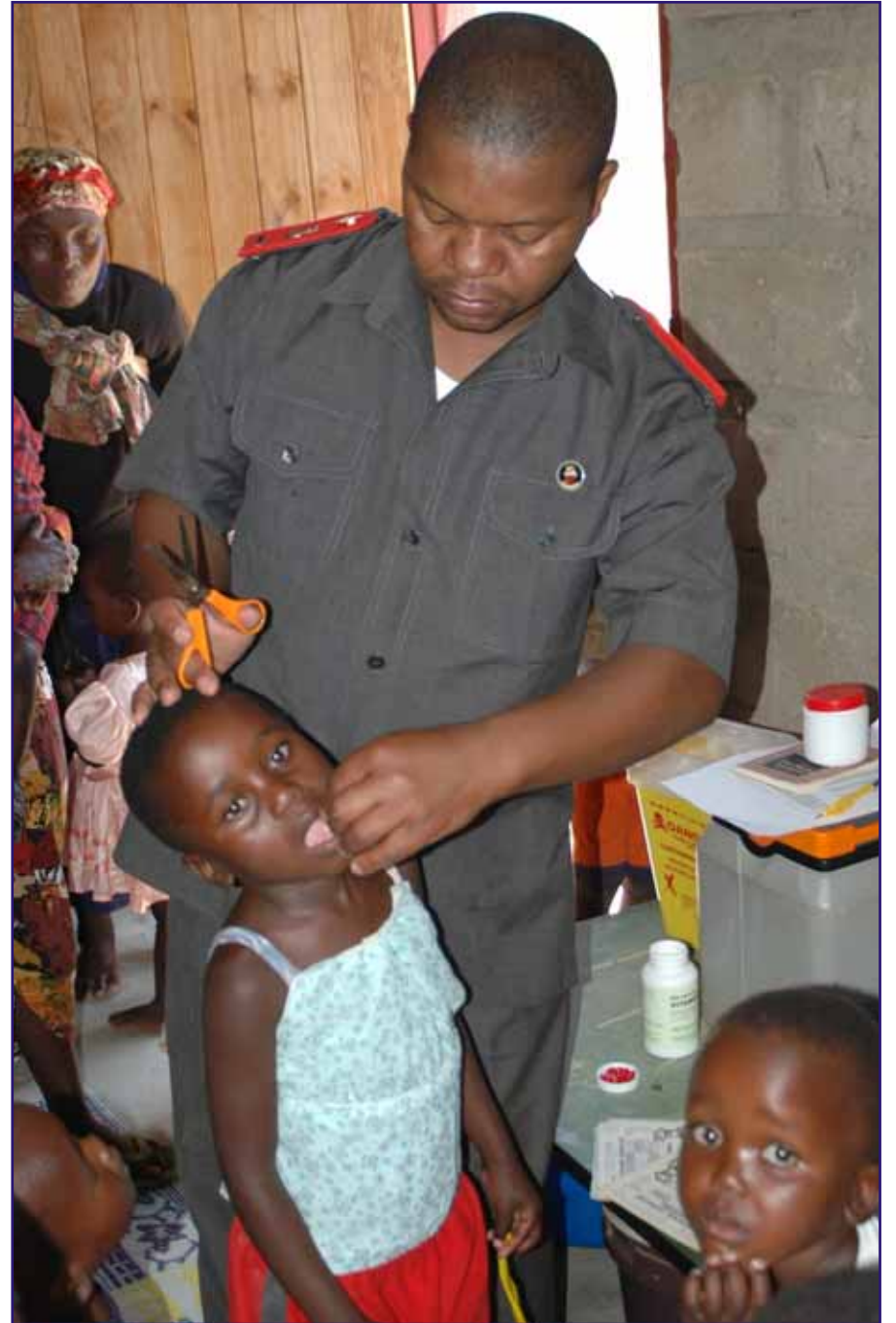
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unicef 

Swaziland



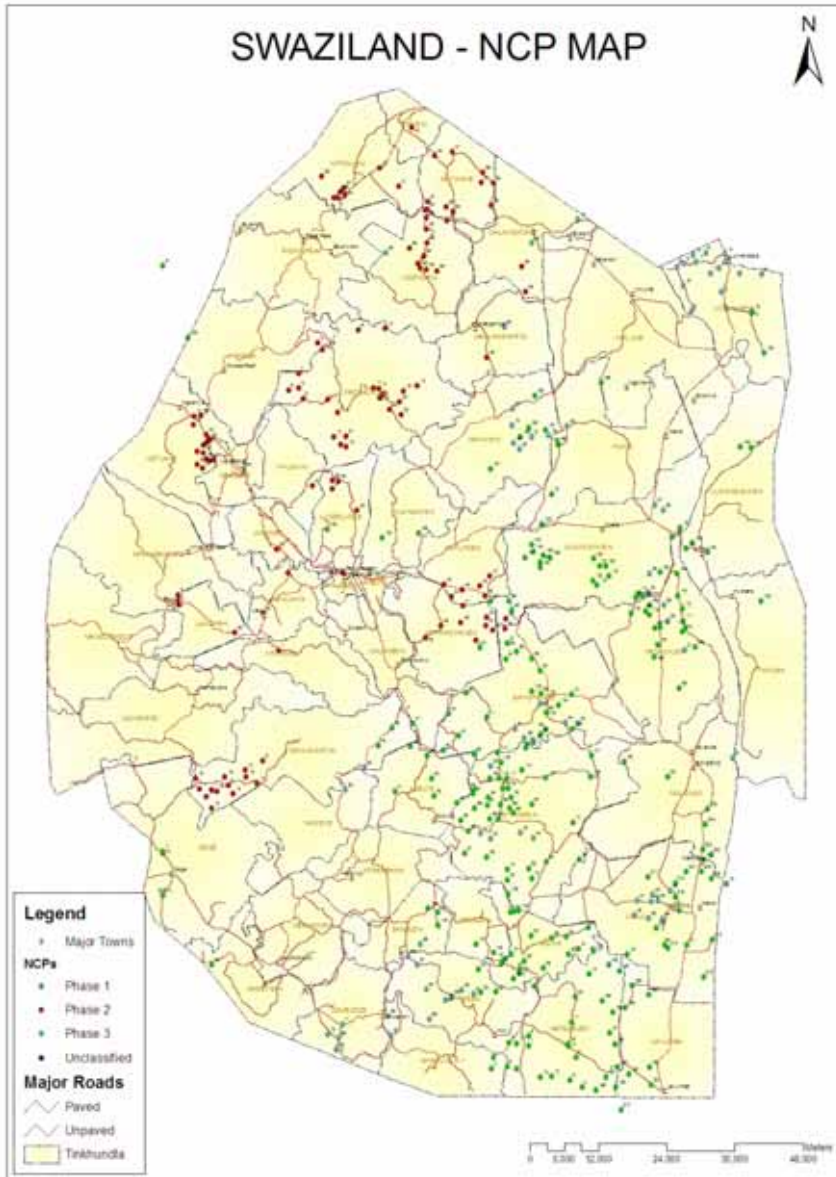
The Way Forward

NCPs have become critical service entry points, which have to be further developed and scaled up to become part of the Swaziland's national development strategy by:

- establishing linkages to chiefdom and higher-level structures;
- development of systems to motivate caregivers to sustain their efforts;
- working with multisectoral outreach teams for access to basic social services, including birth registration and preventive health care;
- creating community capacity to remove risks to children's survival and development; and
- providing food security and livelihood skills to caregivers and children.

Contents

Swaziland - NCP Map.....	4
How did it Start.....	5
The Concep.....	5
How do they function.....	6
Training of Volunteer Caregivers.....	7
Costs.....	9
The Way Forward.....	10



Costs

Cost considerations for establishing a NCP include delivery of critical emergency supplies like food, structural materials, hygiene, educational and recreational equipment, cooking and health equipment, and learning materials. Other costs include training of caregivers, community mobilization, and monitoring and evaluation. On the average, it costs approximately US\$ 8,000 (E 566,400) to establish a NCP with 5 caregivers and about 75 children (excluding ongoing implementation costs)

Challenges

Building trust and confidence between development agencies and the communities is an essential component in laying the foundation for NCPs. It facilitates early adoption and ownership of the intervention. This has proven difficult in some cases where the establishment and natural expansion of the NCPs have failed to take place, due to problems with the mobilization process.

The entry strategy applied in mobilizing communities for the establishment of NCPs, involves awareness creation about child rights, and sensitization of community members about the unmet rights of children in the neighbourhoods. In response, community members are expected to identify suitable sites for the facility and select volunteer care givers to be entrusted with the day-to-day management of the Care Points.

Volunteer care givers, do not receive any financial remuneration or volunteer allowances. They come from the same communities as the children, which are struggling with a stagnating economy, the impacts of HIV and AIDS, and increasing levels of poverty and food insecurity. Despite the livelihood initiatives, caregiver attrition threatens to undermine the NCPs. Most of them live in poverty and are struggling to meet their own household responsibilities. As core players in the NCP strategy, caregivers must be properly trained and remunerated to ensure sustainability of the initiative.

Lack of water is a major constraint affecting the day-to-day functioning of NCPs, particularly in the drought affected areas. Despite the availability of emergency food aid, some NCPs are compelled to close down due to difficulties in accessing potable water.



How did it Start

First introduced in 2002, Neighbourhood Care Points are fast becoming the mainstay of the quest to find a lasting and sustainable solution to the issue of orphans and vulnerable children in the Kingdom of Swaziland. Several years of drought, coupled with a high prevalence of HIV and AIDS (42.6 percent among women attending anti-natal clinic), have created a socio-economic crisis in the country, with women and children the most affected.

With about 70,000 orphaned children (expected to rise to about 120,000 by 2010), spawned by HIV and AIDS, the traditional social support system has been overwhelmed to the extent that, after the death of parents, children are either left on their own or with aging grandmothers who have no resources to provide the necessary care and support. Such children are invariably exposed to abuse by unscrupulous members of the community.

A capacity gap analysis, carried out in coordination with the Deputy Prime Ministers Office in 2001, highlighted an urgent need to protect children from all forms of abuse, to help communities understand that sexual abuse of children is a major contributing factor in the continuation of the HIV epidemic, and to give communities a sense of hope and empowerment. The analysis, which involved chiefs, community leaders, rural health motivators and the youth, also revealed that a large number of orphans and vulnerable children were not accessing education, nutrition, basic health care and psychosocial support. For most of these children, school fees remained a barrier to accessing primary school education.

In 2004 and 2005, a large-scale government intervention, set out to establish systems to cover fees for orphans and vulnerable children in primary and secondary schools, brought tens of thousands of children back into school. However, many of the most vulnerable children were unable to take advantage of these bursaries, for reasons such as lack of funds for school uniforms, or staying at home to look after sick family members.

The Concept

Caring for children affected by HIV and AIDS is a huge challenge for communities, civil society organizations, and governments. In response to the looming crisis created by the increasing number of orphans and vulnerable children in the country, Swaziland has established an innovative initiative to contain the situation. Based

on a traditional Swazi concept which recognizes orphans and vulnerable children as a responsibility of the community in which they live (bantwana bendlunkhulu - children of the community), Neighbourhood Care Points (NCPs) have been created within communities where children are provided with a hot meal, participate in non-formal learning and recreational activities, and receive basic health care and psychosocial support. Through NCPs, children who were 'invisible' in their homes have become 'visible', and awareness has been created about their needs among community members, service providers, national leaders, civil society organizations, and international donors.

The Neighbourhood Care Point concept, which originated from the Hhohho region, evolved from UNICEF's work with Government at the community level, to develop ideas on how best to nurture and protect children from abuse. Some of the early interventions introduced included "Lihlombe Lekukhalela" a shoulder to cry on," through which Child Protectors were trained to protect children from sexual abuse, and to provide psychosocial support to the traumatized.

The NCP concept was shared with other regions as a good practice for child protection. As a result community members spontaneously organized, in available locations such as church halls and private residences, sometimes under a tree to provide food, care, and support to children in their neighbourhoods. UNICEF supported the Swazi government to strengthen the capacities of these community initiatives by providing basic cooking equipment, recreation kits, and education and hygiene materials. These facilities soon became known as Neighbourhood Care Points.

To date, about 33,000 of the country's most vulnerable children are benefitting from the NCP programme. Between 2005 to mid-2006, the number of functioning NCPs grew from 345 to 438. Through community initiative, over 400 new NCPs have emerged since the beginning of 2006, and are awaiting external support to strengthen services to the children.

How do they Function

NCPs are community-driven and owned. They are managed by volunteer caregivers from the Neighbourhoods in which the facilities are located. NCPs focus mainly on non-school-going children who at the death of their parents are left without adequate adult protection, and children from poor families whose capacity to provide a protective environment has deteriorated. The NCPs also temporarily accept children who have reached school going age but are not able to access formal

Primary school education due to poverty. Caregivers eventually link these children with formal schools to benefit from the government's education grant for orphans and vulnerable children.

Children gather daily at the care points in groups of 40 to 80, where they are provided with two meals - a morning snack of porridge and a hot meal in the afternoon. Food is obtained from UNICEF's collaboration with World Food Programme. In addition to receiving psychosocial support, the children are also engaged in non-formal learning and recreational activities.

Working in partnership with the Food and Agriculture Organization and the Moya Centre, communities are encouraged to establish vegetable gardens adjacent to the NCPs so that the children can access nutritious food as well as receive farming and life skills training. Basic health care services, including immunization, de-worming, and growth monitoring, are provided through linkages with community outreach services operated by the Ministry of Health and Social Welfare. UNICEF and its partners ensure timely delivery of emergency supplies to the NCPs.

Training of Volunteer Caregivers

To ensure proper running of the NCPs, caregivers are trained in general management of the facilities. Specifically, in identifying and responding to psychosocial needs of children, improved home-care practices, treatment of illnesses, good hygiene and sanitation practices, and basic information on HIV and AIDS prevention.

In collaboration with the National Emergency Response Council on HIV/AIDS (NERCHA), and other UNICEF partners, training manuals have been developed, in SiSwati and English. The manuals combine good practices in integrated early child development, community integrated management of childhood illnesses, prevention of abuse, especially sexual abuse, life skills and psychosocial support. A user-friendly health and nutrition manual has been developed to mainstream caregiver training through the Ministry of Health and Social Welfare. About 1500 caregivers have been trained, using the manuals.

To sustain caregivers in their roles, UNICEF worked with Government, civil society organizations, and community members to introduce livelihood support initiatives to generate extra income at the household level. Caregivers contribute a small amount of money toward a savings and credit scheme which loans out money to members and generates income from the interest. By 2006, over 1,300 caregivers have been trained to establish and run caregiver savings and credit associations.