ACRONYMS, ABBREVIATIONS AND GLOSSARY OF SISWATI TERMS

CRC       Convention on the Rights of the Child
ECD       Early Childhood Development
FGD       Focus Group Discussion
HIV/AIDS  Human Immuno-Deficiency Virus and Acquired Immuno-Deficiency Syndrome
NCDC      Neighbourhood Care and development Centre
NCP       Neighbourhood Care Point
NERCHA    National Emergency Response Council on HIV/AIDS
NGO       Non-Governmental Organization
OVC       Orphans and Vulnerable Children
PMTCT     Prevention of Mother-To-Child Transmission
PSI       Population Services international
PSS       Psycho-social Support
SPSS      Statistical Package for Social Sciences
SWAGAA    Swaziland Action Group Against Abuse
SWANNEPHA Swaziland National Network of People Living with HIV/AIDS
TFFC      *Tinkhundla* Fit For Children
UNICEF    United Nations Children’s Fund
VCT       Voluntary Counseling and Testing

*Bagcugcuteli* Rural Health Motivators
*Bandlancane* Chief’s Inner Council
*KaGogo* Grandmother Centre, where OVC get food or other support
*Lihlombe Lekukhalela* Child protectors or “shoulders to cry on”
*Tinkhundla* (Plural for *Inkhundla*) – A sub-regional (district) grouping of chiefdoms.
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EXECUTIVE SUMMARY

Introduction

The Tinkhundla Fit For Children (TFFC) initiative is a localized and adapted version of the World Fit For Children which was introduced in Swaziland. The initiative, which is rooted in the Swazi culture that requires communities and families to support and care for all children in one way or the other regardless of their status in a given community, is facilitated by the United Nations Children’s Fund (UNICEF) with funding from the Danish National Committee.

As a pilot project, TFFC focuses communities on providing a “package” of protection, care and support services for children. It is being implemented in four Tinkhundla, namely, Mahlangatsha, Lomahasha, Timphisini and Hosea, covering 25 chiefdoms (communities) with a population of about 40,000 people. The goal of the project is to resuscitate economies and rebuild capacities of rural communities in ways that enable them to stop the spread of HIV and AIDS, give protection and opportunities to their orphans and Vulnerable Children (OVC), create food security and provide for the basic needs of children and families. This goal is being pursued through nine (9) specific objectives:

- Achieve in community leaders and families an understanding of child rights, of the concept of “duty bearers” for children’s rights, and of key community and family gaps in realization of children’s rights (including rights of participation and of play).
- Establish community-based child monitoring systems in all project communities, linked to leadership committees, and tied to Tinkhundla child monitoring and reporting systems.
- Develop and annually update community and Tinkhundla plans of action for children, designed to reduce or eliminate gaps in realization of child rights, especially for orphans and vulnerable children.
• Provide grants for productivity and food security-enhancing agricultural and livestock inputs to homesteads which are providing good care and psycho-social support to orphans and vulnerable children.

• Provide training for individuals (including children heading households) to bind together in savings schemes, and to identify good opportunities for investment of savings in productivity-enhancing innovations.

• Ensure children participate in project planning and implementation activities, and have opportunities to make their views known and considered on issues affecting them.

• Ensure all children and families receive comprehensive information on HIV and AIDS and its risk factors, in ways that lead to reduction of risk behaviour.

• Assign and ensure adequate capacity of community duty-bearers for protection and promotion of children’s rights, relevant to all stages of the life-cycle of children.

• Build the capacities of neighbourhood care points (NCPs) to serve as a base to introduce innovations into the community (“menu” of possible areas includes early child development practices, life-skills training, hygiene, food and crop diversification, nutrition, gardening, no-till cropping, positive living).

Methodology

The evaluation sought to measure the relevance, efficiency, effectiveness, sustainability and impact of the TFFC model. The aspects explored were project needs identification, project ownership, project impact, sustainability of intervention and replicability. The evaluation focused on four TFFC project communities, one from each project Inkhundla, selected as follows: Bhahwini (Mahlangatsha), Lomahasha (Lomahasha), Ludzibini (Timphisini) and Manyiseni (Hosea). For comparison purposes, Malindza, which has not had any TFFC intervention, was also included.

The target population involved all project beneficiaries (community leaders, heads of households and children). The survey, using an interview schedule, involved a purposive
sample of 400 respondents, consisting of 50 household heads and 50 children drawn from each community. Preliminary data were collected using a questionnaire for UNICEF staff. Focus group discussions (FGDs) were used to collect additional data from community leaders and service providers. Qualitative data were analyzed through inductive categorization of emerging ideas thematically and reported accordingly. The computer programme Statistical Package for Social Sciences (SPSS) PC+ Version 10 (2000) was used for the analysis of quantitative data, which were summarized in the form of frequencies, percentages, means and standard deviations.

Summary of Findings

The evaluation established that although the TFFC project was introduced without the benefit of a concrete needs assessment survey, it has been directed at addressing perceived priority needs of community members as identified from various observations and experiences. In this context, therefore, the objectives and scope of activities chosen are relevant.

Project beneficiaries (community leaders, household heads and children) generally have difficulty defining child rights and explaining the concept of “duty bearers”. However, they believe that children have rights, which they enjoy and are able to identify some of these. Community leaders and members are aware of the existence of adequately trained duty bearers who have been assigned for protection and promotion of child rights.

According to the evaluation, members of UNICEF staff responsible for operations of TFFC have different levels of understanding of the project components and of the rights of children. The majority cannot operationalize the specific objectives of the project into measurable components and only a few can list five or more of the rights of children. They do not necessarily have full and holistic understanding of the various components of the project and its operational character. As such, there is no coherent, integrated and frontal approach in project implementation.
While advocacy for child rights is commendable and is based on CRC provisions, it is not based on a uniform set of child rights. As a result, advocacy in the project communities is not coherent as service providers do not necessarily “speak the same language”. The lack of a common reference point creates problems associated with training and project evaluation.

While community leaders and members are aware of the gaps in realization of child rights at family and community levels, they are less aware of such gaps at government level. They are generally unaware of the existence of community-based child monitoring and reporting systems in project communities and of developed and annually updated chiefdom and Tinkhundla plans of action for children. They are also unaware of any grants provided to homesteads for acquisition of productivity-enhancing agricultural and livestock inputs, and of any individuals having been trained to form savings schemes.

Generally, community members have no access to micro-finance for income generation activities. There are no known mechanisms for enabling children to participate in project planning and implementation of activities and to make their views on issues affecting them known and considered. While both children and families have received comprehensive information on HIV and AIDS and its risk factors, the information has led to reduction of risk behaviour to a moderate extent among families and only to a slight extent among children.

Community duty bearers have been identified and assigned for protection and promotion of child rights and have been adequately trained for protection of these rights. Caregivers providing care and psycho-social support to OVC have received training in counseling and have tools to enable them to help children in need and the support provided has been helpful to the children. However, scarcity of resources makes it difficult to cover all stages of the life-cycle.

The effort to build the capacities of NCPs to serve as a base for introducing innovations into the community is commendable. These cater for such aspects as early child
development practices, life-skills training, hygiene, food and crop diversification, nutrition, gardening, no-till cropping and positive living. However, NCPs are at different levels of development and functionality, with a number of them facing considerable problems, including inadequate staffing, inadequate equipment and frequent food shortages in the face of increasing numbers of children.

The involvement by beneficiaries at project inception and during implementation appears to have been low and mostly passive. No concrete mechanisms have been put in place to enable children to participate in project planning and implementation of activities and to make their views on issues affecting them known and considered. Tinkhundla and chiefdoms do not have child monitoring and reporting system(s), and have no plans of action for children designed to reduce or eliminate gaps in realization of child rights. There is no concrete evidence of an emerging sense of project ownership among beneficiaries and of deliberate efforts having been made to empower them towards this goal. On the contrary, the initiative is perceived as a UNICEF project.

Project impact is reflected in improvements in availability of the following services and opportunities: information on HIV and AIDS, children’s formal education, NCPs, birth registration, protection through Lihlombe Lekukhalela and health care. These have implications on changes in the lives of beneficiaries. Information on HIV and AIDS has led to reduction of risk behaviour to a moderate extent among families and to a slight extent among children. Notable project impact in the lives of children is reflected in the fact that they not only consider themselves to have rights, but also do actually enjoy them. Children generally think they are special; think and believe in what they want; practice the religion they want; receive good health care, clean water and nutritious food; live in a clean environment; use the language and customs of family; are able to play and relax and join in a wide range of activities; are able to go to school; are protected from abuse; and have a birth certificate.

The evaluation has revealed that the project has not yet created a culture of active participation and self-reliance among its beneficiaries. The aspect of sustainability of
intervention and its related questions were not factored into the equation at the conception of the project. There is no succession plan and an exit strategy to guide UNICEF staff and other service providers to work towards progressive redundancy or self-liquidation that would provide room for beneficiaries to become animators and facilitators in their own right. Likewise, there are no measures or structures in place to ensure that any changes or improvements realized since project inception can endure or be maintained in the communities. Thus, in the absence of the necessary supportive mechanisms and structures, the intervention so far made by the TFFC project and its impact cannot be sustained.

Conceptually, the TFFC project is replicable. However, operationally, scaling up to national level can only be guaranteed after a period of consolidation during which the necessary mechanisms to ensure active participation of beneficiaries and development of a sense of project ownership by them can be strengthened. These mechanisms include: community-based child monitoring and reporting systems; community and Tinkhundla plans of action; a clear and transparent system of providing productivity and food security-enhancing agricultural and livestock grants; a clear and transparent mechanism of identifying individuals for training in savings schemes; and NCPs whose operation is guided by adherence to accepted minimum standards.

**Conclusions**

Based on the findings of the evaluation, it can be concluded that only three out of nine project objectives have been accomplished to a great extent. These centre on: achieving in community leaders and families an understanding of child rights, of the concept of “duty bearers” for children’s rights, and of key community and family gaps in realization of children’s rights (including rights of participation and of play); ensuring that all children and families receive comprehensive information on HIV and AIDS and its risk factors, in ways that lead to reduction of risk behaviour; and assigning and ensuring adequate capacity of community duty-bearers for protection and promotion of children’s rights, relevant to all stages of the life-cycle of children.
Incoherence, lack of integration in project components and a rather fragmented approach reflect a lack of convergence in project thinking and implementation and have led to difficulties in planning and coordination of the response, and have tended to impair project impact. The need to institute mechanisms that will enhance a sense of project ownership among beneficiaries; ensure participatory planning, implementation and project control; and allow for the evolution of succession planning cannot be overemphasized. The TFFC is replicable to a nation-wide scale as long as allowance can be provided for a consolidation period during which the shortfalls currently prevailing can be addressed satisfactorily.

**Recommendations**

The evaluation recommends that the TFFC project should engage with communities in order to identify suitable and appropriate opportunities for investment of savings in productivity-enhancing innovations. This process will not only serve to identify suitable individuals to be provided with training that would bind them together in savings schemes, but also allow for active participation, cultivate a sense of ownership, and create broad awareness of savings schemes and their role in enhancing family and community development.

It also recommends that the TFFC project should re-look at its existing mechanisms for child monitoring and reporting with a view to making them user-friendly and known to beneficiaries. Clear structures for involving beneficiaries in monitoring and reporting at chiefdom and *Inkhundla* levels should be created and schedules for reporting should be prepared. Beneficiary participation in monitoring and reporting will enhance their involvement in implementation of project activities, awareness of project outcomes, and will stimulate a sense of project ownership.

The TFFC project should institute a participatory planning process at chiefdom and *Inkhundla* levels to provide opportunity for beneficiaries, particularly children, to actively
engage in and assume control of the development and updating of their plans of action. The process should ensure the involvement of children and adhere to agreed-upon planning schedules and norms. The project should use transparent and systematic means of identifying homesteads which are providing good care and psycho-social support to OVC in order to minimize complaints of favouritism and create broad awareness of the existence of grants to deserving homesteads. The homesteads receiving grants for productivity and food security-enhancing agricultural and livestock inputs should also receive training on crop and livestock production so that they can also serve as model farming and livestock keeping entities in their communities.

In order to enhance the pace and quality of service delivery, UNICEF should build teamwork among staff involved in TFFC activities to ensure that they operate in a holistic and integrated manner. It should also adopt a uniform set of child rights for use in advocacy in communities.

The TFFC project should address the problems constraining the development and performance of NCPs to ensure that they serve as a base to introduce innovations into the community. The guidelines and minimum standards highlighted in the NCP strategic plan should be utilized in addressing these problems. The project should also institute mechanisms for enhancing a sense of project ownership among beneficiaries; ensure participatory planning, implementation and project control; and allow for the evolution of succession planning. In this regard, the need for capacity building in the aspects of empowerment and animation techniques cannot be overemphasized.
1.0 BACKGROUND

1.1 Swaziland: Overview

The Kingdom of Swaziland is a landlocked country measuring approximately 17,000 km$^2$, of which 17,203 km$^2$ is land and only 160 km$^2$ is water. It is the second smallest country on the African continent after the Gambia, and is surrounded by South Africa to the north, west and south, and Mozambique to the east. Of the total area of the country, 12.6 per cent is cropland, 74.6 per cent under grazing, 5.6 per cent under commercial forests and woodland and 7.2 per cent for other uses.

Despite its small size, Swaziland has four distinct agro-climatic zones, namely the Highveld, Lowveld, Middleveld and Lubombo Plateau. Administratively, the country is divided into four regions, namely Hhohho, Manzini, Lubombo and Shiselweni. It is further divided into 55 Tinkhundla (administrative constituencies), which also have development functions.

The population of Swaziland stands at approximately 1.1 million, with an annual growth rate of 2.9 per cent. Approximately 70 per cent of the inhabitants reside in rural areas. The 1997 Census found the population to be young, with 43 per cent consisting of children under 15 years of age, and only 4.6 per cent over 60 years of age. Approximately 69 per cent falls under the age of 25 years. The Swazi Nation consists of one ethnic group, the Swazi.

Swaziland is classified as a middle income country whose per capita income of US$ 1,245 (2002) is relatively high when compared to other Southern African Development
Community countries. However, the poorest 40 per cent of the population average only US$ 230 and 66 per cent live on less than US$ 1 a day.

The Swazi rural population is predominately dependent on subsistence farming and/or livestock herding. Food production represents the primary livelihood activity, with maize being the major crop, although recently sugarcane farming has increased, substituting for the fall-out of cotton as the cash crop on SNL. The subsistence sub-sector consists of low productivity smallholder farms characterized by semi-subistence and rain-fed production and communal grazing. These farms, which are vulnerable to droughts and other changes in rainfall patterns, are on Swazi Nation Land that covers 66 per cent of the country’s land area and represents the main source of livelihood for most Swazis. Traditionally, this land is held in trust by the King for the Swazi Nation and the rights to cultivate it are derived from traditional social relationships which stipulate that land can be used but not sold. The major crops produced are maize, cotton, vegetables and groundnuts. Livestock are raised communally and include chicken, goats, pigs, sheep and cattle. Output from the subsistence sector fluctuates widely.

Swaziland witnessed a discernible decline in key social indicators in the early 1990s when compared to its impressive record of the 1980s. The Human Development Index (HDI) increased from 0.530 in 1975 to 0.623 in 1990 and declined to 0.500 in 2004 and 0.471 in 2006 (Swaziland Government and UNDP, 2007; UNDP, 2007). The Human Poverty Index (HPI) is 53.9 per cent and is one of the highest. The falling indicators, while inconsistent with Swaziland’s lower middle income status, are a result of drastic reduction in life expectancy by more than 30 years in just one decade mainly due to the high HIV prevalence, decline in per capita GDP and high income inequality. The prevalence of the population below the national poverty line increased from 66 per cent in 1995 to 69 per cent in 2001. The HIV prevalence escalated to 42.6 per cent in 2005. The unemployment situation worsened to 29 per cent in 2001 (Swaziland Government and UNDP, 2007).
During the first two decades of independence, Swaziland made remarkable progress in expanding educational provision such that, by 1985, the country had achieved universal primary education. However, growth in primary school enrolments slowed down in the late 1990s and began to decline in 2000. There was a 2.5 per cent decline in enrolments between 2000 and 2003 from 213,986 to 208,652 pupils, respectively. This was a result of a weakening economy, a high population growth rate, the impact of HIV and AIDS, worsening poverty and persistent droughts. The escalating numbers of OVC who are unable to go to school due to lack of fees is exacerbating this situation (Swaziland Government and UNDP, 2007).

In recent years, the Government of Swaziland and its partners have scaled up efforts to ensure that all pupils, irrespective of socio-economic background, have access to education. This has been achieved through initiatives aimed at reducing the cost barriers to accessing education, such as provision of free books to all public primary school pupils since 2002, gradual introduction of free stationery beginning with the first four grades in 2006 and introduction of a bursary scheme for the education of OVC. There has been substantial increase in budget allocation towards educational grants since 2002 (Swaziland Government and UNDP, 2007) and, beginning 2010, the policy of free education will be implemented, starting with the first two grades.

The introduction of the subsidy scheme has enhanced the provision of the right of children, including OVC, to education. On the whole, the enrolment of girls has been lower than that of boys although this has tended to balance out at secondary level (Swaziland Government and UNDP, 2007). However, despite the laudable achievements, there are still many school aged children who are excluded from the education system due to poverty.

Approximately 54 per cent of the population is under the age of 18, implying a challenge for child health and early adult reproductive health programmes. Child mortality is closely linked to various factors, including poverty, education and poor healthcare services. The decline in infant and child mortality during the early 1990s was due to the
positive impact of child survival interventions, such as safe motherhood and neonatal care programmes (Swaziland Government and UNDP, 2007). However, the rise in under-five mortality by the late 1990s came as a result of hard-won child survival gains being reversed as a direct and indirect impact of the HIV and AIDS epidemic, teenage pregnancies and the concomitant rise in poverty levels.

The quality of health services in rural Swaziland is very poor compared to urban areas, and this has implications for the rights of children to health services. Unsatisfactory child health outcomes have also been associated with low coverage of safe water supply and sanitation (Swaziland Government and UNDP, 2007). The proportion of the population with access to improved sanitation (the management of human waste at the household level) is only 51 per cent and that with access to safe water in rural areas is only 54 per cent.

Child malnutrition, which was a minor problem until the late 1990s, became critical since 2000 after adverse weather conditions and increasing prevalence of HIV and AIDS. This has implications on the rights of children to food. The increasing number of households depending on food aid and having limited access to water and sanitation has increased the risk of childhood illnesses and child mortality. Of the 69 per cent people living below the poverty line, most are children (Swaziland Government and UNDP, 2007). The very high prevalence of HIV and AIDS implies that child malnutrition across the country will continue to deteriorate over the years, with such consequences as serious learning disabilities in malnourished children.

1.2 Promotion of Respect and Protection of Child Rights

While Swazi culture does not recognise rights but emphasises obligations, entitlements and the basic needs of the child, it is anticipated that, with education this perception will change for the better. The Government of Swaziland ratified the Convention on the Rights of the Child (CRC) on 26 August 1995, thus expressing its commitment to implement its provisions. This paved the way for the adoption of initiatives that will
gradually promote respect and protection of children’s rights. The Tinkhundla Fit For Children (TFFC) initiative is one such effort and is a localized and adapted version of the World Fit For Children. It has been in place in Swaziland since 2005 and is facilitated by UNICEF with funding from the Danish National Committee. This initiative is rooted in the Swazi culture that requires communities and families to support and care for all children in one way or the other regardless of their status in a given community.

The adoption of the TFFC initiative came in the backdrop of the dramatic increase of OVC as one of the most visible challenges in Swaziland when it comes to providing them with care, support, education and food. In this context, the TFFC initiative is a human rights-based endeavour that is aimed at demonstrating the feasibility of promoting coordination of social safety nets within a particular locality and ensuring that the unmet rights are met, and increasing commitment and capacity of community members and leadership to take care of their OVC.

1.3 Purpose of TFFC Initiative

The TFFC pilot project focuses communities on providing a “package” of protection, care and support services for children. It is being implemented in four Tinkhundla, namely, Mahlangatsha, Lomahasha, Timphisini and Hosea, covering 25 chiefdoms (communities) with a population of approximately 40,000 people. The goal of the project is to resuscitate economies and rebuild capacities of rural communities in ways that enable them to stop the spread of HIV and AIDS, give protection and opportunities to their OVC, create food security and provide for the basic needs of children and families.

The objectives of the project have been to:

i. Achieve in community leaders and families an understanding of child rights, of the concept of “duty bearers” for children’s rights, and of key community and family gaps in realization of children’s rights (including rights of participation and of play).
ii. Establish community-based child monitoring systems in all project communities, linked to leadership committees, and tied to Tinkhundla child monitoring and reporting systems.

iii. Develop and annually update community and Tinkhundla plans of action for children, designed to reduce or eliminate gaps in realization of child rights, especially for orphans and vulnerable children.

iv. Provide grants for productivity and food security-enhancing agricultural and livestock inputs to homesteads which are providing good care and psycho-social support to orphans and vulnerable children.

v. Provide training for individuals (including children heading households) to bind together in savings schemes, and to identify good opportunities for investment of savings in productivity-enhancing innovations.

vi. Ensure children participate in project planning and implementation activities, and have opportunities to make their views known and considered on issues affecting them.

vii. Ensure all children and families receive comprehensive information on HIV and AIDS and its risk factors, in ways that lead to reduction of risk behaviour.

viii. Assign and ensure adequate capacity of community duty-bearers for protection and promotion of children’s rights, relevant to all stages of the life-cycle of children.

ix. Build the capacities of neighbourhood care points (NCPs) to serve as a base to introduce innovations into the community (“menu” of possible areas includes early child development practices, life-skills training, hygiene, food and crop diversification, nutrition, gardening, no-till cropping, positive living).

1.4 Scope of Activities

The comprehensive support and care “package” offered through the TFFC initiative in the four Tinkhundla includes the following:

i. Community mapping involving community members;

ii. Mobilization of communities using the child rights-based approach;
iii. Training community leadership on rights-based planning;
iv. Community-level interventions, including establishment of NCPs, Lihlombe Lekukhalela (child protectors or “shoulders to cry on”);
v. Harmonization of the roles and responsibilities of community volunteers (caregivers, Bagcugcuteli or health motivators and Lihlombe Lekukhalela);
vi. Capacity-building of caregivers in psycho-social support (PSS), early childhood development (ECD) and livelihoods;
vii. Promotion of child participation;
viii. Community legal education and birth registration;
ix. Schools as Centres of Care and Support (SCCS);
x. Prevention of Mother to Child Transmission (PMTCT) through mentoring approach; and
xi. Community-based monitoring.

2.0 PURPOSE OF THE EVALUATION

The TFFC project has been running since 2005 without a comprehensive evaluation to identify strengths, constraints and points of improvement. In light of this reality, the evaluation sought to measure the relevance, efficiency, effectiveness, sustainability and impact of the TFFC model. The evaluation sought to answer the following questions, among others:
i. Project needs identification – Is the project intervention meeting the perceived priority needs of the beneficiaries/target population?
ii. Project ownership – How are the beneficiaries involved and how do they participate in the planning and implementation of the project? What decisions do they make and what is the nature of the relationship between the project and its beneficiaries?
iii. Project impact – How has the project changed the lives of beneficiaries?
iv. Sustainability of intervention – How sustainable is the project impact beyond the project support? What measures are in place (sustainability plan) to ensure sustainability?
In the context of the objectives of the evaluation, the following key research questions were explored:

i. To what extent did the project meet its overall goals and objectives?

ii. What impact did the project have on the lives of beneficiaries?

iii. Was the project equally effective for all beneficiaries?

iv. What components were the most effective?

v. What significant unintended impacts did the project have?

vi. Is the project replicable?

vii. Is the project sustainable?

### 3.0 EVALUATION METHODOLOGY

#### 3.1 Location, Target Population and Sample

The evaluation focused on four Tinkhundla where the TFFC initiative was being carried out on a pilot scale, namely Mahlangatsha, Lomahasha, Timphisini and Hosea, covering 25 chiefdoms (communities). Four TFFC project communities, one from each project Inkundla, were identified in consultation with UNICEF staff and Inkundla leadership and in consideration of level of involvement in project activities. These communities were: Bhahwini (Mahlangatsha), Lomahasha (Lomahasha), Ludzibini (Timphisini) and Manyiseni (Hosea). An additional community, Malindza, which has not had any TFFC intervention, was also included in the evaluation. The purpose for this was to explore whether there was any difference between project and non-project communities in terms of achievements purported to be arising from TFFC intervention.

The target population was approximately 40,000 people and, based on this, a sample size of 400 people was considered adequate for the personal interview (Krejcie and Morgan, 1970). Therefore, a purposive sample of 50 household heads and 50 children was then
drawn from each of four TFFC project communities, making a total of 400 respondents for the survey. The distribution of respondents by chiefdoms was as shown in Table 1.

### Table 1

<table>
<thead>
<tr>
<th>Names of Chiefdoms and Tinkhundla</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Household Heads</td>
</tr>
<tr>
<td>Bhahwini (Mahlangatsha)</td>
<td>50</td>
</tr>
<tr>
<td>Lomahasha (Lomahasha)</td>
<td>50</td>
</tr>
<tr>
<td>Ludzibini (Timphisini)</td>
<td>50</td>
</tr>
<tr>
<td>Manyiseni (Hosea)</td>
<td>50</td>
</tr>
<tr>
<td>Total TFFC</td>
<td>200</td>
</tr>
<tr>
<td>Malindza</td>
<td>50</td>
</tr>
<tr>
<td>Grand Total</td>
<td>250</td>
</tr>
</tbody>
</table>

In each community, the respondents for the face-to-face interview were selected on the basis of their familiarity or involvement with the project. They were stratified according to sex and age grouping (children and household heads). The distribution of TFFC project respondents by sex is shown in Table 2.

Community-based FGDs involved 15 – 20 community leaders and service providers. These included members of Inner Council (*Bandlancane*), *Banakekeli*, Rural Health Motivators (*Bagcugcuteli*), *Lihlombe Lekukhalela*, and NCP caregivers. Dates of meetings for FGDs were set in collaboration with community leaders and discussion meetings were held at *Inkhundla* centres by invitation of community leaders.

### Table 2

<table>
<thead>
<tr>
<th>Respondent Categories</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Household heads</td>
<td>84</td>
</tr>
<tr>
<td>Children</td>
<td>95</td>
</tr>
<tr>
<td>Total</td>
<td>179</td>
</tr>
</tbody>
</table>

### 3.2 Instrumentation
The evaluation data were collected through a questionnaire, FGDs and personal interview schedules. The Questionnaire for UNICEF Staff (Appendix 1) was administered to UNICEF staff responsible for providing TFFC services and support in the project communities. Information obtained from this questionnaire was used as input in the preparation of the FGD guide and interview schedules for children and household heads.

The FGD was used to collect data from all community leaders and service providers in each of the four TFFC project communities. The Focus Group Discussion Guide for Community Leaders and Service Providers (Appendix 2) contained questions and issues that reflected evaluation and project objectives, and was reviewed by UNICEF.

The Personal Interview Schedule for Household Heads (Appendix 3) and Personal Interview Schedule for Children (Appendix 4) were used to collect data from household heads and children, respectively, in the four TFFC project communities and in Malindza. The interview schedules were developed using input from project documents, data obtained from questionnaire for UNICEF staff and comments from UNICEF. The items reflected the research questions and, as far as possible, embraced the nine (9) objectives of the TFFC project. The interview schedules consisted of open-ended and close-ended items. For the close-ended items, three-point and four-point Likert-type rating scales were used. The three-point rating scale was anchored as follows: Yes (1), No (2) and Don’t know (3). The four-point scale was anchored as follows: No reduction at all (1), Slight extent (2), Moderate extent (3) and Great extent (4).

3.3 Data Collection

The questionnaire for UNICEF staff was mailed and administered to respondents. Almost all relevant staff responded. The FGD guide was administered by the Consultant Team with the help of two (2) research assistants. Meetings for FGDs were conducted in SiSwati and were specifically convened through arrangement and appointment with community leaders.
Face-to-face personal interviews were conducted by eight (8) research assistants who were trained for the purpose prior to the exercise. Particular attention was placed on preparing research assistants to handle interviews with child respondents. This included:

i. Informing community leaders during the FGD session that interviews for household heads and children would be conducted on purposively selected individuals and that parents and guardians with objections were free not to allow their children to participate;

ii. Explaining the purpose, procedure and expectations of the evaluation;

iii. Explaining to the children that they were purposively selected to participate in the interview on the basis of their familiarity with the TFFC initiative;

iv. Ensuring, as far as possible, that children were interviewed at or near their homes for ease of securing consent from parents or guardians and for instilling confidence through assurance of safety and security;

v. Assuring children not to feel pressured or obliged to speak about their personal experiences if they were not comfortable doing so and that they were free to withdraw if they wanted and that nothing bad would happen to them as a result;

vi. Demonstrating patience and providing adequate time for children to think properly and apply their minds in a relaxed atmosphere;

vii. Assuring children that the information they provided was solely for the purpose of the evaluation and that it would be pooled together in such a way that the individual’s identity would not be known;

viii. Assuring children that responses obtained from individuals would not be shared with anyone else except in pooled form;

ix. Assuring children that their names were not being recorded to emphasize anonymity and confidentiality;

x. Allowing children to ask questions for clarification before, during and after the interview.
Thus, generally, evaluation data were in the form of perceptions of respondents, except in a few situations where observation of the situation of NCPs was made. To this extent, this methodological limitation is acknowledged.

3.4 Data Analysis

Data from the questionnaire for UNICEF staff and FGDs were recorded and compiled verbatim. They were then analyzed through inductive categorization of emerging ideas thematically and reported accordingly. The computer programme Statistical Package for Social Sciences (SPSS) PC+ Version 10 (2000) was used for the analysis of data from personal interviews. Data from close-ended interview items were summarized in the form of frequencies, percentages, means and standard deviations, while those from open-ended items were summarized, content analyzed, inductively categorized thematically and reported verbatim.

4.0 EVALUATION FINDINGS

4.1 Adults’ Understanding of Child Rights

Adult respondents (community leaders, service providers and household heads) generally found it difficult to explain the concept of child rights. During focus group discussions, community leaders and service providers generally gave no response when asked about their understanding of this concept. The majority of household heads had the same problem, preferring instead to give examples of such rights. Descriptions that were most frequently given by household heads focused on aspects of proper care and better treatment of children and their protection from abuse. Several other responses revealed lack of understanding of the concept.

However, adult respondents generally believed that children had rights. Table 3 provides a summary of the opinions of household heads (most of whom were adults) reflecting their beliefs on whether or not children had rights and whether or not children enjoyed theses rights. The majority (83%) believed that children had rights and only about 17%
did not believe so or did not know. These findings indicate that, with a few exceptions, household heads were generally aware that children have rights.

Table 3

Opinions of Household Heads Regarding Rights of Children

<table>
<thead>
<tr>
<th>Responses</th>
<th>Whether Children Have Rights</th>
<th>Whether Children Enjoy Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Yes</td>
<td>163</td>
<td>82.7</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>12.7</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
<td>4.6</td>
</tr>
<tr>
<td>Total</td>
<td>197</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The majority (77%) of household heads also indicated that children did indeed enjoy their rights, while 23% disagreed or did not know. Those who indicated that children in the community did not enjoy rights attributed this, *inter alia*, to: poor playing facilities, lack of seriousness on the part of children themselves, children’s lack of understanding of their rights, some parents being abusive, and poverty. These factors reflect constraints to the implementation of children’s rights in communities.

Most respondents who believed that children have rights were able to provide one or more examples of these. The most frequently mentioned were rights to education and food. Those that were frequently mentioned were rights to: better health care, play, clothing and love. The rights of children to protection (shelter, clothing, and care), participation, thinking and believing what they want, and practicing their own religion were only less frequently mentioned. A few respondents could not sight a single example of child rights. These were, most probably, those who did not know.

4.2 Children’s Understanding of Their Rights

Like their adult counterparts, children generally found it difficult to define their rights, preferring instead to give examples only. The majority of children were able to identify one or more examples of child rights. The most frequently mentioned examples were the right to: education, food and clothing, while the rights to play and shelter were mentioned
frequently. Others that were less frequently mentioned were the right to: go to church, be loved, better health care, stay with parents, interact with other people, express own opinion, and be registered at birth.

Children’s understanding of their rights was explored in terms of whether they thought they: were special; should be allowed to think and believe in what they wanted; believed in what they wanted; should be allowed to practice any religion they wanted; practiced the religion they wanted; should be allowed to meet with peers, join groups or organizations; should be able to receive good health care; and received good health care. Other aspects explored were whether children: should be able to receive clean water; received clean water; should be able to get nutritious food; received nutritious food; should be able to live in a clean environment; lived in a clean environment; should be able to use the language and customs of family; used the language and customs of the family; should be able to play, relax and join in a wide range of activities; played, relaxed and joined in a wide range of activities; should be able to go to school; went to school; should be protected from violence and abuse; were protected from violence and abuse; were availed with Lihlombe Lekukhalela in the community; should have a birth certificate; and actually had one. The opinions of children on these aspects are summarized in Table 4.

The majority (86%) of the children generally considered themselves to be special in the context of the rights they had or ought to enjoy, the peculiar circumstances in which they found themselves and their social roles and responsibilities. Those who perceived themselves as special in the context of their rights pointed out that they were being afforded better education, clothing, basic needs and parental love. Some indicated that they knew their rights and had a right to be respected, just as they respected others.

Those who considered themselves as special in the context of their peculiar circumstances cited being: the last born, a human being, able to live on one’s own, the only child at home, the only one at home who goes to school, trusted by parents, beautiful, a child, a child of God, a blessing to parents, free to do what one wants, able to enjoy life like a child, the only boy, the only girl, and held in high esteem by parents and
grandparents. Others in this category attributed their being special to the privilege of having one or both parents alive.

Table 4

<table>
<thead>
<tr>
<th>Opinions of Children Regarding Understanding of Their Rights</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>F</th>
<th>%</th>
<th>F</th>
<th>%</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions Regarding Whether Children</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td></td>
<td>F</td>
<td>%</td>
</tr>
<tr>
<td>Consider themselves special</td>
<td>168</td>
<td>86.2</td>
<td>16</td>
<td>8.2</td>
<td>11</td>
<td>5.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be allowed to think and believe in what they want</td>
<td>157</td>
<td>79.3</td>
<td>36</td>
<td>18.2</td>
<td>5</td>
<td>2.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Think and believe in what they want</td>
<td>157</td>
<td>79.7</td>
<td>35</td>
<td>17.8</td>
<td>4</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be allowed to practice any religion they want</td>
<td>163</td>
<td>81.9</td>
<td>35</td>
<td>17.6</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice any religion that they want</td>
<td>164</td>
<td>82.8</td>
<td>33</td>
<td>16.7</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be allowed to meet with peers and join groups</td>
<td>196</td>
<td>99.0</td>
<td>2</td>
<td>1.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be able to receive good health care</td>
<td>190</td>
<td>96.0</td>
<td>8</td>
<td>4.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive good health care</td>
<td>197</td>
<td>99.5</td>
<td>1</td>
<td>0.5</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be able to get clean water</td>
<td>173</td>
<td>87.4</td>
<td>24</td>
<td>12.1</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get clean water</td>
<td>194</td>
<td>99.0</td>
<td>1</td>
<td>0.5</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be able to get nutritious food</td>
<td>199</td>
<td>100.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get nutritious food</td>
<td>155</td>
<td>77.9</td>
<td>44</td>
<td>22.1</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be able to live in clean environment</td>
<td>197</td>
<td>99.0</td>
<td>1</td>
<td>0.5</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live in clean environment</td>
<td>153</td>
<td>77.3</td>
<td>44</td>
<td>22.2</td>
<td>1</td>
<td>0.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be able to use language and customs of family</td>
<td>167</td>
<td>84.3</td>
<td>31</td>
<td>15.7</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use language and customs of family</td>
<td>188</td>
<td>94.5</td>
<td>8</td>
<td>4.0</td>
<td>3</td>
<td>1.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be able to play, relax and join in wide range of activities</td>
<td>191</td>
<td>96.0</td>
<td>8</td>
<td>4.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Play, relax and join in wide range of activities</td>
<td>193</td>
<td>98.5</td>
<td>3</td>
<td>1.5</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be able to go to school</td>
<td>199</td>
<td>100.0</td>
<td>0</td>
<td>0.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Go to school</td>
<td>186</td>
<td>93.5</td>
<td>13</td>
<td>6.5</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be protected from violence and abuse</td>
<td>195</td>
<td>98.5</td>
<td>3</td>
<td>1.5</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are protected from violence and abuse</td>
<td>192</td>
<td>97.0</td>
<td>6</td>
<td>3.0</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are availed with <em>Lihlombe Lekukhalela</em> in the community to report to if abused</td>
<td>142</td>
<td>72.1</td>
<td>13</td>
<td>6.5</td>
<td>42</td>
<td>21.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should have a birth certificate</td>
<td>193</td>
<td>97.5</td>
<td>5</td>
<td>2.5</td>
<td>0</td>
<td>0.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a birth certificate</td>
<td>164</td>
<td>84.5</td>
<td>25</td>
<td>12.9</td>
<td>5</td>
<td>2.6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The children who felt special on account of their social responsibilities indicated that they were helping at home and helping the needy. Others cited their expectation to be responsible persons and to take care of parents when they grow up.

Only 14% of the children did not perceive themselves to be special or did not know whether they were special. Those who did not consider themselves to be special cited the fact that they did not have parents alive, did not have opportunity to live with them or were not in good terms with them. Others simply had no clue about what it meant to be special, which is a reflection of a lack of concrete circumstances and experiences that gave them self-esteem.

It can be inferred from Table 4 that the majority of children were aware of their rights and, seemingly enjoyed them already. This is reflected in the findings that:

i. The majority (79%) wished to be allowed to think and believe in what they wanted and that 80% actually thought and believed in what they wanted.

ii. The majority (82%) wished to be allowed to practice any religion they wanted and that 83% actually practiced the religion they wanted.

iii. Almost all (99%) wished to be allowed to meet with children and young people and to join groups or organizations.

iv. The majority (96%) wished to be able to receive good health care and that almost all (99.5%) received good health care.

v. The majority (87%) wished to be able to receive clean water and that almost all (99%) actually received clean water.

vi. All (100%) indicated that they ought to get nutritious food and that 78% actually did.

vii. Almost all (99%) indicated that they ought to live in a clean environment and that 77% actually did.

viii. The majority (84%) wished to be able to use the language and customs of family, and that 95% actually did.

ix. The majority (96%) wished to be able to play and relax and join in a wide range of activities, and that 99% confirmed actually being able to do so.
x. All (100%) wished to be able to go to school, and that 94% confirmed to be actually doing so.

xi. Almost all (99%) indicated that they ought to be protected from violence and abuse, and that 97% confirmed that they were actually protected.

xii. The majority (72%) indicated that there was Lihlombe Lekukhalela in the community to whom they could report, if abused.

xiii. The majority (98%) indicated that they should have a birth certificate, and that 85% confirmed actually having one.

4.3 Understanding of Child Rights by UNICEF Staff

The responses from UNICEF staff who were, in one way or another familiar with or working as service providers on various aspects of TFFC, revealed that they had different levels of understanding of the project components and of the rights of children. While only a few could list five or more of the rights of children, the majority could only list up to three and others could not. The majority of the staff could not operationalize the specific objectives of the project into measurable components.

The differential understanding of project components and child rights by UNICEF staff is, partly, a result of the way the project is structured. Members of staff are usually assigned to different projects and only contribute to TFFC activities where these are in line with their responsibilities. As such, their knowledge of TFFC components and child rights is only confined to those aspects that fall under their different responsibilities. This implies that they do not necessarily have full and holistic understanding of the various components and of the operational character of TFFC. As such, there is no coherent, integrated and frontal approach in TFFC project implementation. Instead, there appears to be a fragmented approach that allows for each member of staff to “chip in” as and when needed.

The situation is further complicated by the lack of a uniform set of child rights that could have served as the basis for coherent advocacy in the project communities. It is
understood that the rights being advocated arise from the CRC and that service providers have been exposed to a list of child rights and some general duties. It is also understood that Save the Children, which has been facilitating the training of community service providers on child rights uses a manual for this. The problem, however, is that advocacy in communities has not been based on a coherent and simplified list of these rights. Consequently, service providers do not necessarily “speak the same language” that could have served as the basis for training and evaluation.

In general, the lack of integration in project components has led to a rather fragmented approach that demonstrates a lack of convergence in project thinking and implementation. Inevitably, this state of affairs leads to difficulties in planning and coordination of the response and tends to impair project impact.

4.4 Children’s Perceptions of Key Gaps in Realizing Child Rights

Children who indicated that they did not think and believe in what they wanted attributed this state-of-affairs mostly to the fact that they were still under parental control and that independent thinking was likely to propel them into doing the wrong things that would put them in danger. While some attributed this to fear of and respect for parents, others attributed it to apathy, pointing out that they usually did not get what they wanted anyway.

Children who indicated that they did not practice the religion that they wanted mostly attributed this to the fact that they were still under the control of parents who usually made decisions about religion and, where necessary, even forced them to comply. A few pointed out that they were not familiar with any other religion, thus making the question of choice irrelevant.

Children who indicated that they did not receive good health care pointed to the lack of proper health care facilities and medicines in the community, and to failure of nurses to visit NCPs. Others, who were sickly, indicated that they were afraid to report health
problems for fear of being ridiculed and stigmatized. Those who were poor and orphaned felt that people were already too overburdened to help orphans who always sought assistance in addressing their health problems.

Most of the children who did not receive nutritious food cited poverty as the major reason. Others cited parental failure to provide support, fear of stigmatization if seen to stick to food prescribed for those who are HIV positive, lack of water to support the growing of vegetables in home gardens and persistent famine. Children who did not receive clean water attributed this to water pollution, lack of fencing at water sources, and distant sources of clean water. The lack of clean environment was attributed to indiscriminate littering and lack of latrines that forced people to relieve themselves in the bushes.

While children who did not play, relax and join a wide range of activities indicated that they were always busy working at home, those who did not go to school cited teenage pregnancy, lack of school fees (poverty) and lack of pressure to go to school as reasons. Those who did not have birth certificates attributed this to lack of knowledge of anyone who could help them to get one, let alone tell them about the need for one. While some children indicated that changing surnames had caused them problems, others blamed the long and tedious registration process and the distant registration offices.

4.5 Adults’ Perceptions of Key Gaps in Realizing Child Rights

Household heads most frequently identified poverty as the key constraint that communities faced in realizing child rights. This was followed by lack of access to services, lack of knowledge of child rights, and duty bearers’ laziness and lack of commitment to their work. The constraints that were mentioned less frequently were: children’s loss of parents, drought and food shortage, duty bearers’ lack of adequate information on child rights, and lack of duty bearers. It should be mentioned that a substantial number of responses indicated that some parents disagreed with the promotion of child rights.
The opinions of household heads were echoed by those of community leaders and service providers who pointed out that lack of resources contributed to communities’ inability to provide access to support services, build proper structures for child-headed families and provide facilities for children to play. They also mentioned that caregivers were inadequately trained in child rights; and that those who had passed away were not being replaced with trained ones. It was also mentioned that some community members accused duty bearers of interference in the affairs of other families when they attempted to intervene in issues of child abuse. This made it difficult to intervene for or assist an abused child outside the family. This observation points to the need for ways of protecting duty bearers so that they can perform their duties without fear or harassment.

Household heads frequently identified the following as key constraints that families faced in realizing child rights: poverty, unemployment, parents’ limited understanding of child rights and children’s misinterpretation of their rights. Those that were less frequently mentioned include death of bread winners, alcohol abuse, domestic violence, household food insecurity, and broken and divided families. Community leaders and service providers echoed these and added that inadequacy of water led to some children being overburdened to fetch water from distant sources.

The key constraints being faced by the government in realizing children’s rights were only mentioned with less frequency, apparently implying lack of knowledge about government’s role and potential. The constraints identified were: failure to work hand in hand with chiefs, poor service delivery, failure to provide free education, inability to monitor the situation in communities, making empty promises, and aloofness from the people. Community leaders and service providers cited inability of government to provide adequate staffing in schools and health centres and to supply adequate medication; inability to provide more funding to support the construction of NCPs and provide food for these children; and procrastination of government officials in processing birth certificates.
4.6 Adults’ Awareness of Role and Performance of Duty Bearers

The evaluation sought to establish whether respondents were aware of the concept of duty bearers, whether duty bearers had been identified and assigned for protection and promotion of child rights and whether they had been adequately trained for protection. Household heads, frequently described duty bearers for child rights to mean people responsible for the well being of the children, particularly those that are needy. However, a substantial proportion of respondents did not have a clue.

Members of the family, particularly parents, were acknowledged most frequently as the ones responsible for ensuring that children enjoy their rights. Others that were frequently mentioned are caregivers, Lhlombe Lekukhalela, teachers and the community as a whole. Those that were less frequently mentioned are: Bandlancane, the government, community police, pastors, Swaziland Action Group Against Abuse (SWAGAA), relatives, Umphakatsi, United Nations Children’s Fund (UNICEF) and World Vision. Community leaders and service providers, on the other hand, identified the following as duty bearers for child rights: Lhlombe Lekukhalela, Bagcugcuteli, Banakekeli, Bandlancane, parents and caregivers. It can be inferred from these findings that adult members of households are aware of who the duty bearers for child rights are although they might not be able to actually describe their actual role.

Table 5 presents the distribution of household heads according to their opinions on whether community duty bearers had been identified, assigned and trained. The findings reveal that 90% of household heads indicated that community duty bearers had been identified, while 5% indicated that they had not and 5% indicated that they did not know. It is evident from these findings that community duty bearers had been identified.

<table>
<thead>
<tr>
<th>Perceived Attributes of Community Duty Bearers</th>
<th>Yes F</th>
<th>%</th>
<th>No F</th>
<th>%</th>
<th>Don’t Know F</th>
<th>%</th>
</tr>
</thead>
</table>

Table 5

Distribution of Household Heads by Opinions on Identification, Assignment and Training of Community Duty Bearers
The opinions of 85% of household heads were to the effect that duty bearers who had been identified had also been assigned for protection and promotion of child rights. However, 5% indicated that the duty bearers identified had not been assigned and 10% indicated that they did not know. The findings, therefore, point to the fact that duty bearers had been assigned for protection and promotion of child rights.

According to the opinions of 82% of the household heads, the duty bearers identified had been adequately trained for protection. However, 9% were of the view that duty bearers had not been adequately trained, while 10% did not know. The inference that can be made is that duty bearers were adequately provided with capacity for protection of child rights.

4.7 Assessment of Community-based Capacity Development

The evaluation sought to ascertain whether pertinent community-based mechanisms and capacity had been created for the enhancement of the protection and promotion of child rights. The key aspects explored were availability of: functioning child monitoring and reporting systems, plans of action designed to reduce or eliminate gaps in realization of child rights, plans of action designed to reduce or eliminate gaps in realization of the rights of OVC, caregivers providing care and psycho-social support to OVC, individuals trained to form savings schemes, agricultural input supplies, grants for livestock inputs, access to micro-finance for income generation activities, and comprehensive information on HIV and AIDS and its risk factors.

According to household heads, the major mechanism that communities have in place for following up on children was that of homestead visits by caregivers. Others, which were less frequently mentioned, were: homestead visits by *Bandlancane*, community police,
and special community committees. The specific opinions of household heads reflecting an assessment of capacity development in communities are summarized in Table 6.

### Table 6

<table>
<thead>
<tr>
<th>Assessment of Community-based Capacity Development</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based Mechanisms and Capacity</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Does Inkhundla have child monitoring system(s)?</td>
<td>49</td>
<td>25.1</td>
<td>85</td>
</tr>
<tr>
<td>Does Inkhundla have child reporting system(s)?</td>
<td>34</td>
<td>17.4</td>
<td>93</td>
</tr>
<tr>
<td>Does chiefdom have a plan of action to reduce or eliminate gaps in realization of child rights?</td>
<td>71</td>
<td>36.2</td>
<td>57</td>
</tr>
<tr>
<td>Is chiefdom plan of action annually updated?</td>
<td>59</td>
<td>39.9</td>
<td>33</td>
</tr>
<tr>
<td>Does Inkhundla have a plan of action to reduce or eliminate gaps in realization of child rights?</td>
<td>49</td>
<td>25.1</td>
<td>61</td>
</tr>
<tr>
<td>Is Inkhundla plan of action annually updated?</td>
<td>45</td>
<td>30.4</td>
<td>42</td>
</tr>
<tr>
<td>Does chiefdom have a plan of action to reduce or eliminate gaps in realization of the rights of OVC?</td>
<td>133</td>
<td>68.2</td>
<td>34</td>
</tr>
<tr>
<td>Are there caregivers that provide care and psycho-social support to OVC?</td>
<td>158</td>
<td>80.2</td>
<td>18</td>
</tr>
<tr>
<td>Have caregivers received training in counseling to help children in need of psycho-social support?</td>
<td>143</td>
<td>78.1</td>
<td>16</td>
</tr>
<tr>
<td>Is the support being provided by caregivers helping the children?</td>
<td>156</td>
<td>80.4</td>
<td>15</td>
</tr>
<tr>
<td>Are there individuals who have been trained to form savings schemes?</td>
<td>95</td>
<td>47.5</td>
<td>63</td>
</tr>
<tr>
<td>Do those trained to form savings schemes include children heading households?</td>
<td>37</td>
<td>23.3</td>
<td>87</td>
</tr>
<tr>
<td>Have many people received agricultural inputs?</td>
<td>96</td>
<td>49.0</td>
<td>86</td>
</tr>
<tr>
<td>Have many people received grants for livestock inputs?</td>
<td>38</td>
<td>19.4</td>
<td>137</td>
</tr>
<tr>
<td>Do people have access to micro-finance for income generation activities?</td>
<td>74</td>
<td>37.9</td>
<td>96</td>
</tr>
<tr>
<td>Have children received comprehensive information on HIV and AIDS and its risk factors?</td>
<td>162</td>
<td>83.9</td>
<td>14</td>
</tr>
<tr>
<td>Have families received comprehensive information on HIV and AIDS and its risk factors?</td>
<td>179</td>
<td>92.3</td>
<td>11</td>
</tr>
</tbody>
</table>

The findings reveal that the majority of household heads, as indicated by percentage responses in parentheses, were of the opinion that:

i. Chiefdoms have plans of action for children designed to reduce or eliminate gaps
in realization of the rights of OVC (68%).

ii. There are caregivers that provide care and psycho-social support to OVC (80%).

iii. Caregivers have received training in counseling and have tools to enable them to help children in need of psycho-social support (78%).

iv. The support being provided by caregivers is helping the children (80%).

v. Children have received comprehensive information on HIV and AIDS and its risk factors (84%).

vi. Families have received comprehensive information on HIV and AIDS and its risk factors (92%).

It can, thus, be inferred from these findings that mechanisms and capacity exist in the form of plans of action for reduction or elimination of gaps in realization of the rights of OVC; trained caregivers that provide care and psycho-social support that is helping OVC; and comprehensive information on HIV and AIDS and its risk factors that has been availed to children and families. Indeed, household heads explained that communities undertook to support OVC by providing food, clothing and education. They were also involved in cooking for them, growing vegetables specifically for them, securing sponsors to support their education, providing medication, providing fields for them, making donations and contributions, providing shelter, providing love, and providing them with emotional support.

The comprehensive information on HIV and AIDS and its risk factors provided to children focused on: use of condoms when having sex, avoiding love affairs with sugar daddies, the need to get tested, dangers of HIV and AIDS, and abstention till marriage. The information was channelled through schools and clinics, radio, peers, parents, UNICEF, Sunday school (churches), Population Services International (PSI), volunteers, home visits, newspapers, pamphlets, National Emergency Response Council on HIV/AIDS (NERCHA), World Vision, Red Cross, Swaziland National Network of People Living with HIV/AIDS (SWANNEPHA), youth centres, Voluntary Counseling and Testing (VCT) services, caregivers and television.
The content of the message in the comprehensive information on HIV and AIDS and its risk factors for families focused on: importance of using condoms when having sex, importance of eating nutritious food if already infected, need for families to get tested for HIV, protective measures when attending to someone who is injured, faithfulness to one’s sexual partner, and family planning. The major channels through which information was disseminated to families were: clinics and hospitals, radio, television, churches, counselors, PSI, newspapers, World Vision, caregivers, volunteers, Bandlancane, NCPs, UNICEF, Red Cross, NERCHA, and Doctors Without Borders.

According to opinions of household heads, information on HIV and AIDS had led to reduction of risk behaviour to a moderate extent (Overall Mean = 2.54) among families and only to a slight extent among children (Overall Mean = 2.37). The implication is that, even though children and families have received comprehensive information on HIV and AIDS and its risk factors, this has not contributed to behaviour change in any significant way among families and more so among children.

However, the findings in Table 6 also show that several mechanisms and capacity have not been developed or do not adequately exist in the project communities. This is evident in the minority opinions of household heads with respect to the following:

i. *Tinkhundla* have child monitoring system(s) (25%).

ii. *Tinkhundla* have child reporting system(s) (17%).

iii. Chiefdoms have plans of action for children designed to reduce or eliminate gaps in realization of child rights (36%).

iv. Where available, chiefdom plans of action are annually updated (40%).

v. *Tinkhundla* have plans of action for children designed to reduce or eliminate gaps in realization of child rights (25%).

vi. Where available, *Tinkhundla* plans of action are annually updated (30%).

vii. There are individuals who have been trained to form savings schemes (48%).

viii. Where available, those trained to form savings schemes include children heading households (23%).

ix. Many people have received agricultural inputs (49%).
x. Many people have received grants for livestock inputs (19%).

xi. People have access to micro-finance for income generation activities (38%).

The lack of child monitoring and reporting systems and of plans of action to reduce or eliminate gaps in realization of child rights at Inkhundla and chiefdom levels was further reflected in the opinions of respondents who had indicated that such structures existed. When further probed, they were, generally, unable to identify any ways through which their chiefdom child monitoring and reporting systems were linked to Inkhundla child monitoring and reporting systems. The majority of them also did not seem to know how else the community works together to realize child rights. Only a few mentioned the use of occasional meetings between caregivers and community members, the sharing of information with other community members, the use of information collected by caregivers and the use of workshops with government, UNICEF and non-governmental organizations (NGOs).

According to the majority of responses, there were no mechanisms available to enable children to participate in project planning. Only a few indicated the use of meetings that were convened for people to receive information and the involvement of people in community committees (e.g. Bandlancane). The majority of responses also indicated that there were no mechanisms available for enabling children to participate in implementation of activities and to make their views on issues affecting them known and considered. Only a few indicated that children made complaints through duty bearers and NCPs, Lihlombe Lekukhalela, and teachers; through occasionally being asked questions and for their views during meetings; and through youth committees summoned during Inkhundla meetings.

The development and operation of NCPs constitutes an important aspect of community-based capacity development within TFFC project communities. The project sought to build the capacities of NCPs to serve as a base to introduce innovations into the communities with a “menu” of possible areas to include early child development practices, life-skills training, hygiene, food and crop diversification, nutrition, gardening,
no-till cropping and positive living. These areas are in line with those proposed by the NCP strategic plan that seeks to address identified challenges in order to provide “high-quality, full-spectrum services” to Swazi children on a sustainable basis. The strategy seeks to ensure that all children in the country are afforded the opportunity to grow up in a safe, loving, non-discriminatory, caring, child-friendly, supportive environment and grow up with intellect, values and capacities needed to mould them to become responsible Swazi citizens. The strategy seeks to achieve this through a community-based, holistic and multi-sectoral approach to development, care and protection of all children.

The NCP strategy identifies eight thematic priorities, drawn from the National NCP Minimum Standards, and envisions NCPs as hubs for the provision of a coordinated service package to all children in the country, with special emphasis on Early Childhood Care and Development. The service package is expected to include: food and nutrition; basic health care; water, sanitation and hygiene; child protection and safety; early learning, play and recreation; psycho-social support; linkages to education; life skills and livelihood skills development.

The introduction of NCPs as a community-based initiative has, since its origins, been considered to be commendable. Some of the achievements of this initiative include: making the vulnerable visible, feeding vulnerable children, providing early childhood development and informal education, linking OVC to mainstream education, providing basic health care, bringing families and communities together and providing improved water and sanitation facilities.

As things stand, the NCPs introduced in TFFC communities are at different levels of development and functionality and a number of them face considerable problems. This state of affairs has caused anxiety among community members who view delays in operation of some of these facilities as a huge setback and a rallying point for complaints about their communities being neglected, forgotten or even discriminated against.
The key problems facing some of the NCPs include inadequate staffing, inadequate equipment and frequent food shortages in the face of increasing numbers of deserving children. In many communities, members indicated that the staffing and equipment available fell below what is stipulated in the Minimum Service Package for Children through Neighbourhood Care and Development Centres Swaziland – New NCDC Vision (2008), Minimum Operating Standards for NCDCs and Minimum Support Services for NCDCs.

Since food is the major driver of NCPs, food shortages increasingly threaten the very survival of these important facilities. This problem is not new as the lack of consistency in food provision has been cited before. For example, the 2006 NCP Assessment and NCP partners’ reports have long pointed out that food delivery at NCPs is often irregular and insufficient. According to these reports, the difficulties are exacerbated during times of drought and food shortage, when there is no surplus food to give the vulnerable. A notable observation is that 99% of NCPs are entirely dependent on food distribution because communities are struggling to feed themselves and are not able to care for the vulnerable. Under these circumstances, when food is not available, NCPs cannot function. The situation is further complicated by the fact that many communities are stretched to their limits due to poverty, drought and high death rates resulting from HIV and AIDS. This leads to extremely limited community support to these structures.

4.8 Perceived Improvements in Recent Years

The evaluation sought to establish whether there has been any improvement in access to certain services and opportunities advocated through the TFFC project. The findings, as summarized in Table 7, show perceived improvements in a majority of services and opportunities and lack of improvements in two.

Specifically, the findings reveal that there have been improvements with respect to the following services and opportunities since 2006:

i. Information on HIV and AIDS (91%).
ii. Children’s formal education (82%).
iii. Neighbourhood care points (75%).
iv. Birth registration (71%).
v. Protection through *Lihlombe Lekukhalela* (71%).
vi. Health care services (66%).

Table 7

<table>
<thead>
<tr>
<th>Services and Opportunities</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>Children’s formal education</td>
<td>164</td>
<td>33</td>
<td>2</td>
</tr>
<tr>
<td>Birth registration</td>
<td>142</td>
<td>56</td>
<td>1</td>
</tr>
<tr>
<td>Health care services</td>
<td>131</td>
<td>65</td>
<td>3</td>
</tr>
<tr>
<td>Protection through <em>Lihlombe Lekukhalela</em></td>
<td>141</td>
<td>41</td>
<td>17</td>
</tr>
<tr>
<td>Neighbourhood care points</td>
<td>149</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Food and nutrition</td>
<td>71</td>
<td>123</td>
<td>5</td>
</tr>
<tr>
<td>Information about HIV and AIDS</td>
<td>180</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Savings and credit schemes</td>
<td>56</td>
<td>114</td>
<td>25</td>
</tr>
</tbody>
</table>

However, according to household heads, there have been no improvements with respect to the following services and opportunities since 2006:

i. Food and nutrition ((36%)

ii. Savings and credit schemes (29%).

Household heads generally indicated that there were no measures or structures in place to ensure that any changes or improvements realized since 2006 could be sustained in the communities. They considered continued outside assistance as necessary in order to keep the available services and opportunities on track.

4.9 Comparison of Responses from Communities with and Without TFFC

The evaluation sought clues on whether there was a difference between TFFC and non-TFFC communities as a basis for speculating whether differences could have been brought about by or attributed to the TFFC initiative. In this context, data were also
collected from Malindza using the same personal interview schedules that were used in TFFC communities.

**Table 8**

Percentage Distribution of Positive Responses of Children by Community

<table>
<thead>
<tr>
<th>Positive Responses Regarding</th>
<th>Lom</th>
<th>Bha</th>
<th>Lud</th>
<th>Man</th>
<th>Mal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being special</td>
<td>84.7</td>
<td>94.1</td>
<td>73.4</td>
<td>91.8</td>
<td>91.8</td>
</tr>
<tr>
<td>Being allowed to think and believe what one wants</td>
<td>74.0</td>
<td>68.6</td>
<td>89.5</td>
<td>85.7</td>
<td>83.6</td>
</tr>
<tr>
<td>Currently thinking and believing what one wants</td>
<td>78.0</td>
<td>66.0</td>
<td>87.5</td>
<td>87.7</td>
<td>81.6</td>
</tr>
<tr>
<td>Being allowed to practice any religion one wants</td>
<td>86.0</td>
<td>70.0</td>
<td>91.8</td>
<td>79.5</td>
<td>87.7</td>
</tr>
<tr>
<td>Currently practicing the religion one wants</td>
<td>92.0</td>
<td>76.4</td>
<td>91.8</td>
<td>70.8</td>
<td>89.7</td>
</tr>
<tr>
<td>Being allowed to meet with peers and join groups</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>95.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Being able to receive health care</td>
<td>92.0</td>
<td>96.0</td>
<td>97.9</td>
<td>97.9</td>
<td>87.7</td>
</tr>
<tr>
<td>Currently receiving good health care</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>97.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Being able to receive clean water</td>
<td>80.0</td>
<td>98.0</td>
<td>89.5</td>
<td>81.6</td>
<td>91.8</td>
</tr>
<tr>
<td>Currently receiving clean water</td>
<td>97.8</td>
<td>100.0</td>
<td>97.9</td>
<td>100.0</td>
<td>95.9</td>
</tr>
<tr>
<td>Being able to get nutritious food</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Currently receiving nutritious food</td>
<td>52.0</td>
<td>96.0</td>
<td>81.6</td>
<td>81.6</td>
<td>63.2</td>
</tr>
<tr>
<td>Being able to live in a clean environment</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>95.9</td>
<td>97.9</td>
</tr>
<tr>
<td>Currently living in a clean environment</td>
<td>65.3</td>
<td>92.1</td>
<td>85.7</td>
<td>65.3</td>
<td>89.7</td>
</tr>
<tr>
<td>Being able to use the language and customs of family</td>
<td>59.1</td>
<td>100.0</td>
<td>83.6</td>
<td>93.8</td>
<td>91.8</td>
</tr>
<tr>
<td>Currently using the language and customs of family</td>
<td>96.0</td>
<td>96.0</td>
<td>100.0</td>
<td>85.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Being able to play, relax and join wide range of Activities</td>
<td>96.0</td>
<td>98.0</td>
<td>100.0</td>
<td>89.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Currently playing, relaxing and joining activities</td>
<td>100.0</td>
<td>96.0</td>
<td>100.0</td>
<td>97.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Being able to go to school</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>97.9</td>
</tr>
<tr>
<td>Currently going to school</td>
<td>88.0</td>
<td>100.0</td>
<td>93.8</td>
<td>91.8</td>
<td>83.3</td>
</tr>
<tr>
<td>Possibility of being protected from violence and abuse</td>
<td>100.0</td>
<td>98.0</td>
<td>97.9</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Actually being protected from violence and abuse</td>
<td>96.0</td>
<td>98.0</td>
<td>100.0</td>
<td>93.8</td>
<td>91.6</td>
</tr>
<tr>
<td>Availability of <em>Lihlombe Lekukhalela</em> to report</td>
<td>89.7</td>
<td>88.2</td>
<td>66.7</td>
<td>42.8</td>
<td>93.5</td>
</tr>
<tr>
<td>Possibility of having a birth certificate</td>
<td>96.0</td>
<td>98.0</td>
<td>97.9</td>
<td>97.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Actually having a birth certificate</td>
<td>94.0</td>
<td>90.0</td>
<td>93.6</td>
<td>80.9</td>
<td>77.1</td>
</tr>
</tbody>
</table>

Key: Lom = Lomahasha; Bha = Bhahwini; Lud = Ludzibini; Man = Manyiseni; Mal = Malindza.
A comparative analysis of positive responses of children and household heads regarding various aspects of child rights according to community was then undertaken using cross tabulations. The findings are presented in Tables 8 and 9, respectively.

Table 9
Percentage Distribution of Selected Positive Responses of Household Heads by Community

<table>
<thead>
<tr>
<th>Positive Responses Pertaining to Whether:</th>
<th>Lom</th>
<th>Bha</th>
<th>Lud</th>
<th>Man</th>
<th>Mal</th>
</tr>
</thead>
<tbody>
<tr>
<td>They believed that children have rights</td>
<td>82.0</td>
<td>67.3</td>
<td>93.8</td>
<td>87.7</td>
<td>89.7</td>
</tr>
<tr>
<td>Children in the community were enjoying rights</td>
<td>89.7</td>
<td>70.0</td>
<td>93.6</td>
<td>54.0</td>
<td>95.7</td>
</tr>
<tr>
<td>Community duty bearers had been identified</td>
<td>93.8</td>
<td>80.0</td>
<td>87.7</td>
<td>100.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Chiefdom had specific plan of action to reduce gaps in realization of rights of OVC</td>
<td>73.9</td>
<td>52.0</td>
<td>75.5</td>
<td>72.0</td>
<td>63.0</td>
</tr>
<tr>
<td>Caregivers were available to provide care and psycho-social support to OVC</td>
<td>88.0</td>
<td>63.2</td>
<td>83.3</td>
<td>86.0</td>
<td>74.0</td>
</tr>
<tr>
<td>Caregivers had received training in counseling</td>
<td>82.2</td>
<td>58.3</td>
<td>76.5</td>
<td>97.6</td>
<td>68.2</td>
</tr>
<tr>
<td>Caregivers’ support was helping the children</td>
<td>88.0</td>
<td>66.0</td>
<td>71.4</td>
<td>97.7</td>
<td>68.0</td>
</tr>
<tr>
<td>Children were currently receiving good health care</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>97.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Children ought to receive clean water</td>
<td>80.0</td>
<td>98.0</td>
<td>89.5</td>
<td>81.6</td>
<td>91.8</td>
</tr>
<tr>
<td>Children were currently receiving clean water</td>
<td>97.8</td>
<td>100.0</td>
<td>97.9</td>
<td>100.0</td>
<td>95.9</td>
</tr>
<tr>
<td>Children ought to get nutritious food</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Children were currently receiving nutritious food</td>
<td>52.0</td>
<td>96.0</td>
<td>81.6</td>
<td>81.6</td>
<td>63.2</td>
</tr>
<tr>
<td>Children ought to live in a clean environment</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>95.9</td>
<td>97.9</td>
</tr>
<tr>
<td>Children were currently living in a clean environment</td>
<td>65.3</td>
<td>92.1</td>
<td>85.7</td>
<td>65.3</td>
<td>89.7</td>
</tr>
<tr>
<td>Children ought to use the language and customs of family</td>
<td>59.1</td>
<td>100.0</td>
<td>83.6</td>
<td>93.8</td>
<td>91.8</td>
</tr>
<tr>
<td>Children were currently using the language and customs of family</td>
<td>96.0</td>
<td>96.0</td>
<td>100.0</td>
<td>85.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Children ought to play, relax and join wide range of Activities</td>
<td>96.0</td>
<td>98.0</td>
<td>100.0</td>
<td>89.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Children were currently playing, relaxing and joining wide range of activities</td>
<td>100.0</td>
<td>96.0</td>
<td>100.0</td>
<td>97.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Children ought to go to school</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>97.9</td>
</tr>
<tr>
<td>Children were currently going to school</td>
<td>88.0</td>
<td>100.0</td>
<td>93.8</td>
<td>91.8</td>
<td>83.3</td>
</tr>
<tr>
<td>Children ought to be protected from violence and abuse</td>
<td>100.0</td>
<td>98.0</td>
<td>97.9</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Children were actually being protected from violence and abuse</td>
<td>96.0</td>
<td>98.0</td>
<td>100.0</td>
<td>93.8</td>
<td>91.6</td>
</tr>
<tr>
<td>Children had Lihlombe Lekukhalela to report to</td>
<td>89.7</td>
<td>88.2</td>
<td>66.7</td>
<td>42.8</td>
<td>93.5</td>
</tr>
<tr>
<td>Children ought to have a birth certificate</td>
<td>96.0</td>
<td>98.0</td>
<td>97.9</td>
<td>97.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Children actually had a birth certificate</td>
<td>94.0</td>
<td>90.0</td>
<td>93.6</td>
<td>80.9</td>
<td>77.1</td>
</tr>
</tbody>
</table>

Key: Lom = Lomahasha; Bha = Bhahwini; Lud = Ludzibini;
Man = Manyiseni; Mal = Malindza.

They reveal that the percentage distribution of positive responses given by children and household heads in Malindza on various aspects pertaining to child rights was generally well within the opinion range of their counterparts in the TFFC project communities of Lomahasha, Bhahwini, Ludzibini and Manyiseni. That is, the responses of children and household heads in Malindza, which was not under the TFFC project, tended to be closely similar to those of their counterparts in communities where the project was operational. Therefore, there does not seem to be any notable difference in opinions of children from project communities and those from Malindza as well as in opinions of household heads under the two circumstances.

In order to explore this aspect further, a comparative analysis of the responses of household heads regarding the extent to which information on HIV and AIDS has led to the reduction of risk behaviour in children and in families was conducted. To do this, a one-way analysis of variance (ANOVA) was carried out and the findings on perceived extent of reduction of risk behaviour in children are as summarized in Table 10.

**Table 10**

<table>
<thead>
<tr>
<th>Chiefdoms</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lomahasha</td>
<td>47</td>
<td>2.4043</td>
<td>1.0966</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhahwini</td>
<td>50</td>
<td>1.9800</td>
<td>0.8204</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ludzibini</td>
<td>46</td>
<td>1.8043</td>
<td>0.8061</td>
<td>17.796</td>
<td>0.000</td>
</tr>
<tr>
<td>Manyiseni</td>
<td>38</td>
<td>3.5263</td>
<td>0.8925</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malindza</td>
<td>47</td>
<td>2.2340</td>
<td>1.3547</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>228</td>
<td>2.3421</td>
<td>1.1597</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rating Scale: 1 = No reduction at all; 2 = Slight extent; 3 = Moderate extent; 4 = Great extent.

According to the findings in Table 10, a significant difference exists in the opinions of respondents from the different chiefdoms. A *post hoc* analysis (Table 11) revealed that it is the opinions of Manyiseni household heads that were significantly different from those of the rest of the communities. That is, Manyiseni household heads were of the opinion that comprehensive HIV and AIDS information has led to the reduction of risk behaviour...
in children to a moderate-to-great extent, while the rest of the communities considered the extent of reduction to be only slight.

It is important to note from these findings that, with regard to extent of reduction of risk behaviour in children, the opinions of respondents from Malindza were generally not different from those of the TFFC project chiefdoms of Lomahasha, Ludzibini and Bhahwini. On the contrary, it is the opinions of Manyiseni respondents that were different, for reasons that were beyond the scope of this evaluation.

**Table 11**

*Post Hoc Analysis of Opinions on Extent of Reduction of Risk Behaviour in Children*

<table>
<thead>
<tr>
<th>Chiefdoms</th>
<th>N</th>
<th>Subset for Alpha = 0.05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Ludzibini</td>
<td>46</td>
<td>1.8043</td>
</tr>
<tr>
<td>Bhaehwini</td>
<td>50</td>
<td>1.9800</td>
</tr>
<tr>
<td>Malindza</td>
<td>47</td>
<td>2.2340</td>
</tr>
<tr>
<td>Lomahasha</td>
<td>47</td>
<td>2.4043</td>
</tr>
<tr>
<td>Manyiseni</td>
<td>38</td>
<td>3.5263</td>
</tr>
</tbody>
</table>

Rating Scale: 1 = No reduction at all; 2 = Slight extent; 3 = Moderate extent; 4 = Great extent.

A comparative analysis of the responses of household heads regarding the extent to which information on HIV and AIDS has led to the reduction of risk behaviour in families was conducted. The findings on perceived extent of reduction of risk behaviour in families are as summarized in Table 12. They reveal that there was no significant difference in opinions of household heads from all chiefdoms with regard to the extent to which comprehensive HIV and AIDS information has led to reduction of risk behaviour in families. The opinions from respondents in all chiefdoms pointed to the fact that comprehensive information on HIV and AIDS has led to the reduction of risk behaviour in families to a slight-to-moderate extent. That is, the opinions of respondents from Malindza did not differ significantly from those of respondents drawn from TFFC chiefdoms.
Table 12

<table>
<thead>
<tr>
<th>Chiefdoms</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lomahasha</td>
<td>45</td>
<td>2.6667</td>
<td>1.0225</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhahwini</td>
<td>50</td>
<td>2.5800</td>
<td>1.1445</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ludzibini</td>
<td>34</td>
<td>2.5588</td>
<td>1.0500</td>
<td>0.499</td>
<td>0.737</td>
</tr>
<tr>
<td>Manyiseni</td>
<td>41</td>
<td>2.3415</td>
<td>1.0395</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malindza</td>
<td>40</td>
<td>2.5750</td>
<td>1.2788</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>2.5476</td>
<td>1.1068</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rating Scale: 1 = No reduction at all; 2 = Slight extent; 3 = Moderate extent; 4 = Great extent.

The similarity between opinions of respondents from Malindza and those of respondents from the TFFC chiefdoms could be interpreted in various ways, including:

- That the changes taking place in the project communities are not necessarily unique to those communities alone
- That the changes taking place in project communities are not necessarily a result of the TFFC initiative *per se*
- That there are developments in other non-project communities whose effect is similar to that of the TFFC initiative
- That there is likely to have been a “diffusion of ideas” modeled around TFFC that have found their way to non-project communities.

When this phenomenon was further interrogated with UNICEF staff, it became evident that the similarity in opinion between Malindza respondents and those from Lomahasha, Bhahwini, Ludzibini and Manyiseni arose from “diffusion of ideas” modeled around TFFC that have found their way to non-project communities. In this particular case, World Vision, which has been a close collaborating partner of UNICEF, has well established package of services that are being offered in Malindza. The package of services being delivered utilizes and incorporates aspects of the TFFC project components and thinking. As a result, Malindza community members have, indirectly, benefited from ideas that are typically advocated in TFFC communities. These findings, while revealing that TFFC has made some impact in the project communities, also demonstrate the benefits of a trickle-down effect that TFFC stands to create in other
communities in the long run through collaborative partnerships with other service providers in communities.

5.0 INTERPRETATION OF FINDINGS

This section attempts to interpret the findings of the evaluation in the context of the evaluation questions. The key aspects covered are project needs identification, the voice of children, project ownership, project impact, sustainability of intervention and replicability.

5.1 Project Needs Identification

There are two important questions pertaining to project needs identification: Is the project intervention meeting the perceived priority needs of the beneficiaries/target population? To what extent did the project meet its overall goals and objectives? It is understood that the project was borne out of a survey that, among other things, identified the prevalence of HIV and AIDS and a recurrence of problems faced by women and children in communities. Thus, even though TFFC borrows immensely from the World Fit For Children initiative, it has been directed at addressing perceived priority needs of community members. Based on this, it can be inferred that the objectives pursued by TFFC were relevant to the Swazi context.

The extent to which the project has met its objectives can be examined in the context of the level at which each of the nine (9) specific objectives have been addressed. According to the findings, the following observations can be made:

5.1.1 Achieving in community leaders and families an understanding of child rights

The project sought to achieve in community leaders and families an understanding of child rights, of the concept of “duty bearers” for child rights, and of key community and family gaps in realization of child rights (including rights of participation and of play). While children, adults and service providers find it difficult to define or describe child
rights, implying inadequate understanding of this concept, they are generally able to identify some of these. They generally believe that children have rights and are able to enjoy them.

Specifically, the majority of children perceive themselves to be special. They wish to be allowed to: think and believe in what they want; practice any religion they want; meet with children and young people and to join groups or organizations; be able to receive good health care; receive clean water; get nutritious food; live in a clean environment; use the language and customs of family; play and relax and join in a wide range of activities; go to school; be protected from violence and abuse; and have a birth certificate. They also have *Lihlombe Lekukhalela* in the vicinity to whom they can report, if abused.

The majority of the children are of the view that they actually: think and believe in what they want; practice the religion they want; receive good health care, clean water and nutritious food; live in a clean environment; use the language and customs of family; are able to play and relax and join in a wide range of activities; are able to go to school; are protected from abuse; and have a birth certificate.

5.1.2 *Achieving in community leaders and families an understanding of the concept of “duty bearers”*

While the concept of “duty bearers” is known to some community leaders and family members, it remains unknown to others. Adult members of households are aware of who the duty bearers for child rights are, although they might not be able to actually describe their actual role. Parents are considered to be the most important, followed by NCP caregivers, *Lihlombe Lekukhalela*, teachers, *Bandlancane, Umphakatsi, Bagcugcuteli, Banakekeli*, the government, community police, pastors, SWAGAA, relatives, UNICEF and World Vision. Community leaders and families are of the opinion that community duty bearers have been identified, assigned for protection and promotion of child rights and adequately trained for the purpose.
5.1.3 Achieving in community leaders and families an understanding of the gaps in realization of child rights

Community leaders and families are aware of a number of gaps in the realization of child rights. According to children, some traditional norms and social roles (e.g. parental control), poverty and lack of appropriate facilities and opportunities constrain the realization of their rights. Adults, on the other hand, identify poverty as the key constraint that communities face in realizing child rights, followed by lack of access to services, lack of knowledge of child rights, and duty bearers’ laziness and lack of commitment to their work. Other constraints include loss of parents, drought and food shortage, and resistance of some parents to the promotion of child rights.

At community level, the lack of resources and lack of protection mechanisms for duty bearers have been identified as important constraints. The lack of resources has contributed to communities’ inability to provide access to support services, build proper structures for child-headed families and provide facilities for children to play. The lack of protection mechanisms for duty bearers has seen some of them being accused by some community members of interfering in the affairs of other families when attempting to intervene in issues of child abuse. This accusation has often created difficulties in the provision of intervention or assistance to abused children outside the family.

At family levels, the key constraints in realizing children’s rights include poverty, unemployment, parents’ limited understanding of child rights and children’s misinterpretation of their rights. Others include death of bread winners, alcohol abuse, domestic violence, household food insecurity, and broken and divided families.

Community leaders and families identified the following constraints being faced by the government in realizing child rights: failure to work hand-in-hand with chiefs, poor service delivery, failure to provide free education, tendency to make empty promises, aloofness from the people, inability to provide adequate staffing in schools and health centres and to supply adequate medication, inability to secure more funding to support the construction of NCPs and provide them with food for the children, and procrastination of government officials in processing birth certificates.
5.1.4 Establishing community-based child monitoring systems in all project communities

The TFFC project sought to establish community-based child monitoring systems in all project communities linked to leadership committees, and tied to Tinkhundla child monitoring and reporting systems. According to UNICEF, a community-based child monitoring system exists in the form of KaGogo Centres with managers trained in community-based monitoring and development committees that are supposed to meet with KaGogo Centre managers. There is also an assortment of forms that are used for collecting data on households, education, OVC, caregivers and that a huge volume of data currently on these exists. However, the evaluation has shown that people do not seem to be aware of the existence of this mechanism as the majority of household heads were of the view that Tinkhundla do not have child monitoring system(s) and child reporting system(s).

According to household heads, chiefdoms have plans of action for children designed to reduce or eliminate gaps in realization of the rights of OVC. There are trained caregivers that provide care and psycho-social support to OVC. Besides, communities undertake to support OVC by providing food, clothing and education; cooking for them; growing vegetables specifically for them; securing sponsors for their education; providing medication; providing fields for them; making donations and contributions; and providing shelter, love and emotional support.

5.1.5 Developing and annually updating community and Tinkhundla plans of action

The project sought to develop and annually update community and Tinkhundla plans of action for children, designed to reduce or eliminate gaps in realization of child rights, especially for orphans and vulnerable children. The evaluation has revealed that community leaders and families are of the opinion that chiefdoms and Tinkhundla have no plans of action for children designed to reduce or eliminate gaps in realization of child rights. Even where available, chiefdom and Tinkhundla plans of action are not annually updated.
5.1.6 Providing grants for productivity and food security-enhancing agricultural and livestock inputs

The project sought to provide grants for productivity and food security-enhancing agricultural and livestock inputs to homesteads which are providing good care and psycho-social support to OVC. The evaluation findings have revealed that this objective has not been achieved since only a minority of opinions indicated that many people have received agricultural inputs and grants for livestock inputs.

5.1.7 Providing training for individuals to bind together in savings schemes

The provision of training for individuals (including children heading households) to bind together in savings schemes, and the identification of good opportunities for investment of savings in productivity-enhancing innovations have not been adequately achieved. The evaluation found that only a minority of opinions of household heads acknowledged that there are individuals who have been trained to form savings schemes and that, where available, those trained to form savings schemes include children heading households. Furthermore, only a minority of opinions acknowledged that people have access to micro-finance for income generation activities.

5.1.8 Ensuring that children participate in project planning and implementation activities

The project set out to ensure that children participate in project planning and implementation activities, and have opportunities to make their views known and considered on issues affecting them. According to the evaluation, there are no known mechanisms available to enable children to participate in project planning, implementation of activities and to make their views on issues affecting them known and considered.
5.1.9 Ensuring that all children and families receive comprehensive information on HIV and AIDS

The project sought to ensure that all children and families receive comprehensive information on HIV and AIDS and its risk factors, in ways that lead to reduction of risk behaviour. The evaluation established that both children and families have received comprehensive information on HIV and AIDS and its risk factors. The information on HIV and AIDS has led to reduction of risk behaviour to a moderate extent among families and only to a slight extent among children. The implication is that even though children and families have received comprehensive information on HIV and AIDS and its risk factors, this has not contributed to behaviour change in any significant way among families and more so among children.

5.1.10 Assigning and ensuring adequate capacity of community duty-bearers

The project sought to assign and ensure adequate capacity of community duty-bearers for protection and promotion of child rights, relevant to all stages of the life-cycle of children. The evaluation has revealed that families believe that community duty bearers have been identified and assigned for protection and promotion of child rights and have been adequately trained for protection of child rights. For example, there are caregivers that provide care and psycho-social support to OVC. They have received training in counseling and have tools to enable them to help children in need of psycho-social support, and the support being provided has proved to be helpful to the children. It should, however, be noted that the scarcity of resources has made it difficult to cover all stages of the life-cycle.

5.1.11 Building the capacities of NCPs

The project sought to build the capacities of NCPs to serve as a base to introduce innovations into the community with a “menu” of possible areas to include early child development practices, life-skills training, hygiene, food and crop diversification, nutrition, gardening, no-till cropping and positive living. While the introduction of NCPs
and their achievements are commendable, the evaluation has established that this objective is yet to be fully achieved as NCPs are at different levels of development and functionality and a number of them face considerable problems. The poorly functioning NCPs and those that are yet to be set up are a source of anxiety among community members who see delays in operation as a huge setback and a rallying point for complaints about being neglected, forgotten or even discriminated against.

Some of the key problems facing some of the NCPs are inadequate staffing, inadequate equipment and frequent food shortages in the face of increasing numbers of children. Given that food is the major driver of NCPs, food shortages increasingly threaten the very survival of these important facilities because, when food is not available, NCPs cannot function. This is, particularly, the case in drought-prone areas where NCPs are entirely dependent on food aid as communities are struggling to feed themselves and are unable to care for the vulnerable.

5.2 The Voice of Children

Since the TFFC project focuses mainly on support and care for children, it is important for the evaluation to highlight the voice of children regarding various aspects of this initiative. The project sought to describe children’s understanding of their rights in general and in specific terms. The evaluation established that, just like adults, children generally find it difficult to articulate the concept of rights, although they are able to give one or more examples of child rights. Children most frequently recognize rights to education, food and clothing.

The majority of the children generally regard themselves to be special, by virtue of:

i. Having been afforded rights to better education, clothing, basic needs and parental love.

ii. Having certain peculiarities and privileges, such as being: the last born, the only child at home, the only one going to school, trusted by parents, beautiful, the only
boy or girl, held in high esteem by parents and grandparents, and privileged to have one or both parents alive.

iii. Holding specific social responsibilities, such as helping at home and helping the needy; and having expectations of growing up to take care of parents.

By and large, children associate the status of being special with having parents alive, having the opportunity to live with them and being in good terms with them. They derive meaning of being special from exposure to concrete circumstances and experiences that give them self-esteem and an appreciation for their rights.

In general, the evaluation has revealed that children in TFFC communities are desirous to enjoy their rights, as reflected in their wish to have the opportunity to:

i. Think and believe in what they want.

ii. Practice any religion they want.

iii. Meet with children and young people and to join groups or organizations.

iv. Receive good health care.

v. Receive clean water.

vi. Get nutritious food.

vii. Live in a clean environment.

viii. Use the language and customs of family.

ix. Play and relax and join in a wide range of activities.

x. Go to school.

xi. Get protection against violence and abuse.

xii. Know where to report, if abused.

xiii. Have a birth certificate.

The children in TFFC communities are, in fact, already enjoying certain rights as they are actually able to:

i. Think and believe in what they want.

ii. Practice the religion they want.

iii. Receive good health care.
v. Receive clean water.

vi. Get nutritious food.

vii. Live in a clean environment.

viii. Use the language and customs of family.

ix. Play and relax, and join in a wide range of activities.

x. Go to school.

xi. Get protection from violence and abuse.

xii. Report to Lihlombe Lekukhalela in the community, if abused.

xiii. Obtain their birth certificates.

The children view some of the gaps in realizing their rights as having to do with:

i. Parental control.

ii. Fear of and respect for parents.

iii. Apathy.

iv. Lack of awareness of certain rights.

v. Lack of facilities (health care, birth registration, NCPs, water, fencing at water sources, latrines).

vi. Poverty.

vii. Parental failure to provide support.

viii. Persistent famines.

ix. Child labour.

5.3 **Project Ownership**

The key questions pertaining to project ownership are: How are the beneficiaries involved? How do they participate in the planning and implementation of the project? What decisions do they make and what is the nature of the relationship between the project and its beneficiaries?

The TFFC initiative was expected to offer a comprehensive support and care “package” and enhance beneficiaries’ project ownership through active participation in planning and
implementation, and overall decision-making. To this end, active involvement of beneficiaries was to be sought through such activities as: community mapping involving community members; mobilization of communities using the child rights-based approach; harmonization of the roles and responsibilities of community volunteers; promotion of child participation; and community-based monitoring. The extent to which beneficiaries have been actively involved through these activities in the course of implementation of the project has not been determined. However, judging by the low level of awareness of beneficiaries regarding these activities and their expected outcomes, it would appear that beneficiaries were not adequately involved. They seem to have been mostly passive recipients of what was being handed down to them. There is no evidence that participatory methods were used that sought to provide adequate space for the active involvement of beneficiaries, including children.

The evaluation has established that, in the opinion of beneficiaries, there were no mechanisms available to enable children to participate in project planning and implementation of activities and to make their views on issues affecting them known and considered. It has also revealed that Tinkhundla and chiefdoms did not have child monitoring system(s) and child reporting system(s), nor did they have plans of action for children designed to reduce or eliminate gaps in realization of child rights.

In the absence of clear opportunities for beneficiaries to make decisions regarding the day-to-day running of the project and to initiate changes and innovations intended to improve their own situation through project activities, the element of ownership of the project cannot be inferred. On the contrary, the notion that “UNICEF is conducting a project in our community” that consistently came out of submissions during community meetings points to the fact that little has been done to empower beneficiaries to own the project or, at least, to dare to think so.
5.4 Project Impact

Reflection on project impact focuses on the question: How has the project changed the lives of beneficiaries? The evaluation has made revelations of improvements in the following services and opportunities since project inception that have implications on changes in lives of beneficiaries: information on HIV and AIDS, children’s formal education, NCPs, birth registration, protection through *Lihlombe Lekukhalela* and health care services. Information on HIV and AIDS has led to reduction of risk behaviour to a moderate extent among families and only to a slight extent among children. Even though this change in behaviour does not seem to be as significant as many would expect, it is change nonetheless given the difficult task of changing deeply entrenched sexual behaviour among beneficiaries.

The evaluation has also made revelations of changes in that lives and situation of children. Not only do children have rights, but also do actually enjoy them. The majority of them actually: think they are special; think and believe in what they want; practice the religion they want; receive good health care, clean water and nutritious food; live in a clean environment; use the language and customs of family; are able to play and relax and join in a wide range of activities; are able to go to school; are protected from abuse; and have a birth certificate.

5.5 Sustainability of Intervention

The key questions to consider in this section are: How sustainable is the project impact beyond the project support? What measures are in place (succession plan) to ensure sustainability? These questions point at the capacity of the TFFC intervention to maintain, support and endure in the long-term. In this sense, sustainability of this intervention cannot be divorced from participation and self-reliance, which are convergent and inseparable. That is, initiatives for self-reliance are undertaken within a collective framework of participatory decision-making and action. Participation ought to be viewed as an instrument for self-reliant action as well as an end in itself. It is
conceived as an active, rather than a passive process, whereby project beneficiaries themselves take initiatives, guided by their own thinking and using means and processes (structures and mechanism) over which they can exert effective control. To do so, these beneficiaries ought to have benefited from an orientation that enables them to decide, act and reflect on their actions as conscious beings.

In the context of this interpretation it would appear that the issue of sustainability of intervention and its related questions were not factored into the equation at the conception of the project. As indicated earlier, there is no clear mechanism for beneficiary empowerment for project ownership. The goal of sustainability of intervention in rural communities has implications for a succession plan and an evolving exit strategy. There is no evidence of the existence of a succession plan that would provide guidance on the empowerment of beneficiaries, consolidation of project outputs and establishment of user-friendly local implementation structures.

There is also no evidence that an exit strategy has evolved in the course of project implementation. At the core of such a strategy is an orientation that enables UNICEF staff and other service providers from outside the communities to work towards progressive redundancy or self-liquidation in order to provide room for beneficiaries to become animators and facilitators in their own right.

The evaluation has established that there are no measures or structures in place to ensure that any changes or improvements realized since project inception can be sustained in the communities. On the contrary, project beneficiaries seem to be so heavily hooked on outside assistance that they believe that changes and improvements that have already been attained and available services and opportunities can only be kept on track through outside assistance. This is not surprising in the absence of appropriate mechanisms to instil project ownership among beneficiaries.
5.6 Replicability

Can the TFFC project be scaled up to national level? This issue can be explored at two levels – conceptual or principle and operation or practice. At the conceptual or principle level, the purpose, specific objectives and scope of activities set out for the TFFC project are clear, realistic and attainable. They reflect the situation prevailing in the project communities as well as the circumstances in other rural communities in Swaziland. As such, TFFC project activities can be pursued at a national scale without difficulty. To this extent, therefore, the project is conceptually replicable.

At the level of operation or practice, however, the fact that a number of objectives have not been adequately addressed highlights a number of lessons that point to the need for a period and process of consolidation before the project can be scaled up nationally. These lessons include the need to ensure that: community-based child monitoring and reporting systems are in place and are acknowledged to be operational by beneficiaries; community and Tinkhundla plans of action are developed through active participation of beneficiaries; a clear and transparent system of providing grants for productivity and food security-enhancing agricultural and livestock grants to deserving beneficiaries is put in place; a clear and transparent mechanism of identifying individuals for training in savings schemes is established; and the creation and operation of NCPs is guided by adherence to accepted minimum standards.

Since sustainability of project impact can only be guaranteed where there is demonstrable project ownership, the need to develop inbuilt mechanisms for project ownership cannot be overemphasized. Associated with this is the need to infuse the spirit of progressive redundancy among UNICEF staff and other community service providers to ensure that they provide space and opportunity for beneficiaries to gradually and progressively assume responsibility for project activities. Thus, while it is possible for the TFFC project to be scaled up nationally, the necessity for first consolidating and enhancing the gains made in the project communities as a starting point cannot be overemphasized.
It should be noted that the case of Malindza has demonstrated that there is already some diffusion of project ideas into non-project areas and that this process has led to noticeable effects. The implication is that TFFC as an initiative is transferable and can, indeed, work in other communities in the country.

6.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary of Findings

1.0 The evaluation has established the following regarding beneficiaries’ awareness of project components:

1.1 Even though no concrete needs assessment survey preceded the introduction of the TFFC project, it has been directed at addressing perceived priority needs of community members as identified from various observations and experiences.

1.2 Even though community leaders and members have difficulty defining child rights, they are able to identify them and do generally believe that children have rights and are able to enjoy them.

1.3 Even though community leaders and members have difficulty explaining the concept of “duty bearers”, they are aware of their existence and the fact that they have been identified, assigned for protection and promotion of child rights and adequately trained for the purpose.

1.4 Members of UNICEF staff responsible for operations of TFFC have different levels of understanding of the project components and of the rights of children. Only a few can list five or more of the rights of children and the majority cannot operationalize the specific objectives of the project into measurable components.
1.5 The differential understanding of project components and child rights by UNICEF staff partly arises from the fact that they are usually assigned to different projects and only contribute to TFFC activities where these are in line with their responsibilities. Consequently, members of staff do not necessarily have full and holistic understanding of the various components and of the operational character of TFFC, and there is no coherent, integrated and frontal approach in project implementation.

1.6 Even though the child rights being advocated arise from the CRC, there is no uniform set of child rights that has been used as the basis for coherent advocacy in the project communities. Consequently, service providers do not necessarily “speak the same language” that could have served as the basis for training and evaluation.

1.7 Community leaders and members are aware of the gaps in realization of child rights at family and community levels, but seem to be less aware of such gaps at government level.

1.8 Community leaders and members are generally unaware of the existence of community-based child monitoring and reporting systems in project communities.

1.9 Community leaders and members are generally unaware of the existence of developed and annually updated chiefdom and Tinkhundla plans of action for children, designed to reduce or eliminate gaps in realization of child rights, especially for orphans and vulnerable children.

1.10 Community leaders and members are generally unaware of any grants provided to homesteads which are providing good care and psycho-social support to orphans and vulnerable children for acquisition of productivity-enhancing agricultural and livestock inputs.
1.11 Community leaders and members are generally unaware of any individuals having been trained to form savings schemes, and do not agree that people have access to micro-finance for income generation activities.

1.12 There are no known mechanisms available to enable children to participate in project planning and implementation of activities and to make their views on issues affecting them known and considered.

1.13 Both children and families have received comprehensive information on HIV and AIDS and its risk factors. The information has led to reduction of risk behaviour to a moderate extent among families and only to a slight extent among children.

1.14 Families believe that community duty bearers have been identified and assigned for protection and promotion of child rights and have been adequately trained for protection of child rights. Caregivers that provide care and psycho-social support to OVC have received training in counseling and have tools to enable them to help children in need of psycho-social support and the support being provided has proved to be helpful to the children. However, scarcity of resources makes it difficult to cover all stages of the life-cycle.

1.15 The effort to build the capacities of NCPs to serve as a base to introduce innovations into the community with a “menu” of possible areas to include early child development practices, life-skills training, hygiene, food and crop diversification, nutrition, gardening, no-till cropping and positive living is commendable. However, this objective is yet to be fully achieved as NCPs are at different levels of development and functionality, with a number of them facing considerable problems, including inadequate staffing, inadequate equipment and frequent food shortages in the face of increasing numbers of children.
2.0. The involvement by beneficiaries at project inception and during implementation appears to have been low and mostly passive.

2.1 There are no concrete mechanisms to enable children to participate in project planning and implementation of activities and to make their views on issues affecting them known and considered.

2.2 *Tinkhundla* and chiefdoms do not have child monitoring system(s) and child reporting system(s), nor do they have plans of action for children designed to reduce or eliminate gaps in realization of child rights.

2.3 There is no concrete evidence of an emerging sense of project ownership among project beneficiaries and of deliberate efforts having been made to empower them towards this goal. On the contrary, the initiative is perceived as a UNICEF project.

3.0 The project has had some impact as revealed in improvements in some services and opportunities that have implications on changes in lives of beneficiaries.

3.1 There has been improvement in services and opportunities pertaining to provision of information on HIV and AIDS, access to children’s formal education, establishment and operation of NCPs, birth registration, protection through *Lihlombe Lekukhalela* and access to health care services.

3.2 Information on HIV and AIDS has led to reduction of risk behaviour to a moderate extent among families and to a slight extent among children. Given the difficult task of changing deeply entrenched sexual behaviours in society, these changes, though small, are noteworthy.
3.3 There is notable project impact in the lives of children who, not only consider themselves to have rights, but also do actually enjoy them. The majority of them actually: think they are special; think and believe in what they want; practice the religion they want; receive good health care, clean water and nutritious food; live in a clean environment; use the language and customs of family; are able to play and relax and join in a wide range of activities; are able to go to school; are protected from abuse; and have a birth certificate.

4.0 The project has not yet created a culture of active participation and self-reliance among its beneficiaries and the issue of sustainability of intervention and its related questions were not factored into the equation at the conception of the project.

4.1 There is no evidence of the existence of a succession plan and an exit strategy that ought to guide UNICEF staff and other service providers from outside the communities in working towards progressive redundancy or self-liquidation in order to provide room for beneficiaries to become animators and facilitators in their own right.

4.2 There are no measures or structures in place to ensure that any changes or improvements realized since project inception can endure or be maintained in the communities. On the contrary, project beneficiaries seem to be so heavily hooked on outside assistance that they believe that changes that have already been attained and available services and opportunities can be kept on track only through outside assistance.

4.3 In the absence of the necessary supportive mechanisms and structures, the intervention so far made by the TFFC project and its impact cannot be sustained.
Conceptually, the TFFC project is replicable. However, operationally, scaling up to national level can only be guaranteed after a period of consolidation during which the necessary mechanisms to ensure active participation of beneficiaries and development of a sense of project ownership by them can be strengthened. This period should also ensure that: community-based child monitoring and reporting systems are in place and are acknowledged to be operational by beneficiaries; community and Tinkhundla plans of action are developed through active participation of beneficiaries; a clear and transparent system of providing grants for productivity and food security-enhancing agricultural and livestock grants to deserving beneficiaries is put in place; a clear and transparent mechanism of identifying individuals for training in savings schemes is established; and the creation and operation of NCPs is guided by adherence to accepted minimum standards.

6.2 Conclusions

The following conclusions can be drawn from the findings of this evaluation:

1.0 The TFFC project has, to a great extent, accomplished the following objectives:

1.1. Achieving in community leaders and families an understanding of child rights, of the concept of “duty bearers” for children’s rights, and of key community and family gaps in realization of children’s rights (including rights of participation and of play).

1.2. Ensuring that all children and families receive comprehensive information on HIV and AIDS and its risk factors, in ways that lead to reduction of risk behaviour.
1.3. Assigning and ensuring adequate capacity of community duty-bearers for protection and promotion of children’s rights, relevant to all stages of the life-cycle of children.

2.0 The TFFC project has not adequately achieved the following objectives:

2.1 Providing training for individuals (including children heading households) to bind together in savings schemes, and to identify good opportunities for investment of savings in productivity-enhancing innovations.

2.2 Establishing community-based child monitoring systems in all project communities, linked to leadership committees, and tied to Tinkhundla child monitoring and reporting systems.

2.3 Developing and annually updating community and Tinkhundla plans of action for children, designed to reduce or eliminate gaps in realization of child rights, especially for orphans and vulnerable children.

2.4 Providing grants for productivity and food security-enhancing agricultural and livestock inputs to homesteads which are providing good care and psycho-social support to orphans and vulnerable children.

2.5 Ensuring that children participate in project planning and implementation activities, and have opportunities to make their views known and considered on issues affecting them.

2.6 Building the capacities of NCPs to serve as a base to introduce innovations into the community (“menu” of possible areas includes early child development practices, life-skills training, hygiene, food and crop diversification, nutrition, gardening, no-till cropping, positive living).
3.0 Differential understanding of project components and child rights by UNICEF staff and their lack of full and holistic understanding of the operational character of TFFC has contributed to incoherence, lack of integration in project components and a rather fragmented approach that demonstrates a lack of convergence in project thinking and implementation. This, not only leads to difficulties in planning and coordination of the response, but also tends to impair project impact.

4.0 The TFFC project is yet to institute mechanisms that will enhance a sense of project ownership among beneficiaries; ensure participatory planning, implementation and project control; and allow for the evolution of succession planning.

5.0 The TFFC is replicable to a nation-wide scale as long as allowance can be provided for a consolidation period during which the shortfalls currently prevailing can be addressed satisfactorily.

6.3 Recommendations

Based on the conclusions drawn from the findings of this evaluation, particularly those pertaining to areas where the TFFC project has not achieved its objectives adequately, the following recommendations can be made:

1.0 The TFFC project should engage with communities with a view to identifying suitable and appropriate opportunities for investment of savings in productivity-enhancing innovations. This engagement should also serve as a basis for identifying suitable individuals (including children heading households) to be provided with training that would bind them together in savings schemes. Engaging with communities will not only allow for active participation and cultivate a sense of ownership, but will create broad awareness of savings schemes and their role in enhancing family and community development.
2.0 The TFFC project should re-look at its existing mechanisms for child monitoring and reporting with a view to making them user-friendly and known to the people they are intended to serve. Clear structures for involving beneficiaries in monitoring and reporting at chiefdom and Inkhundla levels should be created and schedules for reporting should be prepared. Beneficiary participation in monitoring and reporting will enhance their involvement in implementation of project activities, awareness of project outcomes, and will stimulate a sense of project ownership.

3.0 The development of plans of action for children designed to reduce or eliminate gaps in realization of child rights, especially for orphans and vulnerable children requires active, rather than, passive participation of beneficiaries. Therefore, the TFFC project should put in place a participatory planning process at chiefdom and Inkhundla levels to provide opportunity for beneficiaries, particularly children, to take active part in and assume control of the development and updating of their plans of action. The process should ensure the involvement of children and adhere to agreed-upon planning schedules and norms.

4.0 The TFFC project should use transparent and systematic means of identifying homesteads which are providing good care and psycho-social support to orphans and vulnerable children in order to minimize complaints of favouritism and create broad awareness of the existence of grants to deserving homesteads. The homesteads receiving grants for productivity and food security-enhancing agricultural and livestock inputs should also receive training on crop and livestock production so that, through the use of the grants, they can also serve as model farming and livestock keeping homesteads in their communities.

5.0 UNICEF should build teamwork among staff involved in TFFC activities to ensure that they operate in a holistic and integrated manner with focus on project team outcomes rather than discrete activities based on individually apportioned
responsibilities. There is need to adopt a uniform set of child rights for use in advocacy in communities.

6.0 The TFFC project should institute a participatory process to ensure that children take active part in project planning and implementation activities, and have opportunities to make their views known and considered on issues affecting them. This could be done through community youth clubs or organizations with a mandate to report to Bandlancane and at Inkhundla level on a regular basis.

7.0 The wide range of problems constraining the development and performance of NCPs ought to be addressed to ensure that they serve as a base to introduce innovations into the community. The NCP strategic plan provides very useful guidelines on how to address these problems. As far as possible, NCPs should adhere to the minimum standards already established.

8.0 The TFFC project should institute mechanisms that will enhance a sense of project ownership among beneficiaries; ensure participatory planning, implementation and project control; and allow for the evolution of succession planning. To do this, it is necessary that UNICEF staff and other service providers responsible for TFFC activities in communities are properly orientated to facilitate the empowerment of beneficiaries. They ought to be well versed with animation techniques – tools of assisting people to build up the capacity to investigate, critically analyze and reflect on their social reality on their own, perceive self-possibilities for change, take initiatives and engage in critical review of their ongoing actions as a regular practice.

7.0 REFERENCES
APPENDIX 1
QUESTIONNAIRE FOR UNICEF STAFF

1. Please list the child rights being advocated through TFFC
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. List what have emerged as key community gaps in realization of children’s rights
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. List what have emerged as key family gaps in realization of children’s rights
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. Describe a typical chiefdom (community) child monitoring system
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. In what ways is community child monitoring linked to leadership committees?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
6. Describe a typical *Inkhundla* child monitoring system

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

7. In what ways is the chiefdom (community) child monitoring system tied to the *Inkhundla* child monitoring system?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

8. Describe a typical *Inkhundla* child reporting system

__________________________________________________________________

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__________________________________________________________________

9. In what ways is the chiefdom (community) child monitoring system tied to the *Inkhundla* child reporting system?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

10. Outline the components of a chiefdom (community) plan for action designed to reduce or eliminate gaps in realization of children’s rights

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
11. Outline the components of an *Inkhundla* plan for action designed to reduce or eliminate gaps in realization of children’s rights

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

12. What mechanisms have been put in place to enable children in communities to participate in project planning?

__________________________________________________________________

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__________________________________________________________________

13. What mechanisms have been put in place to enable children in communities to participate in implementation activities?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

14. What mechanisms have been put in place to enable children in communities to participate in making their views on issues affecting them known and considered?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

15. What evidence is there to indicate reduction of risk behaviour in children and families that could be attributed to information on HIV/AIDS and its risk factors that TFFC may have disseminated?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
16. In what ways has TFFC changed the lives of target children?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

17. In what ways has TFFC changed the lives of target families?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

18. In what ways has TFFC changed the lives of target community leaders?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

19. What social structures are in place that are likely to continue providing the interventions that have so far been provided through TFFC?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

20. What should a functioning neighbourhood care point have in order to be considered to be well equipped and staffed to cater for the following?

<table>
<thead>
<tr>
<th>Services Expected to Be Offered</th>
<th>Considerations for Being Well</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Equipped</td>
</tr>
<tr>
<td>Early childhood development practices</td>
<td></td>
</tr>
<tr>
<td>Life-skills training</td>
<td></td>
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<tr>
<td>Hygiene</td>
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<tr>
<td>Food and crop diversification</td>
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<td>Nutrition</td>
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<tr>
<td>Gardening</td>
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<tr>
<td>No-till cropping</td>
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<tr>
<td>Positive living</td>
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</tbody>
</table>
APPENDIX 2

FOCUS GROUP DISCUSSION GUIDE FOR COMMUNITY LEADERS AND
COMMUNITY SERVICE PROVIDERS

A. Questions for Group Discussion

1. What do you understand by children’s rights?
2. Do you believe that children have rights?
3. If “yes”, please give examples of such rights.
4. What is your understanding of the concept of “duty bearers” for children’s rights? Who is responsible for ensuring that children enjoy these rights?
5. What are the child rights that you know of being advocated in your community?
6. Do children in your community enjoy these rights?
7. If “not”, why are children in your community not enjoying these rights?
8. What are the key gaps that the community faces in realizing children’s rights? (Probe for capacity gaps of duty bearers, e.g. limited understanding of children’s rights, poverty, violence, lack of access to services)
9. What are key gaps that the family faces in realizing children’s rights?
10. What are the key gaps that the government faces in realizing children’s rights?
11. Have community duty bearers been identified?
   • If “yes”, have they been assigned for protection and promotion of children’s rights at all stages of their lifecycle?
   • If “yes”, have they been adequately provided with capacity (training) for protection and promotion of children’s rights at all stages of their lifecycle?
12. What mechanisms does this community have in place to follow-up on children? (E.g. How does the community monitor or follow-up a child living alone, or who is sick or who is being abused?)
13. Does the Inkundla have child monitoring system(s)?
   • In what ways is the chiefdom child monitoring system tied to the Inkundla child monitoring system(s)?
14. Does the Inkundla have child reporting system(s)?
   • In what ways is the chiefdom child reporting system tied to the Inkundla child monitoring system(s)?
15. Does the chiefdom have a plan of action for children designed to reduce or eliminate gaps in realization of children’s rights?
   • If available, is the chiefdom plan of action annually updated?
   • In the absence of a plan of action, how does the community work together to realize children’s rights?
16. Does the Inkundla have a plan of action for children designed to reduce or eliminate gaps in realization of children’s rights?
   • If available, is the Inkundla plan of action annually updated?
   • In the absence of a plan of action, how does the Inkundla work together to realize children’s rights?
17. Does the chiefdom have a specific plan of action designed to reduce or eliminate gaps in realization of the rights of OVC? What does the community do to take care of OVC?

18. Are there caregivers that provide care and psycho-social support to OVC?
   - If “yes”, have any of them received training in counseling and have tools to enable them to help children in need of psycho-social support?
   - Is the support being provided by caregivers helping the children?

19. Are there individuals who have been trained to form savings schemes?
   - If “yes”, do these include children heading households?
   - What opportunities have been identified as good for investment of savings in productivity-enhancing innovations?
   - Have many people received agricultural inputs?
   - Have many people received grants for livestock inputs?
   - Do people have access to micro-finance for income-generation activities?

20. What mechanisms are available to enable children to;
   - Participate in project planning?
   - Participate in implementation of activities
   - Make their views on issues affecting them known and considered?

21. Have children received comprehensive information on HIV/AIDS and its risk factors?
   - If “yes”, what information have they received and through what channels?
   - If “yes”, to what extent has such information led to reduction of risk behaviour in children?

22. Have families received comprehensive information on HIV/AIDS and its risk factors?
   - If “yes”, what information have they received and through what channels?
   - If “yes”, to what extent has such information led to reduction of risk behaviour in families?

23. Have there been any improvements in access to the following since 2006?
   - Children’s formal education
   - Birth registration
   - Health care services
   - Protection through Lihlombe Lekukhalela
   - Neighbourhood care points
   - Food and nutrition
   - Information about HIV and AIDS
   - Savings and credit schemes
   - Any other aspects

24. What measures/structures are in place to ensure that any changes or improvements you have indicated above are sustained?
25. Does the community have a functioning neighbourhood care point?  
   Yes ____  No _____  Under construction _____

26. If yes, please visit it or enquire about it to assess the extent to which it is equipped 
    and staffed to cater for the following services:

<table>
<thead>
<tr>
<th>Services Available</th>
<th>Extent of Equipment</th>
<th>Extent of Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early childhood development practices</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
<tr>
<td>Life-skills training</td>
<td></td>
<td></td>
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<tr>
<td>Hygiene</td>
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<td>Food and crop diversification</td>
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<tr>
<td>Positive living</td>
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</tbody>
</table>

1 = Inadequately equipped/staffed; 2 = Moderately equipped/staffed; 3 = Adequately equipped/staffed.
APPENDIX 3
PERSONAL INTERVIEW SCHEDULE FOR CHILDREN

1. Name of Inkundla: _________________________

2. Name of Chiefdom: ___________________________

A. Demographic Characteristics

3. Sex: 0 = Female; 1 = Male.

4. Age ______ (years).

5. Educational level (Circle one): 1 = No schooling; 2 = Primary; 3 = Secondary; 4 = High.

6. Parents (Circle one): 1 = Both parents alive; 2 = Only mother alive; 3 = Only father alive; 4 = Both parents dead.

7. Marital status of parents: 1 = Both parents alive and married; 2 = Both parents alive but separated; 3 = Both parents alive and cohabiting

B. Children’s Understanding of Rights in General

8. Do you think you are special as a child? 1 = Yes; 2 = No; 3 = Don’t know.

9. In what ways do you think so?

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

10. What do you think is meant by ‘children’s rights’?

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

77
11. Can you give some examples of children’s rights?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

C. Understanding and Realization of Specific Rights

12. Do you think you should be allowed to think and believe what you want? 1 = Yes; 2 = No; 3 = Don’t know.

13. Do you think and believe in what you want? 1 = Yes; 2 = No; 3 = Don’t know.

14. If not, what stops you from thinking and believing in what you want?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

15. Do you think you should be allowed to practice any religion you want? 1 = Yes; 2 = No; 3 = Don’t know.

16. Do you currently practice the religion that you want? 1 = Yes; 2 = No; 3 = Don’t know.

17. If not, what stops you from practicing the religion that you want?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

18. Do you think you should be allowed to meet with children and young people and to join groups or organizations? 1 = Yes; 2 = No; 3 = Don’t know.

19. Do you meet with children or young people, and/or join groups or organizations? 1 = Yes; 2 = No; 3 = Don’t know.

20. If not, what stops you from meeting children and young people, and/or join groups or organizations?

______________________________________________________________________________________________________

______________________________________________________________________________________________________
21. Do you think you should be able to receive good health care?  
   1 = Yes; 2 = No; 3 = Don’t know.

22. Do you receive good health care?  
   1 = Yes; 2 = No; 3 = Don’t know.

23. If not, what stops you from receiving good health care?

__________________________________________________________________________________

24. Do you think you should be able to get clean water?  
   1 = Yes; 2 = No; 3 = Don’t know.

25. Do you think you should be able to get nutritious food?  
   1 = Yes; 2 = No; 3 = Don’t know.

26. Do you think you should be able to live in a clean environment?  
   1 = Yes; 2 = No; 3 = Don’t know.

27. Do you currently get clean water?  
   1 = Yes; 2 = No; 3 = Don’t know.

28. Do you currently get nutritious food?  
   1 = Yes; 2 = No; 3 = Don’t know.

29. Do you currently live in a clean environment?  
   1 = Yes; 2 = No; 3 = Don’t know.

30. If not, what stops you from getting clean water/nutritious food/living in a clean environment?

__________________________________________________________________________________

31. Do you think you should be able to use the language and customs of your family, whether or not these are shared by the majority of people in your country?  
   1 = Yes; 2 = No; 3 = Don’t know.

32. Do you use the language and customs of your family?  
   1 = Yes; 2 = No; 3 = Don’t know.

33. If not, what stops you from using the language and customs of your family?

__________________________________________________________________________________

34. Do you think you should be able to play, relax and join in a wide range of activities?  
   1 = Yes; 2 = No; 3 = Don’t know.
35. Do you play, relax and join in a wide range of activities? 1 = Yes; 2 = No; 3 = Don’t know.
36. If not, what stops you from relaxing and joining in a wide range of activities?

37. Do you think you should be able to go to school? 1 = Yes; 2 = No; 3 = Don’t know.
38. Do you go to school? 1 = Yes; 2 = No; 3 = Don’t know.
39. If not, what stops you from going to school?

40. Do you think you should be protected from violence and abuse? 1 = Yes; 2 = No; 3 = Don’t know.
41. Are you protected from violence and abuse? 1 = Yes; 2 = No; 3 = Don’t know.
42. Is there a Lihlombe Lekukhalela in the community that you can report to if you are abused? 1 = Yes; 2 = No; 3 = Don’t know.
43. Do you think you should have a birth certificate? 1 = Yes; 2 = No; 3 = Don’t know.
44. Do you have a birth certificate? 1 = Yes; 2 = No; 3 = Don’t know.
45. If not, what prevents you from having a birth certificate?

THANK YOU FOR YOUR TIME!
APPENDIX 4
PERSONAL INTERVIEW SCHEDULE FOR HOUSEHOLD HEADS

1. Name of Inkhundla: _____________________
2. Name of Chiefdom: _____________________

A. Demographic Characteristics
3. Sex: 0 = Female; 1 = Male
4. Age _______ (years)
5. Educational level (Circle one): 1 = No schooling; 2 = Primary; 3 = Secondary; 4 = High

B. Understanding of Child Rights
6. What do you understand by children’s rights?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

7. Do you believe that children have rights? 1 = Yes; 2 = No; 3 = Don’t know.
8. If “yes”, please give examples of such rights.

______________________________________________________________________________________________________

______________________________________________________________________________________________________

9. What is your understanding of the concept of “duty bearers” for children’s rights?

______________________________________________________________________________________________________

______________________________________________________________________________________________________
10. Who is responsible for ensuring that children enjoy these rights?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

11. What are the child rights that you know of being advocated in your community?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

12. Do children in your community enjoy these rights? 1 = Yes; 2 = No; 3 = Don’t know.

13. If “not”, why are children in your community not enjoying these rights?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

14. What are the key gaps that the community faces in realizing children’s rights?
   (Probe for gaps e.g. duty bearers’ limited understanding of children’s rights, poverty, violence, lack of access to services)

______________________________________________________________________________________________________

______________________________________________________________________________________________________

15. What are key gaps that the family faces in realizing children’s rights?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

16. What are the key gaps that the government faces in realizing children’s rights?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

17. Have community duty bearers been identified? 1 = Yes; 2 = No; 3 = Don’t know.
18. If “yes”, have they been assigned for protection and promotion of children’s rights at all stages of their lifecycle?
   1 = Yes; 2 = No; 3 = Don’t know.

19. If “yes”, have they been adequately provided with capacity (training) for protection and promotion of children’s rights at all stages of their lifecycle? 1 = Yes; 2 = No; 3 = Don’t know.

20. What mechanisms does this community have in place to follow-up on children?
   (E.g. How does the community monitor or follow-up a child living alone, or who is sick or who is being abused?)

21. Does the Inkundla have child monitoring system(s)? 1 = Yes; 2 = No; 3 = Don’t know.

22. If “yes”, in what ways is the chiefdom child monitoring system tied to the Inkundla child monitoring system(s)?

23. Does the Inkundla have child reporting system(s)? 1 = Yes; 2 = No; 3 = Don’t know.

24. If “yes”, in what ways is the chiefdom child reporting system tied to the Inkundla child monitoring system(s)?

25. Does the chiefdom have a plan of action for children designed to reduce or eliminate gaps in realization of children’s rights? 1 = Yes; 2 = No; 3 = Don’t know.

26. If available, is the chiefdom plan of action annually updated? 1 = Yes; 2 = No; 3 = Don’t know.

27. In the absence of a plan of action, how does the community work together to realize children’s rights?
28. Does the *Inkhundla* have a plan of action for children designed to reduce or eliminate gaps in realization of children’s rights? 
   1 = Yes; 2 = No; 3 = Don’t know.

29. If *available*, is the *Inkhundla* plan of action annually updated? 
   1 = Yes; 2 = No; 3 = Don’t know.

30. In the *absence* of a plan of action, how does the *Inkhundla* work together to realize children’s rights? 

31. Does the chiefdom have a specific plan of action designed to reduce or eliminate gaps in realization of the rights of OVC? 
   1 = Yes; 2 = No; 3 = Don’t know.

32. What does the community do to take care of OVC? 

33. Are there caregivers that provide care and psycho-social support to OVC? 
   1 = Yes; 2 = No; 3 = Don’t know.

34. If “yes”, have any of them received training in counseling and have tools to enable them to help children in need of psycho-social support? 
   1 = Yes; 2 = No; 3 = Don’t know.

35. Is the support being provided by caregivers helping the children? 
   1 = Yes; 2 = No; 3 = Don’t know.

36. Are there individuals who have been trained to form savings schemes? 
   1 = Yes; 2 = No; 3 = Don’t know.

37. If “yes”, do these include children heading households? 
   1 = Yes; 2 = No; 3 = Don’t know.

38. What opportunities have been identified as good for investment of savings in productivity-enhancing innovations? 

39. Have many people received agricultural inputs? 
   1 = Yes; 2 = No; 3 = Don’t know.
40. Have many people received grants for livestock inputs? 1 = Yes; 2 = No; 3 = Don’t know.

41. Do people have access to micro-finance for income-generation activities? 1 = Yes; 2 = No; 3 = Don’t know.

42. What mechanisms are available to enable children to participate in project planning?

____________________________________________________________________________________________________

43. What mechanisms are available to enable children to participate in implementation of activities?

____________________________________________________________________________________________________

44. What mechanisms are available to enable children to make their views on issues affecting them known and considered?

____________________________________________________________________________________________________

45. Have children received comprehensive information on HIV/AIDS and its risk factors? 1 = Yes; 2 = No; 3 = Don’t know.

46. If “yes”, what information have they received and through what channels?

____________________________________________________________________________________________________

47. If “yes”, to what extent has such information led to reduction of risk behaviour in children?

1 = No reduction at all; 2 = Slight extent; 3 = Moderate extent; 4 = Great extent.

48. Have families received comprehensive information on HIV/AIDS and its risk factors? 1 = Yes; 2 = No; 3 = Don’t know.

49. If “yes”, what information have they received and through what channels?

____________________________________________________________________________________________________
50. If “yes”, to what extent has such information led to reduction of risk behaviour in families?  
1 = No reduction at all; 2 = Slight extent; 3 = Moderate extent; 4 = Great extent.

51. Have there been any improvements in access to the following since 2006? (1 = Yes; 2 = No; 3 = Don’t know)

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<td>Birth registration</td>
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<td>iii.</td>
<td>Health care services</td>
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<td>iv.</td>
<td>Protection through Lihlombe Lekukhalela</td>
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<td>v.</td>
<td>Neighbourhood care points</td>
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<td>vii.</td>
<td>Information about HIV and AIDS</td>
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<td>viii.</td>
<td>Savings and credit schemes</td>
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52. What measures/structures are in place to ensure that any changes or improvements you have indicated above are sustained?

______________________________________________________________________________________________________

______________________________________________________________________________________________________

______________________________________________________________________________________________________

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