



Case Study Three

Food Security for Orphans and Vulnerable Children, Mvuma Chiefdom, Hhohho Province, Swaziland

Project

NERCHA Intervention: Ensuring Food Security for Orphans and Vulnerable Children (OVCs) in Swaziland (Indlunkhulu Project)

Where

The NERCHA project sites visited were the Mvuma and Nkamazi Chiefdoms situated in the Hhohho region in the Middelveld Food Economy Zone in northern Swaziland. According to the 2002 antenatal clinic survey, the HIV prevalence rate in the Hhohho Region is 36.7 per cent, one of the highest rates recorded globally, although slightly lower than the Swaziland national average of 38.6 per cent.

Who

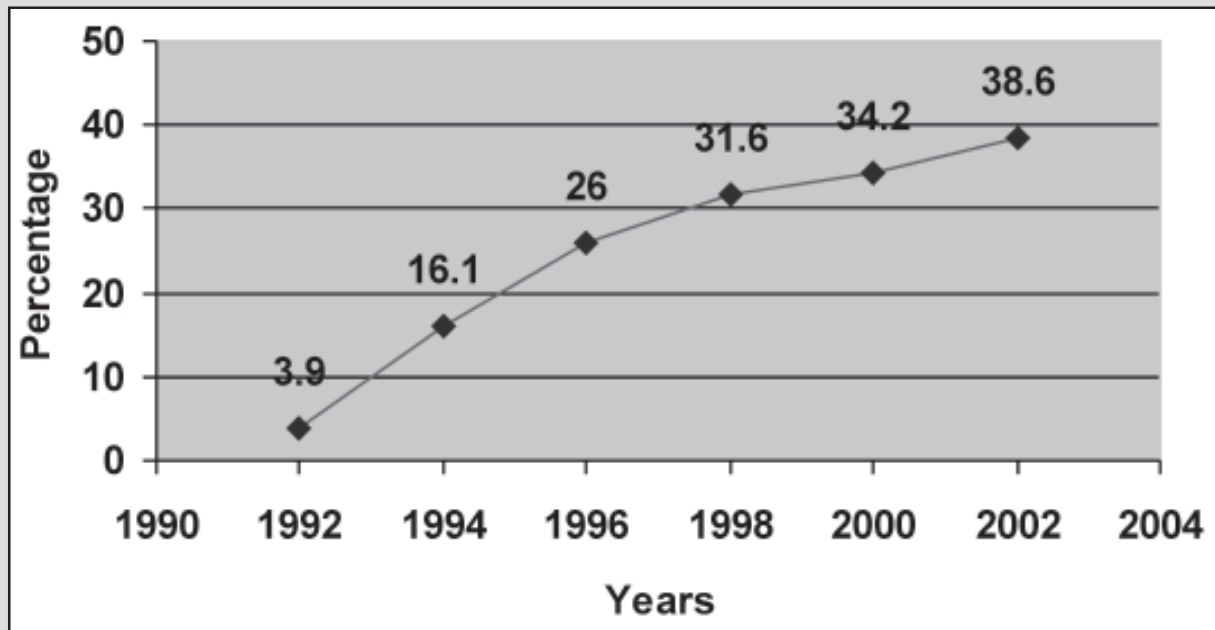
The National Emergency Response Council on HIV and AIDS (NERCHA) was first established as a Committee in December 2001 and changed to a statutory Council by an Act of Parliament (see NERCHA Act No.8 of 2003). NERCHA is mandated by the Swaziland government to co-ordinate and facilitate the national response to HIV and AIDS and thus oversee the conversion of the “National Strategic Plan for HIV/AIDS” produced by the HIV and AIDS Crisis Management and Technical Committee into action. The

institution attempts to ensure that appropriate and comprehensive services in the areas of prevention, care and support and impact mitigation of HIV and AIDS are delivered to the people who need them at grassroots and community level. The NERCHA Directorate is thus responsible for co-ordinating and facilitating the national response to the HIV and AIDS epidemic, including identifying gaps in the response and proposing interventions to implementing agencies where necessary. In most instances NERCHA plays a key role in conceptualising the intervention or programme and then facilitating the entry of strategic partners, which are usually government departments, to implement the process.

Why

As elsewhere in the region, the HIV and AIDS epidemic is a serious threat to Swaziland. Commencing about two decades ago, it was initially largely unseen and the main source of data pertaining to the epidemic was notified AIDS cases (Whiteside *et al*, 2003). From the first AIDS case reported in 1986, there was a steady increase in the number to over 150 in 1993. In 1992 the first national survey to determine the prevalence of HIV in the country was carried out among women attending a sample of antenatal clinics, and indicated a prevalence of 3.9 per cent among pregnant women. Since 1992 similar surveys have been carried out at antenatal clinics every two years. In 1994 the HIV prevalence rate was estimated to be 16.1 per cent. The subsequent surveys showed a steep upward trend in the prevalence rate on a survey-by-survey basis.

HIV prevalence level among pregnant women in Swaziland



The results of the 2002 survey indicate that Swaziland now has the second highest HIV prevalence rate (38.6 per cent) in the world after Botswana (UNAIDS, 2003), consistent with uniformly high infection rates within the sub-region. The epidemic is widespread within the country and affects all age groups. According to Whiteside *et al*, the uniqueness of Swaziland with regard to HIV and AIDS stems from how uniformly bad the epidemic is (2003).

Two-thirds of the population lives below the poverty line (FAO & WFP CFSAM, 2002), and poverty in rural Swaziland is worse than in urban areas: approximately 43 per cent of the rural population fall below the national upper poverty line, while about 30 per cent of the urban population are poor (World Bank, 2000). The depth and severity of poverty are also worse in rural Swaziland. Moreover, rural areas have a greater share of the poor (84

per cent) than they have of total population (79 per cent). Not only is a rural Swazi more likely to be poor, and in deeper poverty, than a Swazi living in town, but the majority of poor people reside in rural Swaziland. The impoverishing impacts of HIV and AIDS will result in many of these people falling deeper into poverty. A further concern is the situation of the estimated 60 000 orphans in 2003, with approximately four children per household and an average age of 11 years (NERCHA, 2003a). At least 15 000 households are headed by children with no resources or skills to provide for their basic needs. The

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increase in such households indicates that the extended family is finding it difficult to cope with the additional burden of feeding and caring for orphans.

What

The NERCHA Directorate has divided the response to the epidemic into three core areas, being prevention, impact mitigation, and care and support. NERCHA's Impact Mitigation office seeks to reduce the impact of the disease through various interventions and particularly by increasing community participation and strengthening of programmes of organisations addressing the impact of HIV and AIDS in society. Impact Mitigation operates in three fields:

- Orphan and Vulnerable Child Care where the focus is on providing for basic needs through social support, food security, education and income-generating projects/skills training
- Legal Response that seeks to review/amend or bring about new legislation to respond to issues of HIV and AIDS
- Government Capacity to deliver services by assisting government to develop and implement HIV and AIDS strategies in the work place.

Whilst the main area of operation for Impact Mitigation is Orphan and Vulnerable Child Care, this is viewed as a medium for reaching other vulnerable groups within communities, such as the elderly. The area has therefore become a core strategic focus. The care of orphans and

vulnerable children has been divided into four components, food security; socialisation; psycho-social support; and economic empowerment.

With whom

NERCHA works with implementing agencies, as its mandate is essentially around co-ordination and support. In the case of food security, NERCHA works closely with the Ministry of Agriculture and Co-operatives (MOAC), and in addition, utilises existing social structures such as *Imphakatsi* or chiefdoms to deliver HIV and AIDS services.

How

With the number of orphans projected to reach 120 000 by 2010 there is an urgent need to provide OVC with access to food as well as adequate care and support services. To address this, the traditional concept of *Indlunkhulu* is being revised. This is a *siSwati* term referring to the provision of food from the chief's fields for members of the community that are unable to support themselves. In Swazi law and custom, chiefs are responsible for the welfare of orphans within their area and although this concept has fallen away in many chiefdoms, it provides an existing basis on which to build a sustainable mechanism for the delivery of food to the needy, with support for farm inputs to all chiefdoms through the MOAC. Fields allocated for *Indlunkhulu* are communally attended and the produce distributed to those in need, with a particular emphasis on orphans and vulnerable children⁵.

⁵ A vulnerable child may include someone taking care of a sick parent(s), who may be infected by HIV and is therefore expected to die.

Food Security – the Indlunkhulu system

Over 150 chiefdoms responded to NERCHA's initial request in 2002 for the re-establishment of *Indlunkhulu* fields. After being sensitised to the needs of OVCs within their communities, each chieftaincy appointed a committee to co-ordinate the project, together with representatives from the church, male and female youth, women's traditional regiments, schools, community police, rural health motivators, the agricultural extension service of the MOAC, and local non-governmental organisations. These groups were selected on the basis of their existing involvement in the welfare of children. The first task of each committee was to compile a register of all OVCs in the chiefdom, using the principle that all orphans and vulnerable children requiring assistance were eligible, not only those whose parents were known to have died of AIDS-related illnesses. In the Mvuma chiefdom, 94 children were registered as OVCs, and this community-driven evaluation represents a value decision that ensures the entire community supports the vulnerable.

The MOAC provides the initial agricultural inputs, funded by NERCHA, for the *Indlunkhulu* fields, which are then established with the assistance of labour from the local community. Agricultural inputs include tractor time, seeds, fertiliser and pesticides. Seeds include maize, sorghum, cowpeas, beans, sweet potatoes and groundnuts. The quantity of the supplies varies according to the size of the land available for the *Indlunkhulu*.

OVC also assist in tilling the *Indlunkhulu* fields to enable them to obtain practical experience in subsistence farming. The participation of the children in the preparation and

harvesting of the fields ensures that important life-skills central to the rural local economies of the chiefdoms are shared through the elders. Without their active participation, many of these children would be denied the knowledge of their communities. In the context of modernisation, many indigenous knowledge systems have been lost, a process that may be accelerated by the increasing numbers of orphans and children denied the guidance of their parents or community elders, and the active participation of the entire household in the localised economy is a traditional concept that is strengthened by the *Indlunkhulu* fields system. Community members insist that such practices should not be compared to child labour or exploitation of vulnerable groups in the community, but are rather a valuable process that ensures the survival of orphans in a context of increasing poverty and vulnerability.

Once the commitment of the chieftaincy is evident, a supply of grain is placed by the MOAC in each chieftaincy to feed OVC until the first harvest from the *Indlunkhulu* fields. It is intended that over a period the harvest will replenish the orphan food supply, while the excess will be used to purchase future agricultural inputs, thus providing a sustainable source of food for OVC. Indeed, by the end of the 2002 planting season a female chief from the Shiselweni Region had harvested 40 tonnes of maize, indicating the potential output of the system. However, due to the ongoing drought of 2002/2003, many chiefdoms will not harvest enough to feed and restock the orphan stores and will, in the short-term, require continued assistance from the Swaziland government.

A rapid assessment of grain storage facilities revealed that these were not adequate in most communities, which led to the MOAC providing five tonne storage tanks to each community. To safeguard the quality of the food distributed, each community supplied with a tank was given E500⁶ to construct a shelter for the tank. The grain storage facilities have proved to be a strategic intervention in that they have been used not only for produce from the *Indlunkhulu* fields but also for food from other donors.

The MOAC and NERCHA monitor the situation of the chiefdoms to ensure they are sufficiently stocked to sustain themselves without the seed inputs. Ongoing monitoring and evaluation would potentially be provided by the government's early warning system situated within MOAC to gauge future stresses on communities. The underlying objective of this approach is to ensure the sustainability of the intervention through the provision of the basic infrastructure of a renewed economic system. In addition, NERCHA and the MOAC intend to introduce appropriate cropping systems in order to increase yields through the use of drought-resistant crops in certain areas. Discussions on nutrition and HIV and AIDS enhance the knowledge of communities. The *Indlunkhulu* concept forms the nucleus of a comprehensive system focussing on immediate relief for vulnerable and orphan households, the rehabilitation of local economies facing the vagaries of increasing poverty and HIV and AIDS, and the sustainable development of systems incorporating ongoing economic empowerment and social support.

Socialisation – building on the *Indlunkhulu* system

NERCHA recognises that in addition to access to food, orphans require social and psychological support to ensure that they become productive members of their communities and society. NERCHA has therefore utilised the structures put into place for the *Indlunkhulu* project to provide care and support services for the OVC, thus including the mentorship of orphan children within the *Indlunkhulu* system.

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In the absence of a parental figure to provide guidance, orphans lack the support that families generally provide, and each orphan family is therefore placed under the supervision of a trained *Lutsango* care mother. *Lutsango* is a component of traditional Swaziland society comprising all married women. Local women suitable to care for OVC are identified by the chieftancy committee and mandated to access food from the *Indlunkhulu* stores and be responsible for the health, development and emotional well-being of their allocated 'family', and to impart community values and morals.

⁶ Emalangeni is the currency of Swaziland.



Training is presently being developed for the care mothers through the national and regional *Lutsango* offices established with NERCHA assistance. Issues such as how to care for HIV-positive children, HIV education and prevention strategies for children, and basic life skills such as hygiene and nutrition will be addressed. The chieftancy committees manage the *Lutsango* initiative at the local level, with technical and financial support provided by the Government of Swaziland. The national co-ordination of the programme remains with NERCHA, which actively encourages the involvement of communities.

One objective of this system is to enable orphans to remain within their own communities, and assigning local women to care for OVC means they are able to remain on their parental land, cared for by community members known to them before their parents died. In the case of vulnerable children with sick parents, a relationship can be formed with the care mother before the child is orphaned. The presence of an individual caregiver for each child will also assist in the protection of vulnerable children against abuse and exploitation.

With support from the Global Fund To Fight AIDS, Tuberculosis and Malaria (www.theglobalfund.org),

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NERCHA collaborates with the Deputy Prime Minister's Office, which is presently building Social Centres (*kaGogo*) within each chiefdom. The concept of the *kaGogo* structure is being used to promote social responsibility and each centre will be used as a feeding and Early Childhood Care and Development Centre, to provide health care and educational assistance, and also be used for any other social event that the community sees as being beneficial.

Each centre is built by the community itself using local materials and labour at a cost of E35,000. A common design is followed, provided by NERCHA, which ensures that there is space for community meetings; for children to gather and play; a private counselling room where HIV-affected persons can seek professional support; a store room and office; and a cooking area. In the Nkamazi chiefdom the community was able to leverage a donation of bricks to build the centre; the roof was then tiled with locally produced tiles, made on site using a machine supplied on loan by NERCHA. The tile-making skills were intended to stimulate economic opportunities in the community, although the machine was allocated elsewhere on completion of the roof. NERCHA has identified the provision of additional tile-making machines as necessary to encourage economic opportunities in a number of communities.

Psychosocial support – building on the *Lutsango* system

The provision of psychosocial support for HIV and AIDS orphans is a crucial component of orphan care, since they are often both traumatised and bereaved and may also be marginalised and excluded from their

community due to the stigma associated with AIDS. This may lead to stress, depression and hopelessness as they struggle to maintain their families and property. After caring for sick parents, children may also feel responsible for their death.

In a context where orphan numbers are increasing and where there is, in general, limited human capacity to engage with the related problems, NERCHA is considering various options, including the training of Rural Health Motivators working with professionals to monitor and advise orphans. These Motivators will look at the health aspects of the OVC in collaboration with *Lutsango* care mothers who identify the children and refer them for assistance to the Motivators or the Ministry of Health, which will then make visits through the centre. In addition, in order to ensure that children are given emotional support and integrated into the community, the social centres established in each chieftancy will be central venues where out-of-school orphans can regularly meet and play. This enables the *Lutsango* care mothers to observe children who are experiencing psychological problems and then refer them to professionals assigned to the community. It is NERCHA's vision that local and regional supervisors for psychosocial support will be trained to work in partnership with *Lutsango* mothers to identify problems with children and to provide knowledge of appropriate interventions where necessary.

Economic Empowerment Programme – building on the Indlunkhulu system

NERCHA's economic empowerment programme is intended to help communities to financially support OVC and to revitalise their local economic situation. Income-generating programmes that transfer resources

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and skills essential to economic recovery have been piloted in a few communities, and an initial needs assessment conducted in participating chiefdoms to assess existing levels of infrastructure, natural and human resources, and to identify potential income-generating activities. NERCHA then provides the necessary equipment and relevant training to support these activities. The income from successful projects will be shared between participants and a fund created to support local orphans and vulnerable children.

Educating OVC – building on the economic empowerment programme

NERCHA maintains that economic empowerment begins with education, and prioritises access to educational bursaries for OVC to enable them to remain in school. It is envisaged that local OVC will also have the opportunity to participate in income-generating projects and acquire skills.

It has been well-documented that the impact of HIV and AIDS on labour, and the demands of caring for HIV-positive people, can seriously deplete household resources. One such outcome of these impacts may be the forced removal of children from school due to the reduced economic status of the household, and children will not

receive the education and skills needed to support themselves in the future. In addition, orphans who lack financial resources or are too young to work must be cared for by their communities, something that many are no longer able to do due to the increasing loss of productive members of society and rising death rates amongst the extended family. NERCHA is currently working with the Department of Education to find ways to increase access to education for OVC and to ensure the allocation of bursaries by Government and other stakeholders to these children. In addition, non-formal education is being considered through the centres, which, in time, should be supported by libraries in each community.

Benefits and Impact

The loss of economic and human resources has left many communities struggling to provide OVC with the necessary assistance. The interventions designed and implemented by NERCHA and its partners include a comprehensive orphan care programme that will enable communities to fulfil this responsibility and provide OVC with access to food as well as care and support services. NERCHA's approach has been to build on existing systems and structures to deliver HIV and AIDS services and to promote the active participation of local community members.

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Timeline

The project was started in September 2003, during the ploughing season. At the end of February 2004, most of the 315 chiefdoms in Swaziland had been assisted with farming inputs and had ploughed mostly maize, beans, groundnuts, jugo beans, cowpeas and sweet potatoes.

Gaps in evidence

It is not at present possible to ascertain whether this initiative will revitalise the traditional system in a sustainable manner in the long term, particularly taking into account that increasing poverty levels in the recent past have had a negative impact.

How is this different from standard interventions?

The NERCHA "philosophy" is based on four principles, which may be instructive for other interventions:

1. A national vision informs all interventions in that the reach must be as wide as possible across the country. This ensures that equity is a key principle and that the rights of all are addressed. In NERCHA's perspective, it is "easy to create pockets of privilege", through establishing a closed orphan intervention for example, but this will potentially exclude many.
2. The challenge for NERCHA is to ensure that all interventions are ultimately driven by the communities themselves after initial facilitation, which will provide a greater chance of success and sustainability. The debilitating effects of poverty limit both affected people's perspectives, and their choices, and the challenge is therefore to break this impasse.

3. NERCHA is determined to avoid creating new structures but rather to find and build on local initiatives. There is always something to work with at community level, which ensures that duplication is avoided and capital costs reduced. For example, NERCHA utilises existing social structures to deliver HIV and AIDS services. In the provision of orphan care at the community level, these services are delivered through the chieftaincy system. The Kingdom of Swaziland is divided into 368 *Imphakatsi* or chiefdoms, the most basic level of societal organisation and the structure that rural households will turn to when in need of assistance if the extended family is unable to help. Households find it increasingly difficult to meet these needs with the added impact of HIV and AIDS and increasing numbers of OVC, and NERCHA has begun to work with the chiefdoms as part of the Global Fund project within rural, urban and peri-urban areas.

4. The challenge of sustainability must be considered throughout every intervention, particularly in an environment where donors have a short-term financial commitment.

Additional ideas or potential improvements

An important dimension of the project, which deserves further discussion, is the provision of seeds by the MOAC. Although hybrid seeds have largely been provided, it is expected that indigenous drought-resistant seeds traditionally used will be disbursed. These seeds are both economically more accessible and more resistant to the impact of drought, and are therefore regarded as important

options for the future despite the potentially lower yields. Forty communities have received traditional seed varieties through the intervention in a partnership between NERCHA, MOAC, the World Food Programme and the Food and Agricultural Organization of the United Nations. Traditional crops that are no longer commonly in use, such as cassava, will also be utilised in the future. The focus on indigenous knowledge systems such as traditional cropping will have a bearing on the future sustainability of the interventions. Another dimension to the use of traditional seeds is that of the higher nutritional value of such plants and the reinvigoration of traditional planting systems. The effectiveness of using traditional crops needs to be carefully assessed before a major rollout is considered, and the University of Swaziland has been commissioned to monitor and evaluate the impact to feed into policy decisions.

NERCHA plans to support orphan homes where there is an elder child to plough at their homestead. This intervention will be supported by the *Lutsango* who is looking after the home, by the community in general and by an agricultural extension officer assigned to the chiefdom. The use of oxen as a labour-saving device will be encouraged where possible.

Implications of scaling up / scaling out

NERCHA and the MOAC are looking towards increased yields on the *Inlunkhulu* fields to help the communities in developing capacity to procure farm inputs without outside support and thereby sustain the programme. This is highly dependent on whether the drought in the country continues, which has already severely impacted on food security.

4.7 Safety Nets

As clearly illustrated above, social protection strategies for rural (and urban) poor should be refined to prevent the erosion of critical livelihood assets, as well as coping mechanisms (such as safety nets) to help destitute farmers survive the effects of multiple shocks, and should include the protection and support of the elderly.

Political will is needed in such a process, and can be encouraged by networking among stakeholders committed to social protection of incapacitated households, to exchange information on research results, concepts and strategies and to pool resources. Awareness and advocacy can be promoted through making information available, holding workshops, exposing decision-makers to the reality of AIDS-affected households and communities (exposure excursions) and by giving them access to the experience of countries which are operating effective social transfer schemes such as the old age social pension scheme in Namibia.

4.8 Agricultural Interventions with an AIDS focus

4.8.1 Labour saving technologies

An intervention strategy that has recently received much attention in both the literature and in the field concerns efforts to make labour-saving land preparation and weeding technologies more available to rural households and communities. Animal draft power, such as ox-driven ploughs and harrows, is a commonly utilised land preparation technology in most of eastern and southern Africa, particularly Ethiopia, Kenya, Zambia and Zimbabwe (Jayne *et al*, 2004). However, as Jayne *et al* (2004) have argued, household surveys in the region generally find that ownership of oxen and tillage equipment is concentrated disproportionately among relatively wealthy households in the top half of the income distribution cohort.

Farm households tend to utilise remittance and off-farm income as a primary means to afford expensive assets such as oxen, ploughs and fertiliser, which are used to capitalise farm

production. Households infected and affected by HIV and AIDS often experience a reduction in these sources of income, particularly if they are vulnerable to shocks. Afflicted households face a multi-faceted loss of labour, capital and knowledge. Unlike the loss of labour and knowledge, which represent a loss to entire communities, capital assets lost by afflicted households are generally redistributed within the rural economy rather than lost entirely (Jayne *et al*, 2004). This has the potential to exacerbate rural inequality over time, and particularly deplete the productive potential of relatively poor households. However, some interventions, such as that described below, counter these problems by ensuring broad-based community use of assets such as an ox-drawn plough to promote both equity and efficiency outcomes for households infected and affected by HIV and AIDS.

4.8.2 The provision of ox-drawn ploughs, Nyanga, Zimbabwe

FACT Nyanga, an HIV and AIDS Service Organisation partnered by ActionAid, has been working with twelve communities in Nyanga, particularly focusing on vulnerable households and individuals infected and/or affected by HIV and AIDS, and by the ongoing food crisis in Zimbabwe. In the context of repeated crop failures, increasing food insecurity and land being left fallow due to HIV and AIDS-induced labour constraints in south and west Zimbabwe, the project was intended to strengthen the capacity of communities to respond effectively to the pandemic and to curb further transmission of HIV. To this end, it provides seed and agricultural tools, such as hoes and ox-drawn ploughs, and also fertiliser, to HIV and AIDS-infected and affected families and individuals. FACT realised that these communities were unable to utilise their land resources due to the impoverishing impact of HIV and AIDS; the provision of ploughs and other agricultural implements has allowed communities to utilise their land in order to better cope with food insecurity, particularly orphans and child-headed households through the support structures within the communities.