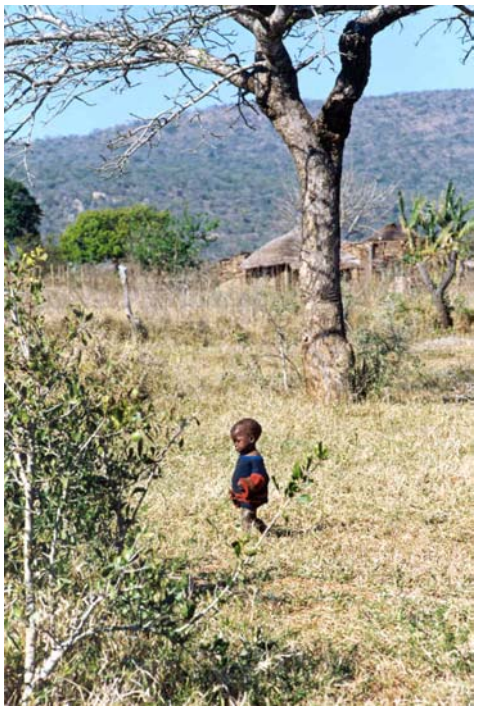
Government of the Kingdom of Swaziland

Project Implementation Manual

Social Protection of Vulnerable Children including orphans



Poverty Reduction Task Force
Ministry of Economic Planning and Development
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ACRONYMS

AG - Attorney General
BB - Bucopho Benkhundla
CDR - Crude Death Rate
CDC - Child Development Committee
CWU - Child Welfare Unit
CBC - Community Based Committee
CBO - Community Based Organization
C-IMCI – Community Based Integrated Management of Childhood Illnesses
DPM - Deputy Prime Minister's Office
ETF - Enterprise Trust Fund
FMSM - Financial Management Systems Manual
FAS - Financial Accounting System
GDP - Gross Domestic Product
IMR - Infant Mortality Rate
ILO - International Labour Organization
ICN - International Conference on Nutrition
IS - Inkhundla Secretary
IY - Indvuna Yenkhundla
IMCI - Integrated Management of Childhood Illnesses
MIS - Management Information System
MEPD - Ministry of Economic Planning and Development
MOHSW - Ministry of Health and Social Welfare
MOE - Ministry of Education
MOF - Ministry of Finance
MOAC - Ministry of Agriculture and Cooperatives
NGO - Non- Government Organization
NDS - National Development Strategy
OVI - Objectively Verification Indicators
OVCC - Orphans and Vulnerable Children Committee
OPD - Out-patient Department
PRSAP - Poverty Reduction Strategy and Action Plan
PCU - Poverty Co-ordination Unit
PC - Project Coordinator
PSC - Project Steering Committee
PWC - Project Working Committee
PIM - Project Implementation Manual
RC - Regional Committee
REO - Regional Educational Officer
RHM - Rural Health Motivators
RS - Regional Secretary
TNA - Training Needs Assessment
TOR - Terms of Reference
SCF - Save the children Fund

SNL - Swazi National Land
SLP - Sector Led Persons
SWAGAA- Swaziland Action Group Against Abuse
SNAP - Swaziland National Aids Programme
TDL - Title Deed Land
UPE - Universal Primary Education
UNICEF- United Nations Children Fund
VCO - Vulnerable Children including Orphans
WLSA- Women and Law in Southern Africa

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CHAPTER ONE

INTRODUCTION

1.1 Country Background

Swaziland is the second smallest country in Africa, with a population of 927,718 (1997) and a size of about 17,364 square kilometres. Swaziland is classified as a lower middle-income economy with the Gross Domestic Product of about E 8102.0 million (about US$ 1350 million) and a GDP per capita of US$ 1298.0 (1999). Despite these promising income levels, there are still many Swazis living in conditions of abject poverty. About 66% of the population is living below the poverty line of about E71 per month. The impact and implication of this position poses a challenge to the country to overcome not only poverty but also the problems created by the poverty situation.

The economy of Swaziland is dependent on the performance of the manufacturing and agricultural sectors. The manufacturing sector is the major contributor to the country's GDP and employment opportunities, whilst the agriculture mainly acts as a source of livelihood including meeting the basic food requirements for Swazis, particularly rural households. However, rural households are unable to meet their basic subsistence requirements. Previous studies have shown that only 40 percent of the rural households are able to produce enough food to meet their needs, the rest supplement their needs through remittances from employed relatives.

According to the 1997 population census, about 42.5% of the people are children below the age of 15 years, whilst those below 18 years constituted 54% of the population. The total fertility rate was estimated to be 5.6 percent live births per woman. The contraceptive prevalence in the country has increased steadily from 4% in 1980 to 34% in 1998.

The social structure of Swaziland is two-pronged. There is the traditional structure that is more family and community oriented and is the one that provides social protection for family and community members. In this instance, it was easy to get social, moral, psychological and material support from family and community members. However, the role that was played by this structure has been weakened and can no longer cope with the demands put on it. On the other hand, the modern structure is characterised by modern dictates, which incorporate modern behaviour, western family values and western legislation and governance.

1.2 Poverty and the PRSAP Process

Swaziland has an income distribution system that is highly skewed, with the richest 10% control about 40% of the country's income whilst the poorest 40% control only 14%. The causes of this problem are numerous and multifaceted and thus need different approaches to solving them. Some of the causes are policy related; some are cyclical whilst others are structural. Poverty has created many social problems including the existence of social insecurity due to the high levels of unemployment, the spread of HIV/AIDS, social exclusion, increase in the numbers of vulnerable groups in society (particularly children) and an unsustainable burden for fiscal interventions.

A Poverty Reduction Strategy and Action Plan (PRSAP) is being drafted. The strategy will focus national and sectoral programmes that will lead to poverty reduction in the country. It will also assist in aid mobilisation for fighting poverty. The project on vulnerable children has been identified during the PRSAP preparatory process as one that needed urgent attention.

1.3 Social Sectors (Health and Education)

Swaziland has made significant strides in improving the quality of life of the people. The literacy rate is estimated at 81.3% (2000), whilst 85% of the population live within 8km radius of a health facility. The differences in coverage and literacy rate reflect the inability of poor people to successfully access education and health facilities. Universal primary education has always been a goal and still remains a focus. But population growth and budgetary constraints have threatened its attainment.

All schools receive financial support from Government. Government on average subsidises about 77% of the costs in primary schools and 69% in secondary/high schools, with the balance being provided by parents/guardians and sometimes donors/missions. However, tertiary education is fully subsidised.

Studies indicate that about 23% of the school going age children never get to school. The dropout rates in schools are relatively high, as about 16% drop out of primary school and about 17% drop out of secondary/high school (excluding those completing Form 5). These high dropout rates are due to many factors, paramount of which are the shortage of funds and family support (about 65%) and pregnancies amongst teenage girls (22%).

The costs of sending children to school are high, especially for the poor households. School fees and other associated costs reach $150 to $200 (about E1500-2,000) per child at the primary level each year. Many vulnerable children, stay out of school because their families cannot afford these expenses. A policy change was introduced in 2001 with the Government financing the purchase of textbooks at primary level.

Expenditure on health per capita was estimated at US$70(about E700) in the 1980s and has now declined to around US$24 in 1998. The budget has declined from 9.4% in the eighties to an average of 7.1% in the past five years. The formal health sector is based on the concepts of primary health care and decentralisation. The distribution of referral health facilities is biased towards urban areas.

The health status of the Swazi people has improved steadily over the years. Life expectancy has increased from 44 years in 1966 to 58.8 years in 1997. Reciprocal improvements have been observed in crude death rate (CDR), infant mortality rate (IMR) and under-five mortality (U5MR). CDR per 1000 population decreased from 20.5 in 1966 to 8.4 and IMR per 1000 live births decreased from 156 in 1976 to 72 in 1991. The greatest challenge faced by the health sector is the advent of HIV/AIDS. The prevalence of HIV infection among pregnant women who attend antenatal services has increased over the years from 3.9% in 1992 to 34.5% in 2000. In addition, malnutrition levels and stuntedness amongst under-fives are high.

1.4 The Problem of Vulnerable Children

Children account for about 54% of the total population (about 552 000). Due to the prevalence of HIV/AIDS, poverty and rising unemployment in the country, the vulnerability of children is increasing. A vulnerable child is defined as a young person less than 18 years living in poverty or being at risk of falling into poverty, due to circumstances such as homelessness, orphaned, displaced family, living on the street, sexually or physically abused, deprived of access to property, education and health care. The efforts of the government, donors, and NGOs to improve the status of children have been undermined by the emergent problems of HIV/AIDS and poverty. The existence of orphans, which was not a problem in the past, has become critical because of the disintegration of the family and community structures that ensured that they are well looked after. Estimates indicate that at least 10% of all children below 18 years are orphans.

It is believed that vulnerable children with parents, including children on the streets and those off the streets, make up about one-fifth (about 20%) or more of all the children in Swaziland.
The Government guiding principle on orphans emphasises the prioritisation of their placement with families within their original communities as opposed to promoting orphanages. In addition, health and social welfare services should be provided at no cost to orphans. The machinery for implementing this policy is however still not developed/operational.

The Government, as a first step in addressing the problems of children, is establishing a Children's Unit, which is a necessary institution to achieve the state or condition of child safety, permanency and well-being. This office will collaborate with the community-based organisations (CBOs) and non-governmental organisations (NGOs) involved in child and youth caring activities. The unit will also assist in making projections of orphaned children and those infected with, and affected by, AIDS.

There are a number of NGOs and CBOs that are working with children and some of them are specifically focusing on vulnerable and destitute children. The SOS Children's Village provides a home for abandoned or homeless children, especially orphans. This institution presently supports about 3-4000 children. The International Baby Food Action Network (IBFAN-AFRICA) promotes, protects and supports breastfeeding and appropriate weaning practices in order to ensure optimal infant nutrition and contribute to the overall infant morbidity and mortality. The Save the Children Fund (SCF) promotes the protection of child rights and champions the right of children to a happy, healthy and secure childhood.

Swaziland is a signatory to a number of international charters. These include the Convention on Child Labour developed by the International Labour Organisation (ILO).

Nutrition and Children

Malnutrition has been found to be the cause of about 40% of all childhood hospital death and together with other factors account for the high infant and child mortality rates in Swaziland.

Although some schools had been administering school feeding programs, most have stopped mainly due to financial constraints. This may have been the main reason for the low prevalence of nutritional problems amongst school going children. Studies indicate that 93% of under fives suffer from kwashiorkor, nutritional marasmus, malnutrition and other nutritional deficiencies.

The Swaziland Nutrition Council has developed a plan of action for promoting nutritional standards of all the Swazi people. This plan of action has specific elements that are targeted at children including a programme for 'caring for the socio-economically deprived and nutritionally vulnerable groups'.

1.5 Institutional Set-up

Government, non-governmental organisations (NGOs), private sector, donors, communities and individuals will collaborate in the implementation of this project like in other similar projects. NGOs are active in the implementation of some projects, particularly those of the social sector, agriculture and other income generating projects. They have provided a useful machinery for assisting needy members of our society. This project will be implemented jointly by the ministries of Health and Social Welfare, Education, Economic Planning and Development, Deputy prime Minister's Office, Attorney General's Office, NGOs and communities.

To blend public policy interests with the activities of the NGOs, the Government has developed an NGO Policy that will provide for the effective collaboration between Government and the NGO community in assisting Government with service delivery. This policy will enable Government to subvent funds to NGOs so that they can assist in implementing projects and programmes.

Government policy on the development and implementation of public projects has gradually shifted from the 'top down' approach to a 'bottom up' approach. In this regard, the involvement of beneficiaries of public projects has proved crucial. Many communities and regional institutions are now establishing project committees to supervise the design, coordination and implementation of projects.

CHAPTER TWO

PROJECT RATIONALE

2.1 Causes and Magnitude of Child Vulnerability

About 66% of the Swazi population lives below the poverty line calculated at E71 per month (1995). The past poor economic growth performance and the increase in HIV/AIDS pandemic has deepened poverty in the country especially in rural areas where 83% of the population live. The impact of HIV/AIDS on socio-economic development is just beginning to show. Many families have suffered loss of their breadwinners exposing them to a cycle of poverty that will affect future generations. In addition to the problems resulting from HIV/AIDS, the country has suffered from high levels of unemployment, inequitable access to education and health resulting in school dropouts and teenage pregnancies.

The unemployment rate estimated to be 22% (1995) is rising as job creation fails to keep pace with growth in the labour force and the population. The unemployment problem is worse for the youth, as their unemployment rate is estimated to be over 40%. The population is estimated to be growing at 2.9% per annum (1997), with the majority (54%) being children. To make the situation worse, the economic performance has been generally poor leading to large-scale retrenchments, loss of income and destitution among families. Most Swazi men who used to find employment in South African mines were retrenched when the mines restructured their operations. Due to the diminishing employment opportunities poverty levels have escalated and the ability to cater for families has been further compromised.

The risk of a Swazi child finding itself in difficult circumstances has grown tremendously. Many children born from poor families are faced with numerous risks. They are vulnerable to chronic hunger, parentlessness, neglect, abandonment, sickness, illiteracy, child labour, abuse and prostitution. Most vulnerable children lack access to basic social services and social protection. According to the Ministry of Agriculture and Cooperatives, about 40% of the homesteads produce enough food to feed their families. The rest are dependent on income from wage employment to supplement their food needs. According to an evaluation report of the school-feeding scheme, 20% of children have no breakfast before coming to school.

Furthermore, the HIV/AIDS pandemic has introduced another dimension to the problem as it changed the nature of risks faced by children and has swelled the numbers of those at risk. For 2000, HIV prevalence among pregnant women was estimated at 34.5 percent while nationally it is estimated that about 25% are infected. The age group 15 – 29 years is the most affected.

Given the high prevalence rates in young women, compounded by the fact that the majority of women living in abject poverty have their first child before the age of 20, their children are at risk of being infected themselves. Whatever the cause, orphans and other vulnerable children face the heightened risk of malnutrition, mortality, morbidity and psychosocial damage. Vulnerable children under the age of five in AIDS affected families face even life-threatening risks. Infant mortality, which is estimated at 72 per 1000, under five mortality which is at 30%, and stunting among the under fives is estimated at 27% for under fives, are expected to increase with the prevailing economic situation.

Infected children run the risk of being abandoned because their relatives cannot care for them. Even children in households headed by immediate family members are often at risk of dropping out of school when parents are sick and dying, trapped in long-term poverty, or taking care of foster children, which stretches their already scarce resources. The same is true for children taken care of by their elderly and incapacitated grandparents. Caregivers in such circumstances often cannot meet the emotional and material needs of these children. Furthermore, when a family member falls sick the resources are transferred to his/her care. Children are withdrawn from school to save on both direct and indirect costs and to help make up for lost family income. In addition, an out-of-school child may be asked to care for the sick family member. This burden of caring for the sick family members usually falls on young girls who might be out because of pregnancies.

The psychosocial stress endured by children preceding the death of their parents is exacerbated when they have to consequently assume family responsibilities. Girls are usually left to take the headship of the households caring for their siblings irrespective of their age. Furthermore, they get traumatised when their relatives neglect them or 'grab' whatever assets their parents left. The traditional and legal systems make their lives even worse because they cannot inherit or use any assets left by their parents. The laws prohibit and/or make it extremely difficult for widows and unmarried women from inheriting land, livestock and other items and ultimately denying both the mother and children property that is rightfully theirs. The consequences of losing a parent or both differ among children: some live in families with only one surviving parent, some live with grandparents in the process exacerbating poverty of the elderly. Furthermore, with no support from any source of income whatsoever, they are forced to make a living in the labour force or become street children and/or child prostitutes. In most cases the extended families have come to the rescue as it was a tradition, but the situation has changed as this has caused serious strains on the families and their coping mechanisms.

Even though Swaziland is known for keeping to its traditions, the extended family and communities have started to show serious cracks sometimes due to strain of caring for other family members. Grandparents are left to care for orphans in the case of their parents' deaths. Even when the parents fail to care for their children, grandparents are left with abandoned and neglected grandchildren. Nevertheless, the serious strains are evident on the traditional coping mechanisms.

The plight of these children is visible and it is known that it is growing, however, the country has not mounted the kind of response that is needed to match the severity of the crisis. The Ministry of Education estimates that about 50,000 children are out of primary school. Even though government subsidises about 75% of the costs, poor parents are finding school fees exorbitantly high and unaffordable. Poor children have limited access to quality health care or education, are frequently exploited and abused sexually, and often denied inheritance rights of physical and financial assets. It is children in situations like these, being emotionally vulnerable and financially desperate, who are likely to end up being forced into exploitative situations, such as prostitution, as a means of survival.

While it is difficult to give an estimate of vulnerable children, UNICEF estimates that the number of other vulnerable children far exceeds that for orphans. From the population of 929,718 (1997), children account for 54% (522,000). As 66% of the population lives under the poverty line, it can be assumed that there are about 344,500 children who are vulnerable, including orphans. The number of orphans is expected to reach 85,000 in 2005. As more people die from AIDS related diseases, more children are becoming orphaned. This is the more visible group of vulnerable children.

In addition to orphaned children, there are other vulnerable children. The number of street children and children in prostitution are not known, but the numbers are expected to increase significantly as more children become destitute, and run away from their homes because they have no source of living and have no-one to care for them. The majority of street children are boys while girls go into prostitution. These are indications that the family structure is disintegrating.

There are, however, those children whose vulnerability is not visible. Those that are living with their single or both parents, who are themselves vulnerable. They have no source of income because either they are not working, or lost their jobs, and are not self-employed, or they had invested all their savings in crops or livestock and they have lost nearly everything due to natural disasters. In addition, there are those families who got themselves into huge debts to financial institutions, and each time they get returns they have to clear their debts.

The plight of the vulnerable children reflects the plight of their families and communities they live in. The burden of providing safety nets for these children usually falls on the poorest families. The highest number of vulnerable children is found among female-headed households especially widows who are usually economically and socially disadvantaged.

The awareness of the plight of orphans and other vulnerable children including their families is increasing. However, the national response that has been mounted is not enough to match the severity of the crisis.

The reasons include insufficient knowledge of the magnitude of the problems, the kinds of coping strategies and their strengths, lack of clarity on the advantages and disadvantages of possible interventions, limited capacity to implement interventions and scarce resources.

Many non-governmental organisations have played a pivotal role in assisting government provide services to needy children. However, most of their programmes do not cover the whole country and some were terminated due to financial constraints. The need these programmes are urgent, acute, and increasing.

2.2 Existing Programmes

All persons have a right to the provision of services to cover their basic needs in order for them to live an acceptable standard of life and children are no exception. The Convention on the Rights of the Child provides an opportunity to make respect for children's rights and welfare truly universal. It calls for the protection of children from the scourges of hunger, disease, deprivation, abuse, illiteracy; the promotion of the full development of their potential, their individual judgement and their sense of moral and social responsibility. This is expected to contribute immensely to the well being of all societies. Nevertheless, it is noted that improvements in the well being of children will come about with overall economic development, resource mobilisation and placing their needs as priority in resource allocation.

Poor families that cannot provide for their basic needs raise vulnerable children. It is estimated that a large number of households in the rural and peri-urban areas live in abject poverty. Children living in these households lack food, shelter, proper clothing, access to health and education and are traumatised.

The needs of vulnerable children are known and government together with the donor community; churches, individuals and NGOs have invested resources, knowledge and time to provide services for the children's socio-economic development. But it has not been enough to fulfil all their needs nor to provide for all the children.

Swaziland has made substantial investments in social services, health, water supply, education and agriculture in order to ensure the survival of its children. Availability of services has reduced infant mortality from 156 per 1000 in 1976 to 72 per 1000 in 1991. High schools increased from 39 in 1982 to 716 in 1999. However, children from poor families fail to enrol in schools and some drop out prematurely due to lack of funds. Vulnerable children hardly reach high school unless they receive assistance through bursaries.

The following is a list of programmes in the different sectors being implemented by government, NGOs and communities aimed at addressing the needs of children. Some are implemented with donor assistance. This project on vulnerable children is aimed at enhancing the work already carried out by communities, donors, government and NGOs in this area and ensuring that strong links are established. Presently, UNICEF is funding an OVC project that is being implemented by the DPM's Office.

Health Programmes

1. Integrated management of childhood illnesses
2. Emergency preparedness
3. School health
4. Bilharzias control
5. Malaria control
6. Expanded immunisation
7. Ante and post natal
8. Reproductive health
9. Promotion of young child feeding and growth monitoring
10. Child protection
11. Community Mobilisation – health education and rural health motivators

Education programmes

1. Text books project
2. Bursaries
3. Feeding schemes management phased out
4. Rural pre-schools phased out
5. Early childhood development policy preparations
6. Special needs education
7. Pre-vocational
8. HIV/AIDS education

Income generation

1. Small scale enterprises
2. Micro-projects
3. Handicrafts
4. Contract farming
5. Cash crop farming

Nutrition

1. Food production, processing, storage and preservation
2. School feeding schemes

2.3 Lessons Learnt from On-going and Past Programmes in Social Protection

Those with positive results:

- Schools feeding schemes implemented in most schools provided a relief to children from poor families. They were balanced and enabled children to get more than just education from school;
- NGOs and government development officers in rural areas have successfully mobilised communities for the identification of community problems and involved them in implementation;
- Rural communities are willing to care for vulnerable children and elderly in their communities from their resources and also respond quickly if assisted with resources;
- There are public institutions e.g. Tibiyo, private individuals and groups who are running schemes for assisting vulnerable children especially in paying school fees;
- There is an increase in the number of micro financing institutions and the number of people involved in income generating projects indicating the keenness of parents to improve their welfare especially sending their children to school. Some of the vulnerable children who have received assistance from outside family have progressed well in their welfare indicating the positive contributions of the assistance they received;
- Most parents and guardians give education, health and nutrition a priority in their plans. Educated parents send their children to best schools while poor families sell assets they have just to send children to school because of the hope of a better future;

Areas where challenges remain:

- Poor economic conditions have contributed negatively to the provision of services for poor families because they have caused high unemployment level which have left families destitute and children the most affected;
- A lot of programmes aimed at child development were implemented since independence leading to an improvement in the welfare of children. However, some had to be phased out when government funding and/or assistance from donors ceased. An example is the school feeding programme which government, Save the Children and the World Food Programme, financed;

- HIV/AIDS will worsen the poverty situation throwing children into deep poverty, desperation and psychosocial problems
- The legal framework in giving protection to property, rights etc of children
- It will not be possible to protect the rights of the child and give them the opportunity for their development if the trap of poverty is not broken. More children are drowning into deep poverty and that will affect future generations substantially. The gap between the rich and poor will be further widened;
- Interventions on poverty reduction should be multi-sectoral because the causes are multidimensional in nature;
- If nothing is done urgently, the problem is going to escalate leaving more than one generation living in abject poverty and negatively affecting future growth prospects of the country;
- There is a possibility of creating a generation of educated poor adults if there are no other measures in place to take children assisted through this project.
- Vulnerable children require a lot of psychosocial support in terms of counselling in order to maximise any other type of support. Otherwise, they fail to gain because they abscond from school and will not appreciate the value attached to that support.

The proposed project is expected to consider the practices that have been implemented at community level. Further efforts will be directed at identifying the different needs of the children and devising strategies to integrate them back to society.

CHAPTER THREE

LETTER OF SECTOR POLICY

Swaziland's sectoral policies and cultural norms, on balance, offer protection of the country's children, families and communities. This may have partly contributed to the reasonably favourable social indicators, which are among the highest in Sub-Saharan Africa, the cultural and political cohesion characteristic of the country, and networking among the Swazi people. This statement in no way suggests that the protection equally percolates to all social strata of the population and across the regions of Swaziland. It also does not suggest that all policies and strategies of the government have been implemented or that protective cultural norms have withstood the test of time. Sharp disparities exist among people of different economic and social status as well as among regions. Many of the policies reflect the cherished will of the Government and the people of Swaziland rather than success in implementing them. This project derives its origin from the desire to operationalise these policies.

In 1992, government undertook to prepare a long-term development strategy namely the National Development Strategy (NDS). The Strategy documents a Vision 2022, which explicitly explains the aspirations of the Swazi nation. In addition, the NDS spells out the key macro, and sectoral strategies in the overall perspective plan of the government identifying the country's development sectoral strategies. The underlying focus is on the quality of life; the critical dimensions of which are poverty eradication and employment creation. These dimensions are in turn crucially linked to education, health, and other aspects of human resource development.

The most prominent vehicle for the operationalisation of the NDS was the formulation and implementation of a poverty reduction strategy and action plan. The Poverty Reduction Strategy and Action Plan (Extract) lays down the country's long term objectives of reducing poverty and eliminating its extremes by the year 2015 through a three-pronged strategy: rapid acceleration of economic growth based on broad based participation, empowering the poor to generate own income, and equitable distribution of the benefits of growth through public spending. Within these broad goals are specific sectoral policies aimed at the protection of children, families and communities from extreme poverty in all its manifestations. The PRSAP will run parallel with the three year rolling Development Plan and the yearly budget. A number of policies to operationalise the NDS have been formulated, such as the population policy, education policy, and health policy.

3.1 Sectoral Policies and Strategies for Social Protection of Vulnerable Children

The Government of Swaziland has long recognised that the country's high income and its category of a middle-income status do not accurately reflect the status of the majority of her people. The skewed distribution of income among different income groups, regional imbalances in income and welfare, and the development disparities between rural and urban areas do not make much meaning out of the high income per capita averages. The government is therefore braced for a major orientation that will change the development planning process to shift emphasis in favour of public expenditure that benefit the poorest segment of the people as the starting point. Accordingly, the Government is putting emphasis on social development of the people within the context of an accelerated economic growth in the country as a whole. This is taking the form of heavier public investment and regulatory policies aimed at raising the access of the poorest people to basic education, raising the health standards of the people, improving the safety of their water supply sources, the quality of sanitary conditions, social justice and personal security. Policies and guarantees that promote social welfare of the Swazi nation are illustrated by Government commitment to such instruments as:

- Education For All initiatives, among them the Universal Primary Education
- World Declaration and Plan of Action for Nutrition at the International Conference on Nutrition (ICN)
- The implementation of the Adoption of Children Act (1952)

- Childcare Services Order of 1977, which provides for care of children in difficult circumstances
- The Maintenance Act of 1970, which provides for maintenance of children and their mothers particularly where guardians are unable to provide for the family.
- Provision of safety nets for the homeless and street children
- Equal opportunities for persons with disabilities

Accordingly, Government has allocated a larger share of the national budget resources to social services: education, health, water and sanitation. Within these sectors are primary and vocational education, primary health care, and provision of clean water and sanitation in rural areas.

In spite of the above commitments, the Government faces the challenge of achieving more with dwindling levels of resources. The unit cost per head of extending social services is also heavy. Moreover, some basic social services like decent housing, and sources of clean and renewable energy such as electricity are only viable with significant contributions from the target beneficiaries, the majority of which are poor.

3.2 Poverty Reduction

By committing herself to the formulation and implementation of the Poverty Reduction Strategy and Action Plan, government is indicating her will to reduce poverty and address the causal effects of poverty. The overriding objective is to reduce poverty from its current level of 66 to 30 percent by the year 2015 and eliminate it by 2022. Government believes that the target is achievable if all national effort is mobilised including support from donor community.

The key to this goal is through:

- Rapid Acceleration of Economic Growth Based on Broad Participation,
- Empowering the Poor to Generate Incomes through Economic Restructuring, and
- Fair distribution of the Benefits of growth through the Public expenditure.

3.3 Health

The draft National Health and Social Welfare Policy (2001) has the objectives of:

- Reducing morbidity, disability, and mortality due to preventable health and social conditions
- Reducing the risk and vulnerability of society to social welfare problems and impact thereof
- Ensuring equal access to public health and essential clinical and social services by all people who reside in the country
- Increasing investment in cost effective health and social services
- Improving responsiveness of the health and social services system
- Ensuring fair distribution in the financing of health and social services

Thus Government is pursuing the policy of attaining universal health care with emphasis on preventive and promotive judiciously mixed with primary health care. There is also a mutually supportive health care sector including government, NGOs, missionary hospitals and private at individual and corporate level. Preventive services such as immunisation, maternal and child health care, and promotive health care like family planning are provided free of charge. Curative services in public health units throughout the country, including health care for people living with AIDS are highly subsidised.

Government strategies in this direction seek to:

- Improve and expand comprehensive primary and reproductive health care programmes

- Improve the health infrastructure and delivery system in the Kingdom.
- Strengthen and support the home based health care delivery system for terminally ill.

Others are:

- Motivate the private sector involvement in addressing preventable diseases
- Subsidise the cost of health to the poor
- Advocate for strengthening of Health Education
- Promote strengthening and integration of all programmes addressing the preventable diseases
- Strengthen the treatment of common illnesses
- Promote research to improve informed decision making and responsiveness of the health system to changes.

Financial and human resources limitations have been key in constraining the meeting of the targets of universal health for all. The high life expectancy once attained by Swaziland is declining, maternal and child mortality are still relatively high and patients have to travel long distances to access the nearest health unit for assistance.

3.4 Education

The development of education in Swaziland is underscored in National Policy Statement on Education (1999) that seeks to provide opportunities for all pupils of school going age and adults to develop themselves in order to improve the quality of their lives. It is in this regard that the Government through the Ministry of Education is a signatory to the Education For All (EFA) agenda. This expanded view of education makes a linkage between education and personal and community development i.e. education for better living, provision of skills and knowledge for survival and development. The Government seeks to provide basic education to all Swazi children in the short term. Government education policies and strategy include:

- Improving the quality of education
- Reviewing and implement a flexible and up-to-date policy in repeaters at all levels
- Encouraging intersectoral collaboration between education and training institutions with those organisations who are recipients of their graduates, in curriculum design and procurement of equipment and other resources
- Encouraging the movement of personnel between training institutions and the productive sector to creative appreciation of sector needs
- Formulating a policy to govern the establishment of pre-schools and private education and training institutions

These strategies translate into measures for:

- Early childhood development
- Introduction of “prevocational subjects” at lower levels of the education system, especially in the rural areas of the country. This could involve the strengthening of practical arts in primary schools and technical and practical subjects in the secondary schools.
- Creation of a fund that the graduates of these vocational training centres can tap into for capital to start their own income generating schemes. In some cases, this could come in the form of a tool kit.
- Introducing of double shift schooling in those schools that have vocational resources to enable those without to get some appreciation. This is currently being explored in the Information Technology area (Moyeni High); the school is being used as a satellite institution for a cluster of schools that do not have IT.

The above policies and measures have paid dividends but implementation constraints arising from resource scarcity have led to declines in enrolment rates, high repetitions due to the inability of parents to pay fees and non-fees costs to education and past policies that subsidised tertiary rather that primary education.

3.5 Food Security and Nutrition

The basic policy framework for the Ministry of Agriculture and Co-operatives revolves around achieving basic household food requirements for nutritional purposes, boosting rural incomes and finally if the household can meet its requirements, then commercialise its agricultural activities. A lot of emphasis has been placed on self-sufficiency in staple foods, particularly maize and little attention given to the purchasing power of those households. Effort is being concentrated on the SNL while not neglecting TDL. However, the poor are still struggling to meet their needs as they are also faced with pre and post-harvest losses that reduce their food security status considerably.

Key policy interventions for consideration include:

- Improving nutritional levels and access to a nutritionally balanced diet in the right quantity and quality
- Price stabilisation to make food accessible and affordable to the poor
- Irrigation water to sustain agriculture and reduce dependency on rainfall
- Range management practices to control erosion and promote livestock production
- Promotion of backward and forward linkages between the different sectors and between smallholders and industry
- A food security plan which will incorporate measures for food distribution between the surplus and deficit areas; food production, processing, storage and preservation
- Measures on reducing crop failure risks
- Preparation of the draft land policy

While government has made considerable investment in the agricultural sector in terms of policy and infrastructural development, the results have not translated into improvements in the welfare status of the poor. Government has recognised the food security risks and has undertaken a risk mapping exercise, but those strategies have not been fully implemented. That means more work on the disaster preparedness plan and further development a food security plan.

3.6 Income Generation and Distribution

Government has committed herself to the provision of micro-credit, policy development and infrastructure provision to facilitate people's ability to start income generating activities. Largely the concentration of the agricultural policy on SNL is predominantly aimed at increasing rural employment and incomes. Furthermore, there is a complementary policy that is encouraging the development of co-operative societies and assisting with marketing farmers' produce

Progress has been achieved with the establishment of the Enterprise Trust Fund (ETF), Development Fund and the injections made to the Microprojects Programme. These funds have guidelines that set out how they are accessed and are targeted for the poor to start projects aimed at raising their income levels and developing their infrastructure.

Present key interventions:

- Developing linkages between industries and smallholder farmers
- Promoting self-employment opportunities and informal sector growth
- Capacity building for communities
- Infrastructure development and maintenance of existing infrastructure

3.7 Community Participation and Capacity Building

The policy on rural development, promotion of small medium enterprises, provision of services in rural areas lies predominantly in the participation of communities. The Deputy Prime Minister's offices ensure that structures for community development are operational and other ministries including NGOs use these structures i.e. tinkhundla centres, chiefdoms, buchopho, rural health motivators etc to involve communities.

However, there are capacity problems and the different institutions will have to be strengthened in order to facilitate efficient implementation of programmes and projects. Other policy factors being considered include:

- Involving communities in the design, implementation, monitoring and evaluation
- Empowering communities to take a lead in their development initiatives
- Ensure training on project management
- Expansion of services in the rural areas
- Identifying and protecting vulnerable groups.

3.8 Summary

It is evident from the above programme of sectoral policies that a lot of reform is being undertaken. There are also other cross cutting sectoral activities which government is currently undertaking and will impact on the effectiveness of the different sectoral policies. Included in this is the public sector management programme, capacity assessment of local governments, urban development project and the resettlement project.

CHAPTER FOUR

PROJECT DESIGN SUMMARY AND LOGICAL FRAMEWORK

4.1 Project Description

This project is a sub-component of the Poverty Reduction Programme of the Government of Swaziland, derived from the Poverty Reduction Strategy and Action Plan (PRSAP). During the consultations for the drafting the PRSAP, vulnerable children came out as a critical group that needed urgent attention and interventions.

This project is designed to assist vulnerable children including orphans, to access basic needs and other life requirements. The project will also assist the various institutions that are presently implementing related programmes and expand their initiatives to a national scale.

4.2 Objectives

The overall goal of the project is to improve access to available basic services and to provide human development opportunities for vulnerable children thereby investing in their ability to become productive members of society.

Specifically, this project seeks to:

- Enhance the physical and psychosocial development of vulnerable children including orphans by reversing stunting, under-nourishment and poor health;
- Enable vulnerable children including orphans to attain primary and secondary/high school education;
- Facilitate access to basic health services for vulnerable children;
- Enhance income-generating opportunities of families and communities that support vulnerable children; and
- Develop and strengthen community response to the plight of vulnerable children including orphans; and
- Create a legally conducive and protective environment for the rights of all children with emphasis on vulnerable children.

4.3 Outputs:

The outputs (and outcomes) of the project will be in terms of achieving the objectives of the project as defined above. These are as follows:

- Healthy, nourished, well-developed and stable children;
- Increased enrolment in primary and secondary schools;
- Increased number of vulnerable children accessing basic health services;
- Adequate and sustainable safety nets for vulnerable children;
- Integration of the vulnerable children to their communities (and families) of origin; and
- Increased household incomes
- A register of property of deceased persons
- A law protecting children's inherited property
- A law legalizing the rehabilitation of street children.

4.4 Project Scope

The project targets vulnerable children who are defined as those that run a high possibility of living in poverty or are prone to growing to be poor. These are defined as those with one or both

parents deceased or those with parents without income-earning capabilities, those who are abused, neglected, deprived of basic needs, abandoned, street children, and the destitute.

The project will cover all the communities in the country, although the level of concentration of the services/activities will differ and will be in pace with the response of the communities involved.

Project Components

4.5

This project will have the following guiding principles:

a) Social standards improvements – improving access to basic health, nutrition and education;
b) Sustainability – development of income generating projects; and
c) Rehabilitation – reintegrating these vulnerable children to a normal living environment, including counselling

The components will lead to:

a) Improved community and household capacity to respond to the development needs of orphans and other vulnerable children;
b) Improved access to basic education;
c) Improved access to physical and psycho-social health and nutrition;
d) Increased protection and rehabilitation of street children
e) Legal protection of children.

Priority will be given to the education component, which is the major challenge in social protection of children. A large proportion of the project budget will therefore go to the education and health of these vulnerable children.

4.6 Activities:

In the implementation of the project, the following activities will be carried out:

Education:

- Identify and select vulnerable and needy children;
- Place selected children in appropriate schools;
- Pay school dues for the selected children;
- Monitor their performance;
- Train children who are not able to proceed in the school system with vocational life skills
- Develop and/or strengthen school feeding programmes;
- Support early childhood development programmes; and
- Information, education, and communication campaign.

Community and Family Response to Income Generation:

- Social mobilisation and training of communities;
- Identify needy families with children;
- Provide grants and technical assistance to communities that support vulnerable children including orphans;
- Assist needy families to operate income generating ventures;

- Improve access to national micro-finance schemes and institutions;
- Monitor the income generation;
- Monitor child education and health status;
- Encourage communities to devise their own strategies for protecting vulnerable children;
- Promote counselling services

Health and Nutrition:

- Educate families and communities about good feeding;
- Exempt or subsidise people who cannot afford payment for health services;
- Assist families grow high-value crops for home consumption;
- Diagnose and treat common child ailments;
- Encourage communities to come up with appropriate strategies for caring for under 5s;
- Provide psychosocial care and support to in-school and out of school children.

Street Children:

- Gather children from the streets for counselling and development;
- Integrate collected children in their families;
- Place the children in school;
- Teach them practical life (and vocational) skills;
- Provide counselling services to the children;

A**dvocacy, communication and capacity building:**

- Advocate for children's rights
- Sensitisation and mobilisation of relevant institutions and organisations;
- Capacity building of implementing agencies;
- Strengthen safety nets;

Legal protection

Enact and enforce laws that protect the rights of children.

4.7 Assumptions

For the project to be sustained the following conditions should prevail:

- Present activities of the government and non-governmental organisations (NGOs) relating to assisting children are effectively implemented;
- The Poverty Reduction Strategy and Action Plan (PRSAP) is implemented, particularly the projects relating to assisting vulnerable groups;
- The projects for assisting orphans in the HIV/AIDS Action Plan is implemented;
- Sectoral projects being planned should have poverty reduction elements;
- Continuing programmes and projects will continue to be implemented without major hindrances;
- Present economic conditions (low economic growth, unemployment, HIV/AIDS, etc) will improve during the first phase of the project;
- A proper identification mechanism, e.g. the use of ID cards, will be developed by the relevant government institutions to make identification easier;
- Strong linkages between this project and other poverty reduction projects will be strengthened.

4.8 Objectively Verifiable Indicators (Ovi)

It is anticipated that during the first five years the project will achieve the following:

- Education: - net enrolment rates will reach 85%, drop-out rates reduce
- Nutrition: - health centre admissions for nutrition-related illnesses (kwashiorkor, etc) will be reduced,
- Safe drinking water prevalence increased,

- Food security status of households increased,
- Health: - access to health by vulnerable children increased,
- Stuntedness reduced,
- Under 5 mortality rates reduced,
- Income Generation: - each community has income-generating projects enough to sustain the vulnerable children of the area,
- Each family that has vulnerable children is assisted with running a successful income-generating venture,
- Household incomes for families with vulnerable children increased.
- Street Children: - number of street kids reduced by 50%.

Since the project covers a twelve year period, the last seven years of the projects will realise the following achievements:

- Education: - education for all
- Health: - access to quality health care for everyone
- Nutrition: - healthy and well fed nation (achievement of food security)
- Income Generation (Sustenance): - projects will be self-sustaining and beneficiary-driven.
- Street Children: - elimination of the problem of (vulnerable) street children,
- Protection of child rights and inherited property.

The indicators above will be quantified more precisely during the period of project execution.

4.9 Implementation Arrangements

The implementation of this project will rest with several structures. The highest level will be the Project Steering Committee, which will comprise Principal Secretaries (as heads of the different relevant/responsible ministries). The Project Coordinating Unit, which will be in the Ministry of Economic Planning and Development, will report to this Committee.

A Coordinator, a health planner/economist, an education planner, a community development officer, and a monitoring and evaluation officer will staff the PCU. In addition it will have an accountant, an accounts clerk, and secretary (see paragraph 6.1.2).

A committee of technical persons, called the Project Working Committee, will be formed from the relevant public and private institutions (including NGOs) to oversee the implementation of this project. Below this team will be the regional and local committees also comprising of the different relevant sector representatives. There will be Contact Points in each of the implementing Ministries to oversee and assist in the implementation. These are Ministries of Health and Social Welfare, Education, Justice and Deputy Prime Minister's Office.

The NGO community is the primary group that will help Government implement most of the proposed programmes. Government's role will be primarily that of policy formulation, facilitation, and monitoring as compared to actual implementation.

4.10 Management Information System

Sources of information pertaining to the project outputs will include, inter alia:

- Statistical Bulletin (social services);
- Reports submitted by the different implementation structures including Project Coordinator, Regional Offices, Community Steering Committees, Education and Health Surveys, Agricultural Surveys, etc;
- Monitoring systems in Ministries of Health, Education and Economic Planning and Development.

The project will monitor input and output indicators as well as outcomes and impact indicators.

4.11 Monitoring And Evaluation

Monitoring will be done on a continuous basis. There shall be mid-term reviews, annual reviews and mid-phase and final evaluations. These reviews will assist in the monitoring of project progress in addressing the intended objectives and inform policy decisions on realigning some components to be more responsive. Independent consultants will be engaged to assist in the evaluations.

4.12 Critical Conditions Necessary For Project To Commence

For the project to commence the following are necessary:

- Adequate funds for the implementation of the project components and other related projects and programmes;

- Donors to fund a substantive share of the project budget;
- The Project Implementation/Coordination Unit is effectively set-up;
- 'Partner' institutions and organisations are willing and committed to participating in the successful implementation of this project;

4.13 PERFORMANCE BUDGET

ITEM DESCRIPTION	ESTIMATED COST (US$ M)
Street children	**0.4**
Legal protection	**0.5**
IEC	**1.0**
Education	**20.0**
Health and Nutrition	**4.0**
Community Response	**4.5**
M&E	**1.0**
TOTAL	**32.5**

Attached is an overall logical framework of objectives and general indicator.

Objectives and Sustainability of Project (Initial 5 years)

Main Objectives of the Project	**Strategies**	**Project Outputs**	**Key Performance Indicators**
Breaking of poverty cycle by reducing vulnerability of children to it.	Define vulnerability of children and orphans	Standard definition of the target group and orphans who are vulnerable.	Standard definition adopted and approved
	Develop an identification mechanism for vulnerable poor households and vulnerable children	Structures and means of identifying vulnerable children in place	All communities have VCO response committees
			Clear responsibilities on the identification of VC are observed
	Facilitate easier access to basic needs by VCO easier	VCO's access to basic education, health and nutritious food improved	Population living below poverty line reduced by 40%
		Achievement of food security for households with VCO	Number of households who do not have enough food reduced to below 10%.
		Family and community structures strengthened to be capable of accommodating the psychological needs of VCO	Psychosocial status of VCO improved and living environments checked regularly
	Improve VCO's (and their foster homes') capacity to run income generating projects	Household incomes improved to cater for basic needs of children and increase their ability to afford some of the basic life requirements.	No people living in acute poverty
	Evaluate (and redesign) the intervention programmes described below	Evaluation report	Issue of final report
		Redesign of projects to have more impact	Revised project document
		Development of a comprehensive programme that will ensure that the twelve year target is achieved	Achievement of project targets (poverty reduction by 40%, education for all, health for all, etc)
Improve the VCO's access to quality health (including counselling/psycho-social health services)	Strengthen the school's health program	Children learn healthy lifestyles at an early age	Common child ailments are easily diagnosed and treated
	Educate families and communities about producing high-value	Nutritional standards of families is increased	Number of full meals a day increased

	crops	Well-run community gardens and promotion of crop-sharing	Reduction in nutrition-related admissions in health centres
	Strengthen and/or revive the school feeding schemes	Food security for VCO	Children have at least the basic food requirements to assist them progress through school
	Promote the establishment of day care centres in all communities	VCO's competence in school is enhanced	
	Promote child counselling structures	Psycho-social needs of VCO are well taken care of	Every community has access to a child counselling centre
	Breastfeeding campaigns	Breastfeeding prevalence increased	Reduce child mortality rates and the effects of low birth weight
		Improved nutrition for under-fives	
	Ensure easy and affordable access to health services for VCO	Health services are available within limited radius in areas where they are distant	Coupons for VCO and their guardians
		Exemptions of VCO from payment of medical fees	Poverty resulting from poor access to basic services is reduced
		Access to basic health improved	
Ensure universal access to primary education	Pay school dues for VCO	Education for all (EFA)	Enrolment rates of school-going age children above 95%
	Monitor their performance	Use school reports to compile progress of VCO in schools	Annual reports on the performance of VCO
		Propose ways of strengthening the support to make it more effective in responding to the education needs of VCO	Education component of the project redesigned or endorsed as responding to needs of VCO
	Strengthen the school feeding program	Students are able to give/show their full potential in school	More schools (especially in rural areas) with feeding schemes
	Vocational training for children who are unable to finish school	Vocational centres will be available in almost all the communities	VCO who have not finished school are able to fend for themselves
	Develop early childhood development programmes		

Sustainability of the Project through Ensuring Community Participation and the Vulnerable Children themselves	Ensure active participation of communities in projects for VCO	Successful community fields, day care centres, etc	Every household with a vegetable garden and producing at least 1 ton of grain annually
	Improve capacity of communities to implement income generating projects	Communities are trained on running income generating projects	Project implementation rate should have increased by 50%
		Communities are able to implement sustainable income generating projects	Number of successful IG projects
	Communities must be able to propose and implement better strategies of assisting VCO	General awareness on children's rights based on mutual understanding for cultural/traditional norms and values	Sustenance of children targeted interventions is ensured
	Use of communities in the identification of VCO and orphans	Consensus at community level on the channelled assistance to VCO and the selection of beneficiaries	All orphans and VCO will have been identified by their respective communities
Street Children	Improve welfare of children on the streets	Effects of vulnerability of street kids reduced	40 children will be rehabilitated
	Reintegrate street kids into their original families	Rebuild the community and traditional structures to take care of VCO	60 children will be reintegrated with their families
	Empower street kids with vocational and other life skills	Skills development for street kids to start own livelihood projects	60 children will be provided with basic vocational and life skills
	Improve capacity of foster homes	Quality of care provided by foster homes is monitored and appraised	20 volunteers will be trained
	Provide counselling services to street children	Each town to have a counselling centre for street children	Psychosocial status of street children is improved

		Development of an advocacy and communication strategy	All communities and other public and private structures are aware of the project
			Inputs from the different structures are incorporated into the project
		Sensitisation and mobilisation of relevant institutions and organisations	More institutions (including private organisations) are willing to participate in the project
		Capacity building of implementing agencies	NGOs and other implementing structures have the capacity to implement the project

CHAPTER FIVE

PROJECT COMPONENTS

EDUCATION COMPONENT

IMPROVING ACCESS TO BASIC EDUCATION

5.1.1 Background

In Dakar, Senegal, governments of the world committed themselves to the achievement of education for all (EFA) for every citizen and for every country. This declaration re-affirms the World Declaration for Human Rights and the Convention of the Right of the Child, that all children, young people and adults have a right to benefit from an education system that will meet their basic learning needs. It is in this regard that the second goal for the attainment of the EFA was,

> "Ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality"

At independence, the government of Swaziland committed itself to investing in its people. This was in line with the assertion that the greatest resource of a nation is its people and the most profitable investment is investment in basic education. Thus, the first goal was ensuring that Swazis had access to basic education, health and other social needs. The first policy move in ensuring access to basic education was ensuring that there were indeed enough spaces for all its children. In 1985, the country did achieve Universal Primary Education (UPE) in that it had places for all its school aged population. The country has however failed to maintain this record due to its high population growth, the high costs of education and poverty.

In adopting the education for all (EFA) declaration, Swaziland did so to reflect the social and economic realities in the country. Thus, the issue of bias towards girls and ethnic minorities has not been captured in the education policy. In addition, because of financial constraints, government policy has advocated for universal access to education, as opposed to free education.

5.1.2 Objectives

The objective of the component is to ensure that all children have access and benefit from basic education by supporting children with vulnerabilities through:

a) Providing financial assistance to meet their basic educational needs;
b) Providing financial and technical assistance to children who are within the target group (described below), but who can no longer be enrolled in formal education, by assisting them obtain basic vocational skills for self-sustenance;
c) Advocate for policy reforms that inhibit vulnerable children from effectively participating and benefiting from the school system;
d) Ensuring that the poor regions of the country benefit from the project, through the observation of the guiding principles of the component (described underneath).

It is the assumption of this project that at the end of basic education level, the children would have achieved the basic life and survival skills to effectively engage themselves in the communities they come from. Those that will be successful in the academic performance will proceed to senior secondary whilst the rest would be encouraged to take on income-generating programmes and vocational training. Those successful enough to sit O-level's will compete for tertiary education with the rest of the children in the country.

5.1.3 Target Group

The target group of the component will be the Swazi children of school-going age (6-18 years), who, either:

a) Have never attended school;
b) Have dropped out of school; or
c) Who are in school but are at the risk of dropping out due to financial or economic constraints.

Selection Criteria

The deserving children to benefit from this component would be selected using the following eligibility guidelines:

- Children who have never been to, or have dropped out of, school due to economic reasons;
- School record of previous failure to pay fees and levies;
- Consideration for the employment status of the head of the household shall be given in the selection process of beneficiaries;
- The health status of the bread winner/head of household shall be considered in the selection of the beneficiaries;
- Orphanhood status of the beneficiaries shall be considered in the selection.
- Assets owned by the households will be considered in selection of beneficiaries.

Each chiefdom should set aside 10% of their allocation to cover support for children with special needs, if any.

5.1.4 Rationale

The education component of the project supports the aspiration of ensuring universal access to education for all its children of school going age. However, the bias of the project, which will directly (or indirectly) guarantee the realisation of this aspiration, is focused on vulnerable children (including orphans). The intention of the education component is to ensure that vulnerable children have access to basic education.

Basic education is that education which enables one to fully and actively participate in society. There is also need to appreciate the fact that investment in basic education is a prerequisite for empowerment for the Swazi child to fully participate in and benefit from a globalised economy. In Swaziland participation is low amongst the poor, children in rural settings, the peri-urban poor, those with disabilities, the internally displaced, street kids, and those affected by the HIV/AIDS. The rural to urban migration by the rural poor has made the situation worse since schools in the cities are already overcrowded and in most cases quite expensive. The attraction to urban schools is further compounded by the fact that urban schools are on average better equipped in terms of resources and infrastructure. There are some major innovations and investments that could be explored to improve access to decent basic education by poor rural households. However, some of the required policy responses are beyond the scope of this project and component.

It is estimated that 23% of the children in Swaziland never get to school. Of those who do attend school, 16% drop out of primary school, and approximately 17% drop out of secondary school. Almost all the children who drop out of school are those in vulnerable circumstances, and particularly those who can no longer afford to remain in school for financial (or economic) reasons.

The poverty situation, compounded by the HIV/AIDS pandemic has exacerbated the situation of vulnerable children's lack of access to basic education. These are some of the extensions of the problems, which are being addressed through other mechanisms. The education component of the project seeks to provide a reactive, as opposed to preventive, response to the problem that has already gone to intolerable limits.

5.1.5 Relationship With Other Programmes

It is an appreciable fact that already there are programmes of assistance aimed at assisting vulnerable children in the country, particularly in addressing their education needs. There are Government initiatives, NGO programmes and other forms of assistance provided by donors. The government, apart from its policy role, provides some financial assistance through a bursary scheme. Other NGOs and donors also do provide bursaries to students. Some NGOs and donors in some communities have also assisted the school-feeding programme.

Strong working ties with NGOs and independent organisations currently engaged in supporting vulnerable children will be established to ensure that there is no duplication. Organisations such as Fundzis'uMntfwana, Caritas, World Vision, Tibiyo TakaNgwane sponsor a significant number of children and there are lessons to be learnt from their experiences. The objective of the project is not to displace them but to complement their activities and extend the coverage of the assistance to vulnerable children to the national scale.

Government might need to dissolve her bursary scheme and channel those funds to this project. This may prove to be cost-effective both for the government and this project.

5.1.6 Guiding Principles

The implementation of this project component will be directed by the following guiding principles:

a) as the education component is receiving the largest share (60%) of the project funds, it is important that it be successful in its implementation to give sponsors of the project value for money.
b) 80% of the support will go towards supporting children in primary schools, whilst 20% will support those in secondary education. (This may however change depending on the outcome of the baseline survey and the financial implications/requirements.)
c) there will be no bias towards a specific gender nor will other discriminatory measures be used.
d) Poorer regions will derive more benefit from the project. The information provided by the Human Development Report/Index will be used in the initial stages of the project whilst the database is being developed.
e) Proper budget management tools should be employed to guard against the unsustainability of the project component.
f) School policies, in line with the overall education policy of the country, will be observed and respected.
g) Teachers who deal with the children almost on a day-to-day basis have to be involved in the monitoring of the child's development and performance.
h) Children receiving similar support from other donors/sponsors will not be eligible to benefit under the project, unless the coverage of the support was very limited.
i) Support from the project should be on a reducing basis such that families are able to take over the responsibilities of educating their children, except in extreme circumstances where such is not possible.

5.1.7 Key Activities

In line with addressing the peculiar needs of the vulnerable children, complying with the guiding principles of the project, ensuring sustenance of the project and the realisation of national aspirations in education, the project will specifically provide full, or partial, support for the following:

a) Payment of school fees (including – where applicable - book fees, building funds, examination fees, sports fees, school feeding (Zondle) fees, etc) for beneficiary children;
b) Revival and funding of feeding schemes in schools, especially those in rural areas where vulnerable children are mostly found;
c) Provision of transport fees for deserving students; (to be complemented with the proposed government policy of nearest school absorption, under policy issues below)
d) Setting up of institutional structures for implementing the component;
e) Development of a national database of vulnerable children, including those assisted by other NGOs;
f) Sensitisation and training of the institutions/structures and persons responsible for the project component; and
g) Remuneration of the staff of the different qualifying structures.

a) Payment of School Fees

The cost of education is increasing every year, whilst there is no corresponding improvement in the standards of living of the general populace. The source of incomes for many families is compromised by the wide-spreading HIV/AIDS pandemic, which has reduced the purchasing power of many families.

The education component seeks to provide this buffer for the vulnerable children to continue with their education by paying their school fees, which will include book fees, examination fees, building funds, subject fees, boarding fees, etc. These payments will be determined by the particular needs of each child. For example, some children will be given partial funding to complement other income sources, whilst others will be given full funding. The entitlement of a child (to full or partial funding) will be determined by the Child Development Committee that is being set up under the implementation structures, based on the economic and social realities of the child's family and background.

The Project Coordination Unit will directly pay the school fees of the child being assisted to the school's account.

b) Revival and Funding of (Schools) Feeding Schemes

Having a full and nutritious meal is important for a child's development and especially for assisting his/her performance in school. Some schools have school feeding schemes, either financed by parents or donors/NGOs or both. However, most schools, although appreciating the usefulness of the school feeding programme, have had to close their programs because of reduced or stopped funding from NGOs and complaints from parents of this expense.

This activity of the project component seeks to revive the establishment of the school feeding schemes and also provide funding for financing the equipment and infrastructure for the scheme. The project will provide funding of recurrent costs on a reducing basis, which shall be determined by the school committees. The aim of the reduction will be a total elimination of the subsidy in the tenth year of the project.

Other NGO partners, e.g. the Save the Children, will be approached to partner in this initiative, especially because they have an experience in running such schemes.

c) Provision of Transport Fees

Some students stay far away from their school and have to board buses to get to school. This adds expenses for their parents. Also, the lack of a policy on the schools recruitment of their children has hindered the children's ability to find school spaces in nearby schools. (There is a policy proposal on this below, which will however address the problem partially.) The transportation of the children to school has caused a significant cost to parents, which some have found to be prohibitive. Children with vulnerabilities have been most affected by this problem.

The activity under the education component seeks to provide transport costs to vulnerable children, particularly those that are assisted by the project. This will either be in the form of a quarterly (or term) pre-funding given to the student or a direct payment to the provider of transport, whichever would prove more feasible or idealistic in the specific circumstances.

Children who will not be attending formal education (in schools) will be enrolled in vocational centres, which are mainly located at centred places, e.g. the Tinkhundla. Here, the children will inevitably require transport funds and/or boarding fees.

d) Setting Up of Institutional Structures

The implementation of the component will inevitably require dedicated institutions/structures for its effectiveness and smooth operation. The structures are described in detail below.

This activity will assist in the setting up of the structures, by providing office space, personnel, furniture and equipment, vehicles, etc. The activity will also have training components of the personnel for the different structures.

e) Development of a National Database of the Vulnerable Children

For a smooth implementation of the project, and also to fully comply with the requirements of the guiding principles, there is a need to develop a database of vulnerable children, and particularly one for those that will be assisted by this project. This will assist in monitoring the impact and coverage of the project and also eliminate duplications in assistance with other NGOs/donors.

Under this activity, a database system will be developed, computerised and maintained within the PCU. A national survey will be conducted to capture baseline data, which will then be entered into the database system to be developed. Funding for both sub-activities will be provided by the project.

Donors/NGOs who are also assisting some students will give their information to the PCU for records purposes and monitoring non-duplication of activities.

This database will provide full information on the vulnerable children, particularly on their education needs, so that the project component can be redefined to effectively respond to their needs.

f) Sensitisation and Training

A project of this magnitude is bound to meet mixed reactions from the society, especially if they are not educated on its intentions, objectives and goals. The different stakeholders, government, NGOs, donors, communities, traditional leaders and structures, etc need to be educated on the project so that they can provide the required assistance and cooperation.

This activity is therefore primarily aimed at providing (financial and technical) assistance in sensitising communities, relevant government ministries and agencies, donors, NGOs and other relevant stakeholders on the project and the cooperation required from them. In addition, the project will provide education/training for the people who will be identified to form part of the different project (institutional) structures. This will be in the form of workshops, seminars, training missions, etc.

g) Remuneration of Staff

The institutional structures to be established, including the PCU, will have people who may need to be remunerated for the services they render towards the implementation of the project. This activity thus seeks to make a budget provision for that expense. However, not all the structures will have a linked remuneration, as this will be based on the merit of a request for remuneration. Such request will be considered and approved by the PCU.

5.1.8 Scale and Coverage

This project component will have national coverage, in line with the guiding principles below, and will include both primary and secondary education of vulnerable children in both rural and urban areas. This project component will also only support children in schools that are registered with the Ministry of Education, with the exception of elite, private and commercial schools.

5.1.9 Selection Criteria and Process

The Child Development Committee (CDC)/Community VCO committee, using the following guidelines, will do the nomination of beneficiary children:

a) Children must be in the target group of the project;
b) Previous record of inability to pay school fees;
c) Flow and source of income in the family;
d) Orphan hood;
e) School performance, where applicable;
f) Other peculiar circumstances, which shall be described in the form describing need for full or partial assistance.

Where applicable, the PCU will develop the actual thresholds required for a child to be a beneficiary of the project. The nominations will be done through a form to be designed containing all the information required above, and will be signed by two-thirds of the CDC. The forms will specifically determine the level of assistance required, as some children might only require partial assistance e.g. transport only. The nominations will be done every year and selection will be on a competitive basis. However, continuing students, under the project assistance, will be given priority. At secondary level, because of the limited financial support, assistance will be also performance based.

Once the CDC has filled the nomination forms, they will be sent to the Regional Committee (RC) for approval. The RC will then send the forms to the PCU for final consideration and funding.

Organ	**Function**	**Output**
CDC	Nomination of Beneficiaries	Nomination Forms
RC	Recommendation of Nominations	Send Forms to PCU
PCU	Final Approval of Nominations	Funding/Disbursements

Deadlines for the accomplishment of each task will be developed by the PCU, with the ultimate deadline for final approval being end of November each year.

5.1.10 Policy issues

The Government needs to complement the efforts of the project component through the review and/or implementation of the following policies, which have directly or indirectly hindered the progression of vulnerable children in the school system:
The schools' admission policy has to emphasise that in community/government schools, the first priority should be given to children from the immediate community. This should lower transport and lodgings costs.

The implementation and full enforcement of the country's population policy needs to be done. In this way, the capacity of this project component to respond to the education needs of vulnerable children will not be over-stretched.

Pre-school should not be a pre-requisite for entry into grade 1. Entry into any grade 1 school must be the age six, without any pre-school or other restrictive requirements.

There should be a standard uniform for each school, or rather for all schools in the country. Students should not be out of school for extra uniform requirements like tracksuits, jackets, and a second uniform.

All secondary schools must have established feeder primary schools, particularly those from the nearby communities.

The policy on early childhood development needs to be seriously researched and considered. Some countries in the region, e.g. Zimbabwe, do offer such a programme, the children aged 0 – 3 are cared for in day care centres and those aged 3 – 5 enrol in grade 0 which is attached to primary schools. The 3 – 5 year programme is part of the school (pre-school) and is managed by the head of the primary schools. In Zimbabwe this is more efficient in that some primary schools offer adult literacy programmes within the school, and as such children who are not in formal basic education are looked after by the adults who are attending these programmes during the school day.

5.1.11 Duration

The duration of the project, and of this project component, is twelve years. The project component will however be subject to review every five years. The period is primarily designed to ensure that the children who get assistance from the project are able to finish their schooling and the project can be self-sustaining after a long enough period. It is also expected that the number of beneficiary children will reduce over the years due to the implementation of the other support project components.

The project will thus be in three phases, where the first two phases will be five years each, and the final phase will be two years. During the project life, and the review periods, the alternative sustainability options for the project will be evaluated, explored and established.

5.1.12 Institutional Arrangements

For the implementation of the project component, the following structures will be developed/utilised to facilitate expedient and efficient operationalisation of the component:

a) Project Coordination Unit (Project Coordinator)
b) Regional Committee
c) Child Development Committee

a) Project Coordination Unit

The Project Coordination Unit (PCU) will be responsible for the whole project. The elaborate structure to show all the poverty institutions/structures is given in Chapter 6 (Institutional Arrangements). There will be an Education Coordinator (or Education Planner) responsible for the education component within the Unit. Other support/technical staff for the education component may be engaged if there is need. The Education Coordinator (or Education Planner) will report direct to the Project Coordinator who will be managing all the project components. A close liaison with the contact officer in the Ministry of Education needs to be established by the Education Coordinator (or Education Planner).

The specific tasks of the Education Coordinator will be:

- Review the implementation strategy to make it practically feasible to carry out the required tasks of the project component.
- Prepare annual work plans and budgets and submit, through the Project Coordinator, to the Steering Committee for approval;
- Design, develop and implement an information, education and communication (IEC) strategy and campaign;
- Produce materials for the IEC campaign;
- Provide guidance to the RCs, CDCs, and chiefdoms on the implementation of the project;
- Train implementers;
- Develop nomination forms and other relevant stationery related to the project component.
- Authorise payments to schools and the other payments to the beneficiaries.
- Monitor and evaluate the component's activities.
- Facilitate and participate the end of phase reviews of the project component.
- Prepare and distribute quarterly and annual reports on the component.

b) Regional VCO Committees

There shall be established regional committees comprising of the development officers (heads), regional education officer, regional secretary, sector contact units, and the Education Coordinator (who shall provide secretariat and supervisory services for the committee).

The function of the RC will be to ensure that the nomination and selection of the beneficiaries is in line with the given guidelines of the project and also to evaluate the nominations sent to it by the CDC and recommend the funding of the selected individuals, including the analysis of the specific needs of each beneficiary in relation to the specific assistance required. The RC will then decide on the final list of the beneficiaries and submit to the PCU.

c) (Chiefdom) Child Development Committees

Each chiefdom/council will establish a child development committee (CDC), comprising a small number of representatives of the chiefdom, rural health motivators, teachers from each school, development officers and a nurse. This CDC will receive nominations for proposed beneficiaries from tigodzi committees. Each CDC will be given a quota of children to be nominated. The Education Coordinator will give these quotas, after consultation with the RC and in line with the provided guiding principles.

The role of the Chiefdoms/Councils will be to the following:

- Calling for the tigodzi/wards to submit applications;
- Ensuring that the CDCs/OVCCs at their level undertakes the selection process;
- Recording the minutes of the meetings, used to monitor this component;
- Informing the tigodzi/wards and inkundla of the names of the selected beneficiaries to enhance transparency and accountability; and
- Monitor school attendance by the beneficiaries

d) Tigodzi Committees

The tigodzi (catchments) committee will be the primary implementing agency of the project component in that they will be responsible for the continuous monitoring of the beneficiary children and also to implement the school feeding programs. This sigodzi committee will be comprising of representatives of community police, rural health motivators, church representatives, social welfare officer, nurse, indvuna yesigodzi and teachers (representing schools in sigodzi) who will be dedicated to the welfare of vulnerable children obtaining assistance from the project. Each sigodzi committee will make visits to the homes where the vulnerable children stay to establish the living environment of the proposed beneficiary. It is during these visits that they will fill the nomination forms (to be developed by the Education Coordinator). The sigodzi committees will then submit their nomination forms in prioritised order to the CDC, which will evaluate the submitted nominees and make the initial recommendation to the RC.

But in no event shall the following sit on the committee as they might be called upon to arbitrate disputes:

- Traditional leaders, as they typically perform arbitration duties;
- Members of Parliament
- Indvuna Yenkhundla
- Head teachers
- Councillors and executive members of the town boards

This committee will be tasked with the monitoring of the OVCs schools account. This account should always “audited” before each allocation, i.e. every end of term.
The sigodzi committee will also be responsible for educating members of the community about this project component and the criteria for qualification, including mobilising the communities to identify the most needy children of their society. School attendance and otherwise behaviour/performance of the beneficiary children will be monitored by this committee. Towards the end of the year, the committee will submit a monitoring report, conforming to guidelines to be developed by the Education Coordinator.

e) Teacher

The role of the teacher will include maintenance of an accurate record of the complete profile of the OVCs, keeping attendance of the children, as well as their academic performance and their welfare, health, psychosocial development.

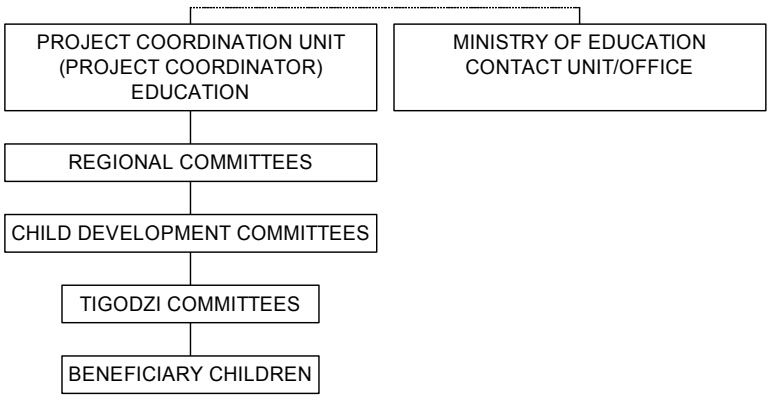
The teacher would be the first line support for the “at risk” children and should report any warning signs.

f) Ministry of Education Contact Unit

As a the education component is a Ministry of Education line function, this project component will have to ensure close collaboration and liaison with the Ministry through a contact office that will supervise the policy compliance of the project implementation and also to advocate for the change/review of relevant policies to make the impact of the project realised and its implementation without hindrance.

The contact unit will be under the office of the Director of Education. This project is not envisaging a new office but the use of an existing (relevant) office. This will be the policy contact point for the PCU, on the education component.

INSTITUTIONAL ORGANOGRAM FOR PROJECT COMPONENT



5.1.13 Implementation Cycle

The project implementation will be done at the chiefdom/council level. The Child Development Committee/OVCC will be responsible, on behalf of the chiefdoms/councils, to carry out the selection of beneficiaries. The CDC/OVCC shall work in close liaison with the relevant PTAs in ensuring the implementation of the component. The REO shall form the linkage between the CDC/OVCC, the Region and the PCU. An information, education and communication campaign, as well as training, must first be undertaken.

Information, Education and Communication (IEC) Campaign (continuous). Awareness creation will be done through a variety of channels; this will include MOE official channels and the public media and partners in education. There would be need that materials be available in both English and SiSwati and all these should be available in all schools, chiefdoms, Tinkhundla, clinics,

churches, police stations, REOs, bus stations etc. Additional information to publicize the project to the public will be made available through:

- The Swaziland Information and Broadcasting Services, especially the MOE slot.
- Swaziland Television and Broadcasting Corporation
- The print media, both English and SiSwati
- Posters and pamphlets
- Billboards, buses, kombis
- Other components of the OVC project
- Drama groups

Training Program (continuous): The PCU will be responsible for the training of all the major stakeholders especially those that will have some responsibility in the project. The first level of training will be at the MOE level where the REOs, key MOE departments and all inspectors will be trained on the essentials of the project. It is essential that the whole MOE understand the concept to ensure that they all sing the same tune. The REO and inspectors will then become trainers, to facilitate the training of stakeholders at regional level, other GoS departments, schools, local leaders and communities through workshops with teachers and the communities through tinkhundla centres. All the "tigodzi" will be represented in the tinkhundla meetings, and the REO could explore using the RHMs and extension workers to sensitize the homesteads.

Provision of Hard Budget Constraints to Chiefdoms/Wards (By 30 November of each year): The PCU will inform each chiefdom/ward, through their respective REO, of their hard budget constraint. This implies that the CDC/OVCC would know, prior to the actual selection, how many children will be able to benefit from this component in their communities prior to selecting them.

If for whatever the reason a chiefdom does not fully utilize its allocation that amount will be given to another chiefdom within the same inkhundla. This should not be a permanent arrangement, should the situation persist for more than three years then the PCU could explore reviewing the allocation given to that chiefdom.

Selection Procedures (By the closing of schools in December): The selection of beneficiary children in both rural and urban areas has to be carried out at the "community" level by the CDC/OVCC.

Validation (Maximum 1 week): After the selection of beneficiaries, a list with the names of all selected children is drawn up and submitted to the REO for verification. At the same time, each sigodzi/zone will be informed of the final list of children selected. It will be the responsibility of each sigodzi/zone to in turn inform the homesteads, in its territory, of the final list of children selected. The REO will verify: the existence and status of the schools; and that the amount requested does not exceed the budget

Appeals: An appeals committee should be set at community level and should be composed of a school head, the Indvuna, Umgijimi, the Chief, MP etc. It is the child, guardian or member of community that should appeal on behalf of the child. This appeal process should follow shortly after the list has been circulated and should not take more than two weeks. Such a case might actually call for the CDC and two representatives of the appeals body to visit the child's home. Should be case be deemed fit for support the child should be allowed to benefit from the project.

Continuation of Assistance: Eligibility for support will be reviewed on an annual basis, based on selection criteria described above. Teachers should be alert to children who may be at risk, and ensure that the situation be controlled. Absenteeism could be indication of other psychosocial problems and as such should be treated with caution. The CDC/OVCC would deal with elements of truancy and genuine absenteeism will dealt with by other components of the project. It is thus critical that there are "working links" with other components at the CDC/OVCC level. A repeating

child will be assisted provided the cause of the repetition is not truancy, however children who "genuinely fails" more than twice could be encouraged to join a parallel system like the vocational training wing.

The class register will be updated daily and a child who absents him/herself for more than 7 consecutive school days without a justifiable reason in one school term will be terminated. In the case a child is terminated, the selection of a replacement will be obtained from previously unsuccessful but qualified applicants. A child who fails two years in a row will not be eligible for further support.

Time Limits. The time limits in processing payment should be very short to ensure that OVCs do not miss classes. It would thus be important that the identification process by the CDC/OVCC starts before school opens. The process from presenting to the list to the REO to disbursement should not exceed two weeks. There is no reason why the lists should spend more than a working day at the REO offices, thus it might be even proper that the component explores electronic communication between the REOs and the PCU.

5.1.14 Flow of Funds/Information

- Community Development Committee (CDC)/Orphans and Vulnerable Children Committee (OVCC) will be formed at the Chiefdom/Council (rural/urban community) level.
- The names of recommended children, in order of priority, to benefit from the scheme will be made by each sigodzi in rural areas and wards in urban area and submitted to the CDC/OVCC.
- CDC/OVCC will select the children and forward the list to the Regional Education Officer for verification, and send a copy to the tigodzi/ward, and the Project Coordination Unit (PCU) for information.
- The Ministry of Education, through its Regional Education Officer, will verify that the schools on the form are eligible schools, and that the proposed list is within the budget provided to the Chiefdom.
- The PCU shall pay the amount of fees directly to the school account. It shall notify the CDCs/OVCCs of such payment six days after making the payments.
- The Project coordination unit shall keep supporting documentation for all payments made and the supporting approval vouchers for purposes of audit.

5.1.15 Monitoring and Evaluation

The following monitoring and evaluation system will be employed in this project component. It clarifies roles and responsibilities of the banks, regional committees and the schools. A Monitoring and Evaluation Officer (Economist) will be employed to ensure transparency and accountability, through process evaluation and beneficiary assessments.

5.1.15.1 Monitoring

The Management Information System (MIS) for the project component will be housed within the Project Coordination Unit (PCU). The MIS, be as suggested in Chapter 9 will be used for the monitoring and will be adapted for the education component to reflect relevant information for the education sector and the target group. The PCU officer in collaboration with the regional education officers and/or the Ministry of Education contact office will undertake random school checks. The PCU will be responsible for the dissemination of information to the public pertaining to the performance/impact and implementation of the project.

These spot checks will assist ascertain concerns and satisfaction of communities from the project and its selection process. The checks will also verify whether the selected beneficiaries are indeed from deserving households.

The visits will also aim at obtaining information on the problems/challenges faced by the selectors and implementers in order to propose ways of solving the mentioned problems.

5.1.15.2 Role of School

Schools, through the head-teacher and/or the teacher(s) responsible for the implementation of the project in the school, will provide information on indicators to be developed by the MIS officer and should include:

a) Number of enrolees in school at the beginning and end of the term/year;
b) Number of enrolees in school which are supported by the project;
c) Number of drop-outs, general and for the project beneficiaries;
d) Attendance register of students;
e) Endorse recommendations for the continuation of a child under the support of the project;
f) Any other information relevant for the project implementers to note on a child's performance.

5.1.16 Impact Evaluation

Impact evaluation studies will be done during the mid-term (end-of-phase) reviews and will be coordinated and commissioned by the PCU. The relevant approach/instrument for impact evaluation will be developed/selected by the PCU. Due to the national coverage, it will not be possible to visit all beneficiaries. Thus, a representative sample of the beneficiaries and communities will be chosen during the evaluation stage.

The key questions to be answered by the impact evaluation will be whether:

a) The project has had an effectively realised impact on national indicators of educational attainment such as school enrolments, drop outs, academic performance, etc
b) The benefit across income groups and households is as intended in the project concept.

The baseline will be established through the database survey and will thus depend on the commencement of the project and engagement of data collectors for the development of the database. The database survey will be undertaken approximately, and preferably, within one year of the commencement of the project.

5.1.17 Reporting

Information will be disseminated to (and through) all the structures responsible for this project component. Quarterly reports will be prepared for the Steering Committee by the PCU, using information obtained from the other structures. An annual report on the project component will also be prepared and submitted to the Ministry of Economic Planning and Development and copied to the contact unit and the other structures. This report should also be made available to members of the public to ensure transparency, accountability and ownership. Donor agencies that are partners in this project will also be given the periodic reports.

HEALTH COMPONENT

IMPROVING ACCESS TO HEALTH, NUTRITION AND PSYCHOSOCIAL CARE.

5.2 Background

The purpose of this component is to ensure that vulnerable children have equitable access to primary health care. The secondary purpose is to strengthen primary health care delivery so that it meets special needs of vulnerable children.

There are three important aspects of this component. The first aspect focuses on the waiver of fees at hospitals and health centres so that orphans and other vulnerable children are able to gain access to the minimal healthcare package that is already available at clinic level. The second aspect is that of providing psychosocial support for school going children and particularly those affected by HIV/AIDS and abuse in the communities. The third and last aspect is to strengthen the capacity of caregivers and community development officers on child growth monitoring and promotion.

The assumption however, is that activities under this component will not replace the existing primary health care system but will enhance its relevance to vulnerable children.
The component also assumes that nutrition interventions are addressed through the Education (school feeding) and Community (food security) components.

5.2.1 Health Care Waiver

5.2.1.1 Rationale

Vulnerable children require access to medical care at both primary and tertiary levels. In order to improve access to a certain level, at the beginning of the financial year 2002/03, the Ministry of Health and Social Welfare implemented a policy on free primary health care for all only at clinic level. The policy is also binding to institutions, which receive subventions from the government, especially mission clinics.

However, because the free healthcare is limited only to clinics, and this has posed difficulties to communities whereby the nearest facilities are health centres and hospitals. The populations residing in areas without clinics are still expected to pay when visiting hospitals and health centres, including orphans and vulnerable children. It is therefore the purpose of this sub-component to ensure that at least the free health care services are also made available to orphans and vulnerable children living in communities with only hospitals and health centres as the nearest facilities.

5.2.1.2 Specific Objective

To provide access to orphans and other vulnerable children with the minimal health service package (that is already freely available at clinic level) at health centre and hospital levels.

5.2.1.3 Target Group

All children between the ages of 0-18 years residing in areas where the free OPD healthcare services are not accessible or available

5.2.1.4 Guiding Principle

- The accessibility of free services at health centres and hospitals will only be for children coming from areas, which presently do not have clinics. That is to ensure health centres and hospitals are not unnecessarily flooded with patients who could have easily acquired free medical care in clinics closer or based in their communities.
- Except in areas where there are no government owned facilities, the beneficiaries will visit privately owned facilities which will be compensated by the project.

5.2.1.5 Activities

- The MOHSW will formulate a directory of health facilities (with catchment areas) that provide the minimal health care package including an explicit definition of the package. The directory will be distributed to all hospitals and health centres to assist in the identification of patients coming from areas where free healthcare services are offered, so that they could be advised to go to those, where possible. It would also assist the personnel to correctly provide a specified minimal healthcare package.
- The MOHSW will conduct an exercise of mapping/identifying those areas which presently do not have clinics but have only have hospitals and health centres as their nearest points of healthcare. Furthermore, a study will be conducted in order to create baseline data on the number of visits to a health facility undertaken by the different age groups between the ages of 0-18 years. Cost estimates and expected volume usage shall then be formulated based on the results of the study.
- The MOHSW shall advocate for the provision of the free OPD minimal healthcare package for three years after the inception of the exercise and thereafter address the issue of sustainability after the project life elapses at the end of the five-year period.

5.2.1.6 Scale and Coverage

The exercise will cover all areas where there are presently no clinics. The MOHSW will use existing geographical data to identify the areas requiring intervention.

5.2.1.7 Policy Implication

A major policy issue underlying this sub-component, is that user fees at health centres and hospitals will have to be waived in order to allow special access to the minimal healthcare package by the target groups.

5.2.1.8 Institutional Arrangements

The Planning and Financing Units in MOHSW will be responsible for the implementation of this sub-component. Planning will identify areas where the children have no access to clinics offering the free basic health care package, and will also calculate the approximate annual cost of a child accessing such services.

Based on this information, MOHSW will be able to (a) identify the facilities that will be accessed;(b) the estimated number of visits to each facility, assuming an anticipated higher volume; (c) the amount of funds that will be required for the facility to provide the services. MOHSW, through the identified focal person of this sub-component, will advise the PCU of the funds required, by facility, for six months` operation. The PCU will be responsible for transferring the funds into a dedicated account set up by the facility to finance the sub-component.

The Planning and Finance Units of MOHSW will be responsible for review of the sub-component on a semi-annual basis initially, and, in collaboration with the PCU, undertake a beneficiary assessment after one year of operation in order to fine tune the process, if necessary.

5.2.1.9 Implementation Cycle

The facilities that are expected to provide the services, as well as the number of visits by children under the age of 18 from the identified areas will be determined. The estimated funds required for the services for six months will be costed by facility, including an amount to accommodate a potentially higher than anticipated volume, and these funds will be transferred to a separate bank account set up by each facility for these monies. Provision of follow-on financial support to a facility will be dependent on their providing an account of how the funds from the previous six months had been utilised.

5.2.1.10 Flow of Funds and Information

- MOHSW will identify areas without access to free basic health care
- MOHSW will determine funds required to compensate the health unit in the event of a health waiver
- PCU will advance to each health unit the estimated revenue to be forgone as a result of the health waiver
- Each health unit will account for funds advanced and the difference refunded to the PCU
- PCU will keep an accurate record of advances and refunds

5.2.1.11 Monitoring and Evaluation

Utilising baseline data as a reference point, annual figures of the number of children visiting health facilities will be gathered, and compared with the previous year's data, giving the current gap in accessing basic health services. If the gap is not reduced, then the assumption that financial constraints determines health seeking behaviour will have to be evaluated, using qualitative analysis.

5.2.2 PSYCHOSOCIAL CARE AND SUPPORT

5.2.2.1 Rationale

The Ministry of Health and Social Welfare in collaboration with the Ministry of Education, World Health Organization, UNICEF and the Italian Co-operation has embarked on a health promotion schools programme, which is aimed at addressing the social and health problems among the school population. The benefits to the primary beneficiaries of this programme are expected to filter down to their families and communities.

There is need to equip in and out of school children with life coping skills. Other studies also show that children in Swaziland start indulging in sex relations early in life which has led to sexually transmitted infections and HIV, abortions, unwanted pregnancies, baby damping, childbearing problems and inadequate child rearing. The Adolescent Health Programme has the mandate to address all reproductive health problems faced by the youth (both in and out of school). The programme does not however address all the other problems faced by the youth and as such needs to be expanded to cover the other elements.

A recent study on health promotion in schools revealed that the in-school population is exposed to diverse health and social problems. The most common problems include: skin infections, conditions related to poor hygiene and sanitation, incomplete immunization schedules, endemic and communicable disease, orphan-hood, suicidal tendencies, malnutrition and physical and sexual abuse. Social practices, unemployment, disease and certain beliefs related to nutrition and health worsen the situation.

5.2.2.2 Specific Objectives

- To establish and strengthen psychosocial support and care for in and out of school children.
- To strengthen community groups in counselling, caring and giving protection to children at risk

5.2.2.3 Target Groups

- Primary and secondary school children
- Primary and secondary teachers
- School committees
- Out of school children and youth
- Children who are at high risk of emotional trauma
- Children who have been exposed to psychosocial trauma
- Children with disabilities
- Caregivers
- Community groups (Lihlombe lekukhalela)

5.2.2.4 Guiding Principles

- Strengthening the existing MOHSW/MOE school health programme and Community Action on Child Rights` at DPM`s Office
- A major share of the project resources will be allocated to activities focusing on primary school children.
- A greater share will go to rural schools
- Use of regionally based school health teams to conduct the training
- Teachers will provide counselling for the in-school children
- Out of school children will be counselled by peer counsellors
- In and out school children will be counselled and given protection by Lihlombe lekukhalela

5.2.2.5 Activities

♦ Training of trainers on child counselling. This involves training nurses and guidance officers who will then train others nurses, teachers and peer educators on how to provide counselling for in and out of school children

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- Development of a training module on child counselling. The training module would be used to train the following groups of service providers;
    - Teachers (in service training) Peer educators
    - Nurses (on the provision of youth friendly services)
    - Lihlombe lekukhalela members
    - Training parents of children with disabilities

5.2.2.6 Scale and Coverage

This sub-component will have national coverage that includes communities, pre-primary and post primary both in urban and rural schools. However, the assumption is that the MOHSW would have designed the scaling up strategy indicating the level of coverage for each year and comprehensive costs of the program.

5.2.2.7 Institutional Arrangements

The School Health Programme in MOHSW will be responsible for this sub-component, including the development of training materials and modules, and training of those expected to provide the counseling. As noted above the co-ordination of this sub-component rests with the CWU in the ministry, which shall report to the PCU. Furthermore, the School health programme shall collaborate with the Career Guidance department in the Ministry of Education and also with the Community Action for Child Rights programme under the Deputy Prime Minister's office.

5.2.2.8 Implementation Cycle

Training modules will be developed and training will be undertaken in a phased manner. Indicators will be collected on an annual basis, and the outcome will be assessed to ascertain relevance and value of counseling services provided.

5.2.2.9 Monitoring and Evaluation

The activity implementation will be monitored every year through the following process indicators:

- Availability of the training manual
- Number of nurses and guidance officers trained as trainers on child counselling
- Number of teachers trained on child counselling
- Number of peer educators trained on child counselling
- Number of nurses trained on the provision of youth and friendly services
- Number of parents introduced to psycho-social support for disabled children
- Number of Lihlombe Lekukhalela members trained on child counselling

In addition, an assessment of the outcome of this intervention will be undertaken through a beneficiary assessment. This assessment will be based on interviews of children to assess their perception of the value and relevance of counselling received.

5.2.2.10 Flow of funds and Information

- CWU identifies trainers
- CWU estimates training requirements
- PCU advances funds to CWU
- CWU accounts for the expenditure made and refunds any balance.

5.2.3 COMMUNITY BASED INTEGRATED MANAGEMENT FOR CHILDHOOD ILLNESSES (IMCI)

5.2.3.1 Rationale

Integrated Management of Childhood Illnesses (IMCI) is a public health service delivery approach that promotes child health and development. As such IMCI responds to major child health problems in a holistic manner. Although this concept has been introduced in the country, implementation has not commenced. It is therefore recommended that this supermarket approach to child health service delivery be advocated.

However, under this project, this sub-component shall only focus on building community capacity towards the management of childhood illnesses. The major components of the Community based IMCI are:

a) Improvement in the case management skills of community health workers, through setting standard guidelines for case management, and training on IMCI support supervision.

b) Improvement in the household and community practices by: preventing common childhood illnesses, injuries and abuse at household and community level; improving household and community responses to childhood illnesses, and improve appropriate and timely care seeking behaviour.

The array of services offered should range from immunization, growth monitoring, childhood illnesses, food supplementation and counselling of parents

5.2.3.2 Specific Objective

To prevent common childhood illnesses (e.g. malaria and malnutrition) through community based interventions amongst the most vulnerable children

5.2.3.3 Target Group

All children under five years of age

5.2.3.4 Guiding Principles

- The project shall start in hard hit /hard to reach areas with the most vulnerable children
- The focus will be on areas with high prevalence of common childhood illnesses e.g. diarrhoea, acute respiratory infections and malaria
- One rural health motivator, extension officer and development officer will be responsible for at least forty homesteads
- Specification of the linkage to the Community Component for food security. This is important because the food security element provides support for the nutrition of children who fail to thrive.

5.2.3.5 Activities

- Development and production of training materials on C- IMCI e.g. modules, counselling cards, fliers, pamphlets for the different target groups (trainees)

- Mobilisation/sensitisation of community leaders on C- IMCI. Since this would be a new concept, community leaders would need to be educated on its importance or purposes.
- Training of trainers on C-IMCI. The trainers include RHMs, extension officers etc.
- Training of child minders on the 19 key household practices. Child minders include women's groups, Lutsango, breastfeeding support groups, churchwomen groups, young mothers/first child minders and kindergarten teachers.
- Procurement of equipment and supplies for C-IMCI e.g. weighing scales/Salter scales, weighing pans, vehicles etc
- Motivation of home economics officers to conduct food demonstrations at health facilities and communities in order to improve eating habits amongst members of the community.

5.2.3.6 Scale and Coverage

The project will start in remote areas (hard to reach) and expand throughout the country. The assumption is that the MOHSW would have designed a scaling up strategy to indicate the level of coverage for each year of the problem and provide detailed costs of the program. The Expanded Programme on Immunisation (EPI) mapping will be used to identify pocket areas in all four regions.

5.2.3.7 Institutional Arrangements

The IMCI programme in the MOHSW will be responsible for the implementation of this component, from the development of training materials, training activities (envisaged as a cascading activity), working with the PCU to the procurement of equipment. Overall co-ordination will be the responsibility of the CWU within the ministry. Day to day supervision of the activities will be decentralized to whatever extent possible, while regional level staff will undertake periodic supervision missions. Monitoring and evaluation of the sub-component will rest with MOHSW, with findings made available to the PCU.

5.2.3.8 Implementation Cycle

The first step to be undertaken in this sub-component will be the identification of hard to reach areas (based on EPI mapping) and the development of training materials. Concurrent with this operation, will be the preparation of procurement documents for the equipment and supplies needed, to ensure they are available once the training activities have been completed. Bagcugcuteli (RHMs), once trained, will be equipped in readiness to commence activities in the communities they serve. They will be supervised on a periodic (daily, monthly, quarterly etc) basis. Lessons from monitoring and evaluation will feed into the delivery of services as the sub component expands its coverage.

5.2.3.9 Monitoring and Evaluation

Information on the number of children aged 0-5 served once by a facility will be obtained and subtracted from the total number of children aged 0-5; this will provide the baseline data. This calculation will be repeated on an annual basis, and include the number of children being served at community level, in order to assess the gap with the interventions undertaken.

5.2.4 Overall Institutional Arrangement

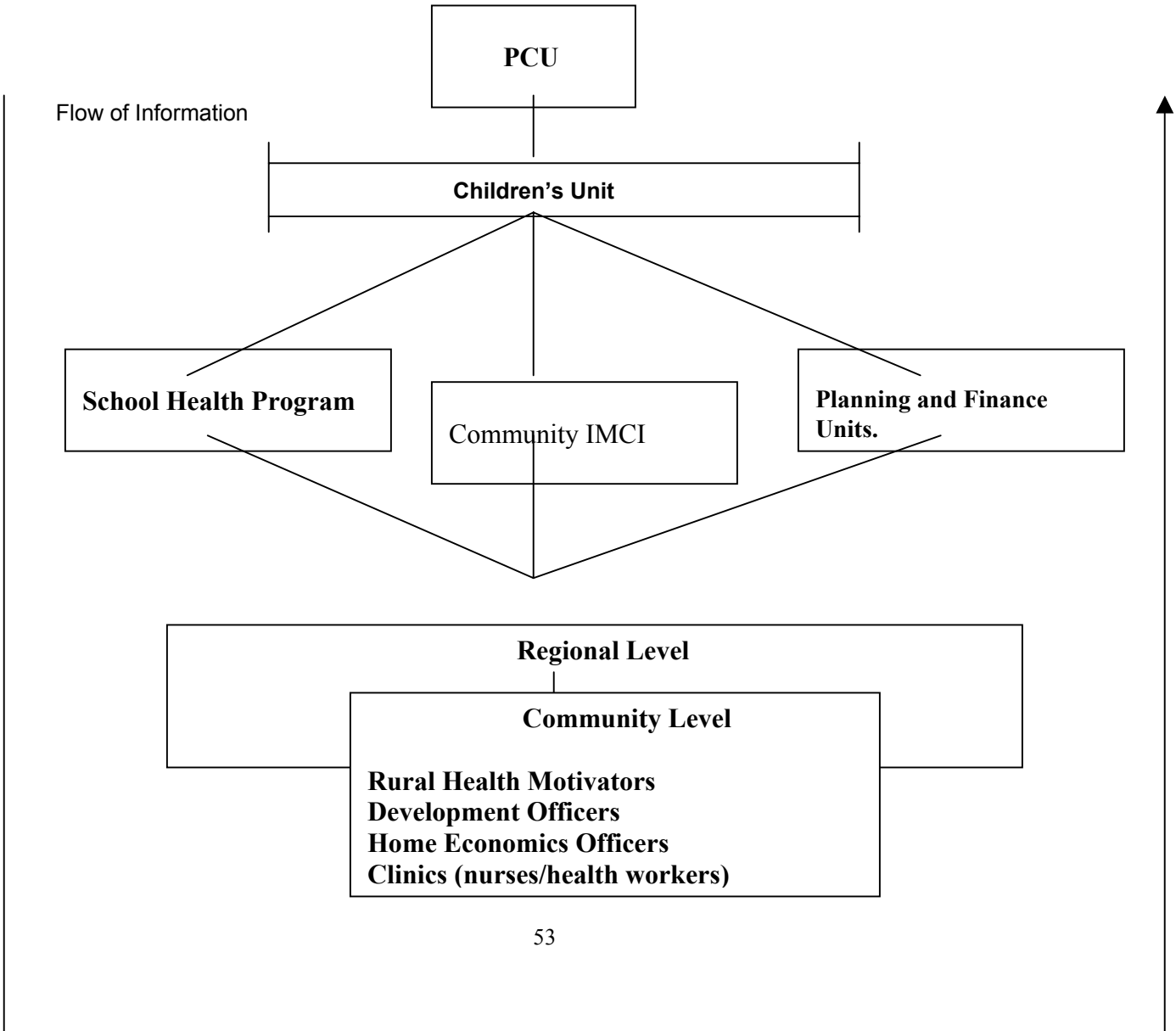
While the PCU will be responsible for overall management of the Project, the co-ordination of this component will rest with the CWU within the MOHSW. Implementation of the sub-components will be the responsibility of existing programmes, as described under each sub component.

The responsibility for activities regional level rests with the VCOCs at that level, as well as the Regional Management Training Teams. Community level organisation will involve the bagcugcuteli (RHMs), clinics and development officers.

5.2.5 Flow of Funds:

- IMCI identifies target area
- IMCI identifies procurement and training programmes and procurement
- IMCI submits cost estimates to PCU through CWU
- PCU advances funds to IMCI through CWU
- IMCI accounts to PCU for the use of funds through CWU.

Proposed Organogram For the Health Component



COMMUNITY COMPONENT (SIPHEPHELO – SAFE HAVEN)

IMPROVING COMMUNITIES AND HOUSEHOLD CAPACITY TO RESPOND TO THE DEVELOPMENT NEEDS OF ORPHANS AND OTHER VULNERABLE CHILDREN

5.3.1 Background

The indigenous livelihood of the Swazi people is based on a system of networking, working together and reciprocity. Over the years, this has extended to working together to form associations and cooperatives, mainly to develop small business and other income generating activities. Through their participation in these associations, the individual members of the group are able to feed and develop each of their own households. However, the poor are unable to join these organisations and only the few that can afford membership can participate and benefit. Furthermore, the participation of individuals in community projects has gone down mainly because a large proportion of the youth that is remaining in rural areas is sick, disabled, unemployed and/or discouraged. The very old people who normally attend community meetings are no longer capable of contributing much, in terms of resources and energy towards such projects.

Although communities are willing to assist in the development of their communities and in improving the welfare of the elderly and children, the burden is such that they can no longer cope with the demands. A study carried out by Save the Children Fund in the Siphofaneni and Sithobela areas (*1998),* reveals that the proportion of vulnerable, needy and desperate children has over the past two years increased from about 10-15 % to close to 70%.

This component involves a deliberate effort to identify vulnerable children (including orphans) to strengthen communities' ability to cope and support them. Given the scale of the needs, in addition to community and Government resources, funding will also be sought from cooperating partners.

5.3.2 Objective

The objective of this component is to empower communities to identify and provide for the basic needs of the increasing numbers of VCOs.

5.3.3 Target Group

The target group is communities and households that are providing support for vulnerable children, including orphans.

5.3.4 Rationale

The increasing trend towards vulnerability, although varying in magnitude, is thought to prevail in all rural and peri-urban areas in the country. While traditionally these children would be absorbed into extended families or the community, the HIV/AIDS crisis and the increases in poverty in the country have seriously undermined the traditional coping mechanisms. This component will form part of an effort to identify orphans and vulnerable children and to strengthen communities' ability to cope and support them.

5.3.5 Relationship With Other Programmes

Limited support through a number of organisations is being provided to communities. The design of this component has been informed by their activities. Communities already receiving support

through other organisations will be ineligible for support under this component. A deliberate effort at information sharing will need to be encouraged, as well as the formalisation of that mechanism.

5.3.6 Guiding Principles

The component will be guided by the following principles:

- Community priorities should be in line with the positive list for interventions;
- Projects should facilitate capacity building for themselves, with the implementation of projects being a means to this end.
- There should be a mandatory community contribution of 20% in kind or in cash. However, these contributions should not be taken from other projects and other development funds.
- Communities should work through traditional structures that already exist and/or are being established;
- Subject to performance review, multi-year projects will be eligible for funding and funds will be disbursed annually;
- Each chiefdom will receive a maximum allocation in proportion to its relative population so that per capita community grants are approximately equal.
- All financing agreements must be between a PCU and Sigodzi/locality.
- Each Sigodzi may make up to 3 proposals in any calendar year and they must prioritise the proposals.
- Proposals submitted must include a plan for up keep and maintenance of equipment and activities.
- In order to avoid duplicating assistance information sharing with other partners should be encouraged and communities already benefiting from similar projects should be excluded.
- Ensure accountability and transparency of community leadership and beneficiaries of the projects.
- Display the list of all projects chosen.
- A mechanism for monitoring and evaluation should be built in order to improve future processes.

5.3.7 Activities

The component has two major activities (a) social mobilisation and training of communities; and provision of small grants and technical assistance to communities for activities that support VCOs.

An IEC campaign for this component will be undertaken as part of the overall IEC campaign for the Project. Activities eligible for funding under social mobilisation and training include: (a) training of community (Tigodzi) members to identify VCOs and maintain a "community databank; (b) training in how to put together a project proposal and where to get help for preparing a project proposal (c) counselling for grief and/or advice and placement assistance for abused children ("shoulders to cry on"); (d) mediation and legal advice on inheritance, maintenance, abuse, children's rights; and (e) registration of property especially for orphans.

Sensitisation and Mobilisation

a) Sensitise communities about the project and their role in ensuring its success:
In order for the project to succeed, communities need to be made aware of it, its objectives and how best they can contribute towards improving the livelihood of orphaned and other vulnerable children. Field officers and NGOs would organise meetings at chief kraals (imiphakatsi) or where necessary more neutral places such as church buildings and school halls in order to introduce the project to the people. To minimise costs, the project should be linked to existing extension services of the Ministries of Agriculture, health and NGOs. This will best be achieved by first conducting workshops for the

extension workers in order to inform them about the project and their role in the sensitisation missions.

b) Establish community based Vulnerable Children Including Orphans Committees (VCOCs) and assess their capacity to care for orphaned and vulnerable children: The project will ensure that existing VCOCs are representative of all key players in the life and development of a child. They should at least include a teacher, nurse/health worker, and bagcugcuteli. It will be necessary to undertake a baseline survey and assess the capacities of communities to implement projects and monitor the welfare of vulnerable and orphaned children. Field officers would have to assess resource endowments and skills and find out how these can be used to benefit the community and brief these committees extensively about the project and their potential role in making it a success. To minimise costs this exercise could be combined with activity #1.

c) Enlist the assistance of NGOs working with these communities to assist in the

Training and mobilisation of these committees:

NGOs, which have an active role in the communities and their areas of focus, will be solicited. The project should as much as possible use organisations, which have already built a rapport with the people and assess the capacities of these in participating and assisting communities to mobilise on their own for the implementation of the project. It will also be very helpful to solicit the assistance of NGOs already working on the needs of vulnerable children for advice and participation in project activities. Such organisations include the Save the Children Fund, Orphan aid, Salvation Army, SOS and Shewula Orphans' Committee among others.

Training

a) **Develop training manuals:** Training manuals have to be developed for the training of VCOCs and communities.

b) **Get local experts to train the trainers, i.e. NGOs, VCOCs and Bagcugcuteli:** Even though they have a lot of potential in this area, most NGOs and VCOCs already working with communities have very little experience with issues affecting children. There will be a need to organise some training sessions for all the people who will be training communities to educate them on child rights, ways and means of dealing with and addressing issues affecting orphaned and vulnerable children. There will be a need to get experts (preferably local experts) in the field to conduct workshops and seminars for the trainers who will in turn train communities and VCOCs.

c) **Train the child development committees to identify vulnerable children and assess their needs:** NGOs and other trainers will be used to train communities and VCOCs on child rights and basic needs. In order to identify vulnerable children, VCOCs will have to understand what every child should have for their basic development and be able to assess what is lacking in the targeted orphaned and vulnerable group. This will also require that the trainers conduct workshops for the VCOCs. Thereafter, the role of VCOCs will be to identify vulnerable children within their communities and recommend appropriate action in addressing their needs i.e. ensuring that they benefit from scholarships and bursaries, school feeding schemes, income generating activities and other child care activities initiated by the communities with the help of the project.

d) **Train communities on how to provide or improve access to basic child development needs:** Use NGOs and other trainers to train and encourage the

communities to participate in the development of children. Get the community to address child development needs such as counselling, advice, psychosocial development, childcare, nutrition, health and education. Involve the community in deciding how best they can assist orphaned and vulnerable children. NGOs and other trainers will have to motivate and encourage the adoption and foster care of these children by members of the community. Communities can also be encouraged to devise strategies for caring for and minding orphaned babies and children below the school going age. Encourage capable community members to provide for the welfare of orphaned and vulnerable children (materially and financially). Advocate for the social protection of vulnerable children.

e) **Assist in training and strengthening the management structures of these committees:** Field officers will ensure that the leadership skills of the VCOCs are enhanced and strengthened. There will be a need to train the executive of these committees (particularly the new ones) on management, leadership and resource mobilisation through workshops and seminars.

f) **Counselling, Mediation and Legal Advice:** Use NGOs who have the necessary expertise to provide counselling and mediation services as well as legal advice to orphans and vulnerable children on their legal and inheritance rights.

Data Collection & Information Management

a) **Keeping a database of orphaned and vulnerable children in the communities:** VCOCs should be encouraged to keep an up to date data bank of the orphans and vulnerable children in their communities in order to facilitate proper targeting of the project activities. The data should be transferred to the regional committee where a computerised system should be developed and directly feed into a national data system, which will have to be developed and set up in the Project Coordination Unit.

Project Support (Grant and technical assistance)

a) **Encourage communities to identify ways and means of assisting vulnerable children as well as to prioritise high value commodities that can be produced in their areas particularly by the affected families:** The project should adopt a bottom-up approach of soliciting views from the community and avoid a situation where outsiders impose ideas. The communities must be allowed to decide for themselves what could work for them and what kind of activities can best suit their community. VCOCs should be encouraged to mobilise the community and organise meetings to discuss these project ideas. In the case where communities opt for community fields and gardens, the chief identify and allocate land for such purposes. The VCOCs working together with the tindvuna of the area would then ensure community participation and proper distribution of the produce. On the issue of protecting children against abuse, special committees comprising of bagcugcuteli, community police and teachers could be set up to safe guard against child abuse and to identify the victims and bring the culprits to book, through the appropriate traditional structures or in more serious cases, through national courts.

b) **Encourage more cost effective ways of generating income:** Extension workers (handicraft and agricultural) will have to encourage vulnerable households to use available natural resources to make income generating products such as floor and table mats from natural grasses and fibres, wood carved ornaments and bowls (***imigcwembe***) and stone carved ornaments. These households could also be encouraged to pick wild fruits such as guavas, passion fruit/granadilla, ***tincozi, umfomfo, emantulwa etc.*** for sale in areas where these are not available, particularly in the cities. The project in

consultation with NGOs could provide grants for these projects and support the marketing of the products.

c) **Linkages with Training and credit institutions on income generating projects:** When the community has decided on an idea, the NGOs, extension workers and other trainers could be requested to assist them to develop the ideas and in the case of income generating activities, develop business plans. The community, the orphaned and vulnerable children can be encouraged to participate in these projects especially during school holidays. These projects would mainly encourage self-sufficiency and food security. The project could assist by linking foster households and households of vulnerable children to NGOs, traditional and Government structures that provide training and/or credit for income generating ventures. Such organisations include Micro-projects, Save the Children Fund, World University Service, World Vision etc.

Household Activities

At household level this project component will:

a) Encourage improved household food production and food security: With the assistance of agricultural extension workers and the VCOCs, households with vulnerable children should be encouraged to have backyard gardens and at least one big maize/pumpkin field to ensure food security. The project could initially provide inputs such as seed and fertilizer for families with vulnerable children. However, since some child-headed households would not have the manpower to plough the fields, the VCOCs could devise a way of encouraging able members of the community to assist these children. The project could encourage indigenous crop breeds that can easily be used as seed for future years.

b) Encourage the efficient use of household resources to improve the health and nutrition of children and to facilitate their access to education and other basic needs: Households will need to be educated on the proper use of resources, food storage and preservation in order to maximise the benefits from the little resources availed to them. Surpluses should either be preserved for future use or sold in order to get some income for other basic requirements such as soap, salt and matches. Any additional income needs to be saved for use in education and health of the children. Extension workers, NGOs and CBOs could assist in this area.

c) **Encourage the development of income generating activities at household level:** Encourage poor households to start income generating activities and in seasons of abundant wild fruits such as guavas, wild berries, figs, emantulwa, emaganu, ematfundvuluka etc. these should be sold or preserved and sold when the fruits are out of season. Agricultural extension workers and home economists could assist train households on preservation and regeneration of the fruit trees through encouraging tree planting.

Activities eligible for funding under community grants can include, but are <u>not limited</u> to:

- Day-care centres;
- Hand operated washing machines;
- Community care giving supplies such as gloves, diapers and disinfectants;
- Training and legal aid for inheritance, advocacy, children's rights;
- Seed and fertilizer for communal fields and gardens for feeding the vulnerable people;
- Providing community safety nets such as food storage (granary/inyango) and preservation facilities and community based shelter houses;

- Grants to households of vulnerable children and households fostering them;
- Pots/cooking utensils for school feeding schemes or other appropriate scheme;
- Counselling and advice for grief stricken vulnerable and orphaned children.
- Shelter for VCOs

Activities that will not be supported under this programme are:

- Hammer mills (sigayo);
- Individual IGAs such as piggery and poultry projects;
- Fencing;
- Chief's personal fields
- School fees, levies and examination fees
- Water and sanitation

5.3.8 Duration and Coverage

The Programme will cover all 300 communities (chiefdoms) in the country, and will be implemented in phases.

- The project will be designed to assist 15 communities in each region per year and scale up by 15 additional chiefdoms in each year covering all 300 communities over the five-year period.
- After the initial year there will be a need to carry out a mini participatory evaluation of all projects and use this information to redefine, if need be, the social mobilisation, training and community grant making.

5.3.9 Targeting

The selection of participating chiefdoms in each year will be according to the poverty level in each chiefdom (the criteria should be decided on the basis of a national poverty mapping exercise in each chiefdom). Subsequent annual selections will be on the same basis, until all 300 chiefdoms are participating.

5.3.10 Institutional Arrangements

This component will be managed from the Deputy Prime Minister's Office, which has the responsibility for coordinating activities at the community level. Trained government and NGO personnel will provide social mobilisation and training below community (chiefdom). The OVCC at chiefdom level will be responsible for appraising and approving proposals, according to the guidelines, the sigodzi's priorities, and the chiefdom's annual budget allocation. The OVCC at city/town council level will consist of independent stakeholders, as well as the social services council member, and its secretary will be the Council Community Development Officer; councillors and politicians will be ineligible to serve as members of the OVCC. Regional OVCCs will be responsible for verification based on the sub-component objectives and guidelines. The PCU will be responsible for transferring funds for these grants on a lump sum basis to communities for approved activities. Communities with approved proposals will form a committee and enter into a financing agreement with the OVCC.

5.3.11 Implementation Cycle

For rural activities, each sigodzi will submit a maximum of three prioritised proposals to the OVCC at chiefdom level. Community based organizations, churches, cooperatives, locally based non-governmental organizations and the chiefdom itself may also submit proposals for communal projects. The OVCC will appraise and approve the proposals according to the guidelines, and select projects in accordance with the priorities of the tigodzi, as well as the annual maximum

budget. The list will be forwarded to the Regional OVCC who will verify these according to the guidelines and component objective, and submit the verified list to the PCU for funding. The approved list, as well as the amount, will be made available to the public, in order to ensure transparency. Communities with approved proposals will form a committee that will enter into a financing agreement with the OVCC.

The cycle for urban activities is identical to the rural cycle, with the exception that proposals are submitted from the zone[1], or equivalent level authorities where these do not exist, to the city/town council OVCC. NGOs and churches are also encouraged to submit proposals and it is advised that committees exclude politicians and councillors. VCOC at Council level will approve the proposals. Membership will include social services council member.

5.3.12 Flow of Funds/Information

The grant window of this component will be demand drive, and implemented by communities. Applications for up to three activities, prioritised by the sigodzi, will be submitted to the CDC/OVCC at Chiefdom/Council level for funding. Individual persons will also be allowed to collect forms and apply to benefit from the scheme on behalf of vulnerable children and orphans. The CDC/OVCC will be responsible for approving the submissions, based on eligibility criteria, including confirming the 20% contribution that will be required by the community, and the budget limits. The list of approved activities will be submitted to the Regional OVCC for verification to ensure that the activities fall within the criteria of the component, that the forms have been properly filled in, and that the funding requested is within the pre-set limits. The verified list will be submitted to the PCU for payment. Communities whose sub-project has been approved will select a committee to manage the activity, and the committee will enter into a financing agreement with the DCD/OVCC at Chiefdom/Council level, and open a bank account, with a maximum of three signatories, with one at the Chiefdom/Council level. Payments to the communities shall be made in tranches of 40%, 30%, and 30%. Community committees will be trained in simple bookkeeping, project management, and procurement.

Before any replenishment is made, the community will have to send all related documentation to the PCU, through the CDC/OVCC for vetting before another tranche is released. Communities will be allowed to replenish when they have spent 90% of their cash resources in the Bank account. Before payment is made for any activity on any approved sub project, a community committee will have to approve payment prior to seeking approval at Chiefdom/Council level where such payments will be made. The community at such a level shall keep simple books of payments and resources and shall be trained by the project accounting management staff or some sub contracted NGOs. Communities shall be required to seek three quotations for any purchase and, depending on the services required, in some cases a supplier may be paid directly from the PCU. The PCU will reconcile community Bank accounts every month based on documents and a listing of payments made during the month plus paid cheques submitted to it for replenishment. Sector ministries at regional level shall help in supervising these community level activities, as appropriate, and they may be assisted by NGOs and the PCU. Every six months, communities will be required to send a full and comprehensive report on finances and usage of such funds for the designated project. An internal audit function shall also check and help train communities on all matters of finance they are supposed to know. Where NGOs have been sub contracted, based on eligibility criteria to be established, payments shall be made directly into an account they have set up specifically for this purpose.

Resources will be allocated as follows:

- Resources will be allocated proportional to the population in each region i.e. 75% and 25% of the total component budget will be given to rural and urban areas respectively.

[1] *Zones only exist in Mbabane

- Resources allocated to the chiefdoms will be needs driven and according to community priorities.

- Resources will not be allocated to areas that already have similar projects on the ground.

5.3.13 Monitoring & Evaluation

A budget will be prepared for monitoring and evaluation enumerators and analysts, who will be collecting information and data at chiefdom level on the number of children receiving the benefit, the nature of the benefit and its approximate value. Concurrently a neighbouring chiefdom that is not receiving support will be selected to serve as a control group, and identical information will be collected. An annual comparison will be made of the two chiefdoms to ascertain the impact of this intervention. In addition, an annual feedback mechanism will be designed in order to provide feedback on the social mobilization, training, and process, and interventions supported under the community grant to allow for fine-tuning as necessary.

5.3.14 Agreed Next Steps

- Disbursement should flow rapidly down to project committee and communities
- Payments should be made in the form of lump sum grants and not payment of invoices
- Legal status of sigodzi and project committees in respect of opening accounts will need to be fast tracked by a submission of all registration requests to the Attorney General's Office immediately after the approval of the projects (required documents include the constitution, minutes of the meeting and agreement between the sigodzi and PCU).
- There is a need to develop agreements that will be signed by sigodzi/project committee and PCU
- There has to be an agreement whether accounts should be at project committee, sigodzi, or community level
- There will be a need to develop TOR, functions and composition of sigodzi, zone, ward, chiefdom, city/town VCO committee, regional committee and PCU
- Develop TOR for IEC/training/social and community mobilization
- Develop TOR for national poverty mapping and identify how the work is going to be done
- Look into possibility of using 1997 census for indicators of welfare ranking and get relative shares of population by chiefdom
- Develop guidelines for appraising and approving proposals
- Prepare handbooks and guidelines on technical aspects of activities in the positive list
- NGOs contracted (one in each region) to do social and community mobilization in chiefdoms and tigodzi
- Regional VCO selects and approves NGO to participate in their communities and the PCU will enter into an agreement and fund the NGOs
- Develop criteria for selecting NGOs

On training:

- Assessment of NGO capacity to offer training
- Establish a training pool for the programme
- Develop training schedules and modules
- Scheduled/periodic workshops on topics relevant to the types of grants requested. This is done at regional level
- Discuss and finalise whether NGO can provide the training or how they can be contracted to work in the training pool

- At the end of a specified period, reassess training requested and the schedule/modules related to grant activities

5.3.15 Information Required

- UNICEF project on Community Action for Child Rights Program experiences, capacity issues, systems of operation
- NGOs working with displaced/exiled families.

5.3.16 Policy issues

The following policy issues still need to be addressed:

- Policy on the protection of children
- Implementation and adoption of children's rights
- Social Welfare Policy (social protection)
- Bill of Rights (universal)
- Inheritance Law
- Review of the Status Law
- Review of the Child Maintenance Law
- Review Adoption Law
- Review of tax regime to encourage social responsibilities
- Housing-child headed households

Best Practices:

In assisting communities and poor households the project could encourage and enhance some of the best practices that already exist in certain communities. These are some of the good traditional practices, which have helped a number of communities to address the needs of the poor. One is communal farming normally done at the chief's kraal. Although this is no longer widely practised, it is a good strategy for addressing nutritional needs of the poor and vulnerable within communities. Communities can be encouraged to revive and follow this practice in addressing the needs of vulnerable children. Another strategy that has been successfully adopted by some communities is the practice of *kunanisa.* This practice encourages those who have to lend indigenous seeds to the poor to enable them to produce enough food for their subsistence and return the quantities borrowed after harvest while keeping some for future planting seasons.

A third practice, which has been successfully adopted by some communities, is that of ***kulimisana.*** This practice encourages the participation of community members in assisting the destitute by providing labour for land preparation, weeding, harvesting and house building. A fourth practice is that of ***kusisa,*** whereby those who have livestock keep some of their livestock with poor households. While the poor household looks after the livestock they benefit on a daily basis in terms of milk production (from cows and goats) and for farming purposes.

A fifth practice which is not so traditional but has been successfully used by Save the Children Fund in a few communities is that of providing material support in exchange of commitment from the community to support the education of desperate children. In such instances Save the Children fund provided materials for fencing and water supply to schools. The same idea can be extended to health services in order to encourage more and sustainable participation of the community in addressing problems of vulnerable children. Another practice which needs to be promoted, particularly for income generating purposes is that of making handicraft from natural

grasses (***litindzi)***, fibres (***halibhoma),*** wood and stone. These are very cost effective means of generating income for the poor although there will be a need to improve the marketing network and infrastructure for these to make a meaningful living for vulnerable households.

THE STREET CHILDREN COMPONENT.

5.4.1 BACKGROUND

Over the last few years as poverty and the HIV/AIDS situation in the country deteriorated and traditional community safety net mechanisms become increasingly strained, Swaziland has seen the emergence of a new social phenomenon, street children. Street children include:

- Children on the street, which refers to those that typically are on the street for the purpose of searching for food, but go back home to sleep; and
- Children of the street, which refer to those children who eat, sleep, live on the streets.

Both categories of street children are expected to grow as the HIV/AIDS crisis drives more and more families to destitution. No country can afford to ignore the looming crisis and national programs that are responsive to this social ill are long over due.

There is little consolidated information on either street children and it is difficult to be precise about the size of the street children population. Estimates by NGOs and social workers actively engaged in supporting these children indicate, however, that at present the numbers are still relatively small: approximately 1000 children nation-wide, concentrated in the larger urban conglomerations. Yet, given that Swazi society has traditionally been very strong in its commitment and ability to absorb orphans and other children in difficult circumstances within community structures, even this number represents a stark and disturbing trend for policymakers and the public alike.

In general, street children are alienated from their families because of any of the following reasons: alcoholic families; difficult living conditions; absence of or lack of involvement of one or both parents; mother remarrying; presence of a step-parent and perceived rejection; and shirking parental responsibility, particularly fathers.

A survey of forty street children in Manzini and Mbabane found that the majority: were between 11-15 years old, had some primary school education, were from the rural areas, had been in the streets for at least two years, were not orphans, had parents who were not married to each other, and cited poverty as the reason they were on the streets. Most of these children fell under the category of children on the street rather than of the street. All of them were male and admitted that they abused solvents such as glue.

Female street children are rare. Girls are said to have different survival strategies: relatives find it easier to accommodate them for their usefulness around the home, while others resort to living with their boyfriends or prostitution as a survival strategy.

5.4.2 Objectives

The objectives of this component are to:

a) Adopt preventative measures to reduce the phenomenon of street children;
b) Equip street children with vocational and life skills;
c) Facilitate the rehabilitation of street children; and
d) Facilitate the re-integration of former street children with their families and communities.

5.4.3 Target Group

The project will primarily target children of the street and on the street within the context of their families and communities in the whole country through institutions currently caring for them.

5.4.4 Rationale

Almost all the major cities and towns have organisations trying to address some aspect of the problems of street children. The Lighthouse in Mbabane, the Manzini Youth Care, El Shadai in Piggs Peak and the Catholic Church in Nhlangano are some of the organiSations that are providing shelter, food, school fees, vocational education and rehabilitation to street children. The services these organisations provide tend to be limited in scope and coverage and there is a need to improve their capacities so that they can scale up their activities.

Unless current efforts are scaled up, these street children are at risk of being permanently alienated from society. A child on the street is vulnerable to various kinds of abuse: sexual, physical, verbal and labour exploitation. In addition, they are exposed to drugs and some are addicted. They require access to basic needs, while vocational and life skills' training is essential.

5.4.5 Guiding Principles

The project would be implemented as a partnership mainly between the CWU and NGOs. In general, all the anticipated mitigation activities (rehabilitation, reintegration, operation of half-way houses, drop-in centres etc) will be contracted out to NGOs. Project management will mainly be responsible for the IEC component, which is mainly on the preventative side of the intervention. Below are the specific principles that will guide the component:

- Government has responsibility to protect street children but she will need to rely on voluntary, church, and not-for-profit organizations such as NGOs to deliver these services.
- Implementing agencies used should have the capacity and should be already serving a particular marginalised group in the community;
- Urban local authorities will be a key implementing partner.
- Assistance to children would not be designed so as to attract more children to the street.
- An initial NGO 10% contribution is mandatory during the first year.
- Multi-year projects are eligible; however, funds will be disbursed annually, subject to performance review;
- Interventions to be *supported are to b*e those in line with the credibility criteria.
- A minimum of 60% of the grant money to be spent on direct assistance activities (non personnel-related costs).
- Encourage and strengthen information-sharing with other partners in order to ensure that same child is not being provided duplicate assistance
- Ensure accountability and transparency of NGO on the use of project funds.

5.4.6 Activities

A project responsive to the needs of the children should tackle the root causes that drive children from their homes to the streets. Street children have been explained as a symptom of the breakdown of the traditional family and community structures that protected and nurtured the young and destitute. The project will support initiatives that aim to reinforce these community and traditional structures that used to support and protect children.

Street children are also voiceless, and debate on their problems has not made the headlines. Both the national policy makers and the town and city councils need to be sensitised to accept this as an urgent policy issue. A major IEC strategy would be embarked upon in order to change some of the dysfunctional attitudes towards children in general, and street children in particular.

The ultimate aim of this component is to prevent the occurrence of street children and to ensure that those already on the street are rehabilitated and re-integrated back into their communities. A

number of NGOs are already doing good work on rehabilitation and re-integration. These NGO efforts would be improved upon and expanded. A more comprehensive range of activities planned under the component include:

- Identifying the underlying causes of street children with the view to instituting measures to reduce the problem.
- Evaluating on-going NGO activities addressing street children.
- Campaigns to raise awareness of factors that contribute to children going to the street (e.g. abuse within homes, inadequate caring environment at home, poverty).
- Mobilising the community to take an active role in protecting children (strengthen *lihlombe lokukhalela or C*hild Protection Committees a.k.a. "shoulders to cry on").
- Provision of small grants and technical assistance to NGOs working with street children to expand the types and coverage, and improve the quality of services available to street children.

5.4.7 Duration and Coverage

The coverage for the project will be nationwide in terms of advocacy and preventative measures, but facilitation of rehabilitation and vocational training will first be improved in the major urban areas where street children are concentrated and where agencies are already offering these services. The initial duration of the project is five years. However, it is expected that after five years, the Government of Swaziland would continue the project as required.

5.4.8 Eligibility Criteria

The procedures for providing assistance will be based on two levels of consideration: institutional and activity eligibility.

An institution is eligible for funding if it is registered as a non-profit NGO with a minimum of two years professional experience in the relevant field, able to demonstrate previous work in the community, having sound management structure with a least three professional permanent staff and an active board of directors. In addition, it should produce an audited statement of accounts for previous two years and applicable donor references, and demonstrate institutional capacity to implement projects and effectively utilise the funding.

Institutional Eligibility Criteria

In order for an organisation to be eligible for funding under the Street Children Component, it must declare its status. To substantiate this requirement the following conditions shall be met: -

i) Legal Status - The implementing agency shall be a registered not-for-profit non-governmental organisation.

ii) Track Record - The organisation shall have a minimum of two years professional experience in the relevant field.

iii) Community Ties - The organisation should be able to demonstrate their previous work in the community.

iv) Sound Management structure - The organisation should demonstrate that it has sound management structure with at least 3 professional permanent staff and an active board of directors.

v) Transparency and Accountability - The organisation should be able to produce audited financial statement for the past two years and donor reference where applicable.

vi) Institutional Capacity_ - The organisation should be able to demonstrate institutional capacity to implement projects and effectively utilize the funding.

Activity Eligibility Criteria

The range of sub projects will need to fall within the following broad categories:

Positive list.

- Advocacy on child protection issues related to street children.
- Life skills training for street children.
- Special studies on street children issues.
- Rehabilitation of street children
- Provision of shelter to street children
- Counselling for street children
- Outreach programs aimed at re-integrating street children back into their families and community.
- Short-term training for service providers.

Activities covered under other component of project.

- Basic education
- Basic health

5.4.9 Institutional And Organisational Arrangements.

The Project Co-ordination Unit (PCU) will manage the Social Protection of Vulnerable Children (including Orphans) project. The Street Children component will be managed by the CWU but report to the PCU. The PCU based coordinator of the health component would also handle street children issues at that level.

In terms of the on-the-ground implementation of the street children component, the key implementers would be selected NGOs and other partners who will form themselves into a Consortium of Street Children Service Providers. This would enhance information sharing and co-ordination.

The Children's Welfare Unit.

This unit (once established) would fall under the Ministry of Health and Social Welfare. Should project implementation come on stream before the unit is established, MOHSW would identify an officer to be responsible for the component until the unit is established.

Functions of this unit would be:

- Overall management of on-the-ground implementation of the street children component;
- Monitoring implementation of activities undertaken by NGOs;
- Ensuring that a participatory beneficiary evaluation takes place;
- Keeping the PCU informed about progress on the component;
- Endorsing the NGOs participating in the project;
- Preparation/reviews of work plan for the project;
- Review and approve project submissions from participating NGOs;
- Preparation of accounts and financial reports in line with Government accounting procedures;

It is anticipated that to implement this component, the child unit would need one professional officer and an administrative assistant.

The Consortium of Street Children Service Providers.
This body would have to be established as part of the preparatory activities and no funds would be disbursed to NGO before this body is established. This would be an independent body whose broad function is to provide technical advice on the topic as well as to facilitate co-operation and information sharing. Specific functions of the consortium are:

- To prepare standards for guiding the quality of services and service providers;
- To endorsing/vetting the participation of NGOs (on e.g. legal status)
- Calling for project proposals from participating NGOs;
- Generating information and keeping a database on street children;
- Preliminary screening and advice/comments on project proposals;
- Providing records of its proceeding;

Membership of the consortium would include NGOs, relevant CBOs, representatives of local authorities and church groups. The co-ordination functions of the consortium could be funded by the project. However these would have to be channelled through an NGO whilst the consortium does not have legal status.

5.4.10 Project Implementation Cycle

The implementation of the project will entail the following overlapping processes:

a) Mobilisation of partners and definition of roles.

Once the PCU is established, it would embark on an advocacy campaign to raise awareness on the project. The CWU (or designated person at MOHSW) would also mobilize partners to form the consortium of Street Children Service Providers. Agreement would be reached between the CWU and the consortium on operational procedures, accounting, reporting etc. This would be stipulated in a Memorandum of Understanding that would be signed between all partner NGOs and the PCU/CWU.

b) Budget preparation and calling for project proposals.

In line with the Government budgeting cycle, the CWU would announce to the participating NGOs the ceiling of funds to be made available during the ensuing year. NGOs would then prepare project proposals, which would then be submitted, to the unit through the consortium. All proposals submitted to the CWU would bear the signature of the Chairperson of the Consortium.

The CWU would review these proposals for onward transmission to the PCU and eventually the PBC, Cabinet and Parliament. After budget approval, the co-ordinating unit would accordingly be informed and the implementation of projects would then start.

5.4.11 Flow of funds.

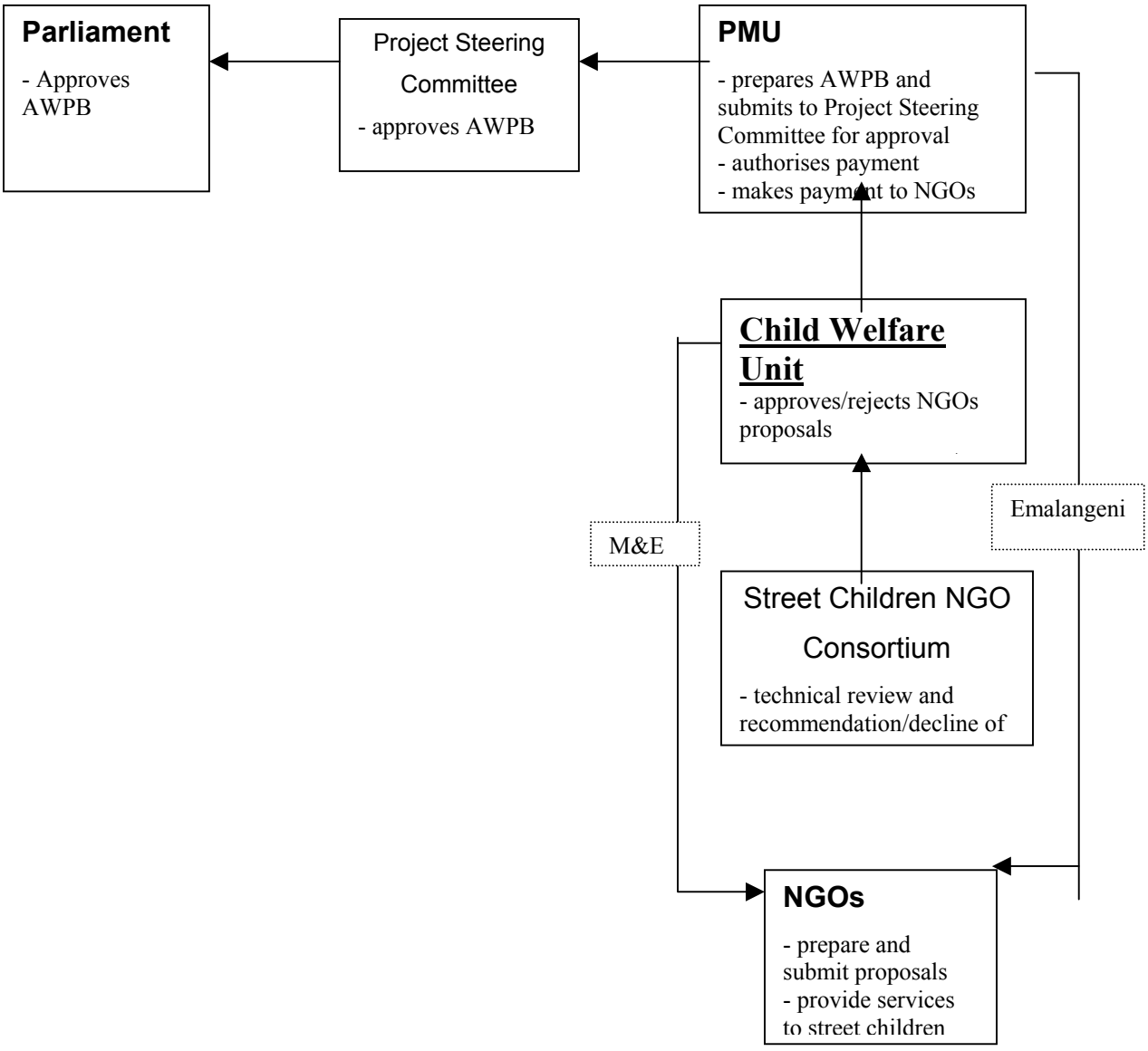
It is expected that the bulk of the activities of this component will be executed through sub contracting non-governmental organizations (NGOs) that work in and around Swaziland with street children. For an NGO to be sub-contracted, it will have to meet the following eligibility criteria:

- It should be in existence for the last two years
- It must produce its two years latest audited accounts.
- Should have a clear organogram and mission objectives that relates to street kids.
- It must be operating in more than one region of Swaziland.
- It must have a clear framework for activities to be financed by articulating clearly its mission objectives.

An NGO should prepare a well articulated proposal which details activities to be carried out, areas to be covered, and indicative costs which should form an annual work program. The proposal will be submitted to a consortium of NGOs (to be formed) whose responsibility would be to vet proposals submitted by various NGOs. Proposals approved by the consortia of NGOs will be submitted to the Child Welfare Unit (CWU), in the process of being established, of the Ministry of Health and Social Welfare. The Social Welfare Unit will perform a verification function, ensuring that the applications meet all of the requirements. The verified list will be sent to the PCU for payment, which will be made to the NGO, after it opens a separate bank account to receive funds for this purpose. The PCU will code the NGO as a cost centre in their financial management system, and disburse 40% of the amount requested for the project. After 80% of the initial tranche has been spent, the PCU will disburse 30% of the approved amount, less the balance in the NGO's bank account. After spending 90% of the funds on hand, the remaining 30% of the approved amount will be disbursed to the NGO.

Quarterly reports on expenditures will be sent to the Child Welfare Unit (CWU) of MOHSW, with copies to the PCU and the consortia of NGOs. The reports will form the basis of quarterly meetings to be held. The NGO activities will be monitored by the CWU regional and central level, in conjunction with the consortia of NGOs. Annual audits of the NGOs will be undertaken either by the governments Auditor General or any other auditor from the private sector on terms of reference acceptable to the project's funding agencies. The reports will be submitted to the project management unit no later than six months after Government's fiscal year end. Failure to submit such reports will lead to suspension of disbursements to the NGO. In addition to paying for activities of the NGO, the PCU will also reimburse up to an agreed % of the value of overheads of an NGO directly incurred in the course of implementing activities of the project. Before receipt of the first tranche of project funds, each NGO will submit a list of signatories to the account opened for depositing the funds to the CWU and PCU for clearance.

Flow of Funds



5.4.12 Monitoring and Evaluation

The CWU will select and sponsor a research institution to conduct a preliminary participatory beneficiary assessment of the entire component of street children approximately one year after the program is operationalised. Such an assessment should include, in addition to street children themselves, stakeholders drawn from the civil society, families having contacts with street children, and organizations involved in providing support to street children. The findings of such an interim participatory assessment should be fed back, leading to design changes of the component as deemed appropriate. A comprehensive evaluation along the same lines should be conducted mid-term through the life of the project, and at the end of the project.

The CWU will monitor the progress of the component, identify potential problems in implementation, and take appropriate steps towards successful implementation of the project component. The unit will report to the PCU at regular (three-monthly) intervals on monitoring and steps taken for effective implementation of the project.

The CWU will collect information/data on the street children assisted, and potential problem cases where it was not possible to make significant progress. The important indicators for this project component will be the number of children assisted, the nature of assistance provided, and the cost of providing assistance per child and per nature of assistance. The unit should keep track of all these indicators and submit that information in their quarterly reports to the PCU.

LEGAL ASSISTANCE COMPONENT

5.5.1 Background

The legal system in Swaziland is expected to play an eminent role in protecting the rights of children. For example, a key area where legal issues arise have to do with protecting children's access to their inheritance when parents die while the child is still below the age of majority. There are increasingly widespread instances of property grabbing, often by members of the extended family of the child, who may take in the child primarily to gain access to the land and other assets of the child. Similarly, the legal protection afforded to children against physical abuse is far from satisfactory.

At present, for example, since there is no comprehensive legislation dealing with the abuse of children, reliance is placed on old laws that do not take into account the evolving patterns of abuse that children are now subjected to. On the other hand it is noted with great concern the increasing and high rate of abuse in the school environment, home and the overall community. However there are laws in place that seek to protect children from abuse in the form of rape for example the Protection of Girls and Women Act. Currently, under statute law it is the above Act together with the Crimes Act wherein child sexual abuse is addressed though not comprehensively since the law focuses and seeks to protect women and children, to the unfortunate exclusion of boy children who may be subjected to similar forms of abuse of girl children. Furthermore, there are no family or children's courts administered by personnel with specialized training. Thus, where child abuse cases are taken to court, these cases are tried in the mainstream courts.

Again there has been a growing illegal practice where orphaned children are exposed to property grabbing and looting by relatives and family members who pose as executors to the unfortunate detriment of children. It is now common to come across an orphaned child who would otherwise have not been vulnerable, but for the illegal looting becomes vulnerable. This is attributable to the fact that there is no system in place to ensure that property is registered especially in the rural areas where the masses are either reluctant and or ignorant that it is a must to report an estate of a deceased person with the Master of the High Court. Another deterrent is attributable to the procedures of estate distribution therefore resulting in long delays in distribution of property. This then opens floodgate to people who then pose as executors with the result that property is unlawfully looted and used up.

Again in the typical rural family set up when the parents are all deceased the children are left in the mercy of their relatives and immediate family members (usually with ulterior motives) who will decide where the child can live and under whose guardianship that child may fall. Consequently the children have no say whatsoever as to where and under whose care and guardianship they want to be entrusted to. The child's right to have a say on who should be a guardian is non-existent. Consequently children from one family who would have preferred to live together under one roof are separated with the result that the family is disintegrated. There is also an urgent need to revisit the traditional structures in particular the role of chiefs as the custodian of Swazi Law and Custom and his subjects under his chiefdom, that is, to involve them in nominating and appointing guardians.

5.5.2 The role of the legal component

The role of the legal component should be seen as an active and one major participant in the achievement of legal protection and development, and integration of all legal studies and research previously conducted pertaining the protection of rights of children. It is realized that law as an instrument of protection has to be harmonized either by amendments, repeal, new enactments etc in order to achieve the integration agenda or programmes under this project. To

this end one of the main activities will be research as a base thereby ensuring and enabling the project to know what it is dealing with and the capacity of those organisations, agencies that will be spearheading the activities under this component. This will go a long way in ensuring that both the civil application of laws and Swazi Law and custom is considered to ensure that the legal framework in the country is conducive for the protection and promotion of children's rights.

5.5.3 Objectives

The objective of this component is to improve the legal environment for the protection of children by supporting advocacy on key legal issues and facilitate the provision of legal mediation and assistance services to vulnerable children.

a) Further, to give sufficient protection and legal security of the legal welfare of children.
b) To clearly delineate ownership and inheritance rights and expressly identify the role of traditional law and customary rights with regard to such holdings

In terms of advocacy, there is a need to sensitise/educate people about existing laws and their provision. Furthermore, there is a need to advocate for legal reform to make it possible for vulnerable children to gain adequate protection of inheritance, maintenance, and against abuse.

In terms of legal assistance, the Government is greatly concerned that people cannot afford legal services. It is of paramount importance that financial assistance is extended to the agencies that presently offer these services to the vulnerable children together with those agencies that will be identified as having the expected capacity in dealing with legal issues.

Another objective is to improve and harmonise the legal system by co-operating with legislature and the judiciary of the country. This will include the following:

- Develop, as possible common strategies and standards dealing with the administration of justice and law enforcement
- Facilitate the development and enhancement of information sharing, promote and undertake research on prevalent and problematic legal common issues affecting children
- Facilitate and develop the legal framework for the cooperation between the government and other organisations as well as private sector, NGOs, civil society and communities
- Provide legal assistance and aid to children under the VCO bracket

5.5.4 Target Group

The target group for this component is all children who are at particular risk of property theft and disinheritance, abuse, involuntary separation and removal from their homes, legal difficulties and other legal offences being committed against them.

5.5.5 Rationale

As part of Government's programme for the social protection of vulnerable children on the one hand, there is a need to review the relevant laws of the land to identify gaps leading to the vulnerability of children and inconsistencies between existing two systems, that is, under Swazi law and custom and civil law. This requires reconciliation to achieve a consistent legal framework for the adequate protection of children; advocacy and sensitisation campaigns to build consensus on the need for legal reform; legal provision and resources for the enforcement of existing laws;

and resources for NGOs and public agencies to enable these agencies to mediate legal services for the vulnerable child or provide legal assistance to the child.

On the other hand, there is an urgent need to review the involvement of traditional institutions, in particular the role of chiefs in safeguarding and ensuring that estates and property of deceased persons legally belonging to children is adequately and jealously guarded. At this stage it may be very resourceful to delve into research to determine the legal capacity of communities working hand in hand with Government and Non-Governmental Organisations in the legal protection of children from any criminal, social and legal abuse.

5.5.6 Relationship With Other Programmes

Several Government agencies together with other institutions including NGOs and community-based organisations playing an active role in this area will have their resources tapped and utilised. In particular the legal advisor in the CWU will work together with the Attorney General's Office to implement this component and generally guide and co-ordinate the integration of laws, policies and programmes related to the legal protection of children in Swaziland under this project.

To curb injustice in so far as children's legal rights and protection are concerned the full backing and participation of the communities in this respect is highly anticipated. The main NGO actors include: Women and Law in Southern Africa (WLSA), Salvation Army, Council of Churches, SWAGAA, and Save the Children. Of course NGO's do not work in isolation but their efforts are greatly facilitated by other government agencies such as Career Guidance Department, SNAP etc. At community level there are organisations such as churches, youth groups and action groups on children's rights. The legal assistance component under this Project will provide grant funding to relevant and qualifying organisations to enable them to scale up their existing activities, or to include a new dimension that was hitherto not possible to address, within the priorities laid out in the PIM.

Furthermore, the Italian Cooperation is working closely with MOHSW to establish a CWU in the ministry. As part of the Italian Co-operation support, a Legal Adviser on children's issues will be financed for at least 12 months. It is further anticipated that under this project there will be funding to cater for the activities under this component.

5.5.7 Guiding Principles

The component will be guided by the following principles:

- In as much as Government has responsibility to provide legal protection to children, it will need to rely on voluntary, church, communities (which will be armed with basic legal skills) and not-for-profit organizations such as NGOs to deliver legal assistance and mediation services.
- An initial 10 % contribution from an NGO will be mandatory during the first year.
- Multi-year projects are eligible; however, funds will be reimbursed annually, subject to performance review.
- A minimum of 60% of the grant money to be spent on direct assistance activities (non personnel-related costs).
- Information sharing with other partners will be strengthened and encouraged in order to ensure that same child is not being provided multiple legal aid and assistance.
- Ensure accountability and transparency of NGOs on the use of project funds.
- In implementing this component all parties shall protect and safeguard the rights of all children in good faith and shall be guided by, and give effect to, the principles, approaches and standards set out in this project.

5.5.8 Activities

The component will undertake the activities listed below:

5.5.8.1 Legal advocacy

- Research to identify specific areas for law reform and advocacy
- Study on the capacity of certain departments of government, NGO's, in particular the legal capacity of communities in so far as injustices impeding on children' rights
- Legal education in communities both urban and rural on their rights of inheritance i.e. laws that protect their rights.
- Lobby parliament and government in so far as reform is concerned
- Awareness campaigns especially through media houses, drama groups and educational materials
- Adopt national policies and mechanisms to, through existing traditional structures, enable local communities to collectively and effectively participate and affirmatively take steps to prevent legal manipulation of children in their communities
- Training of court personnel who would deal with child abuse on issues of consultation and interviewing and protection child
- Training of police with the purpose of sensitising them on the handling of child abuse cases especially correcting their attitudes.
- Further to assist in developing legal capacities and expertise for all key players. This may include:

  a) the training of relevant law enforcement officials, court officials and other legal personnel

  b) the holding of joint law enforcement exercises in both rural and urban areas

  c) the setting up of any co-ordinating structure

5.5.8.2 Legal mediation/assistance

- Provide funding for legal aid to relevant government agencies, NGOs and communities who provide legal aid to vulnerable children.
- Administration of the component
- Employment of a legal officer to handle special cases as a safeguard against property grabbing and looting of property in families, communities and the Master of the High Court and communities at large.
- provide funds for the legal advisory work within the CWU for the first three years until government establish a post.
- Research on areas for reform

5.5.9 Coverage

The full set of legal issues will require a comprehensive legal effort for the protection of children. In the first phase, however, the proposed component will focus on the advocacy, research and legal mediation/assistance part of the overall program since these areas are expected to have the greatest impact in the short-term. Once the Project demonstrates that there is capacity to implement these interventions, the scope of activities may be broadened in a second phase to address the remaining issues. Furthermore, other programs, e.g. UNICEF's Child Rights

programme are already addressing some of the remaining areas with respect to legal issues and vulnerable children.

Eligibility Criteria

The procedures for providing assistance will be based on two levels of consideration: institutional and activity eligibility.

a. Institutional Eligibility Criteria

In order for an organisation to be eligible for funding under the Legal Assistance Component, it must declare its status. To substantiate this requirement the following conditions shall be met:

i. Legal Status - The implementing agency shall be a registered not-for-profit non-governmental organisation, community groups and churches.

ii. Track Record - The organisation shall have a minimum of two years professional experience in the relevant field.

iii. Community Ties - The organisation should be able to demonstrate their previous work in the community.

iv. Sound Management structure - The organisation should demonstrate that it has sound management structure with at least 3 professional permanent staff and an active board of directors.

v. Transparency and Accountability - The organisation should be able to produce audited financial statements for the past two years and donor reference where applicable.

vi. Institutional Capacity_ - The organisation should be able to demonstrate institutional capacity to implement projects and effectively utilise the funding.

b. Activity Eligibility Criteria

It is believed that the bulk of the activities of this component will be executed through engaging government organisations and agencies, sub contracting non-governmental organisations (NGOs) and community based organisations and communities and civil groups that work in and around Swaziland specialising in legal issues pertaining to children's rights. For an institution to be contracted or sub-contracted, it will have to meet the following eligibility criteria:

- It should be in existence for the last two years
- It must produce its two years latest audited accounts.
- Should have a clear organogram and mission objectives that relate to the legal protection of children.
- It must be operating in more than one region of Swaziland.
- It must have a clear framework for activities to be financed by articulating clearly its mission objectives.

Any interested party, agency, community or NGO should prepare a well articulated proposal which details activities to be carried out, areas to be covered, and indicative costs which should form an annual work program. The proposal will be submitted to a consortium of NGOs or to the Legal advisor (where it's a community based –organisation) whose responsibility would be to vet proposals submitted by various NGOs. All other organisations not falling within the NGOs category will follow procedures laid down for NGOs when applying for funding with the exception

that their applications will be submitted to the Legal advisor. It is envisaged that a committee will be put in place to select the qualifying agency. Proposals approved by the consortia of NGOs will be submitted to the Legal Advisor in the CWU, in the process of being established in the Ministry of Health and Social Welfare. The CWU will perform a verification function, ensuring that the applications meet all of the requirements as stipulated under this project and component.

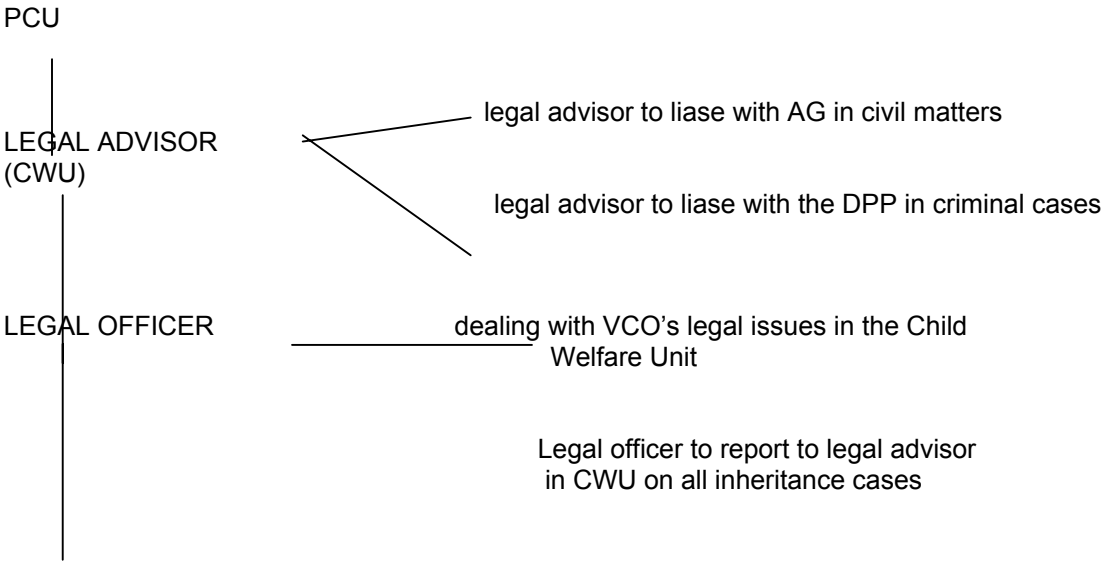
The verified list will be sent to the PCU for payment, which will be made to the NGO or any other qualifying institution, after it opens a separate bank account to receive funds for this purpose. The PCU will code the NGO or institution as a cost centre in their financial management system, and disburse 40 % of the amount requested for the project. After 80% of the initial tranche has been spent, the PCU will disburse 30% of the approved amount, less the balance in the NGO's or institution's bank account. After spending 90% of the funds on hand, the remaining 30% of the approved amount will be disbursed to the NGO or institution.

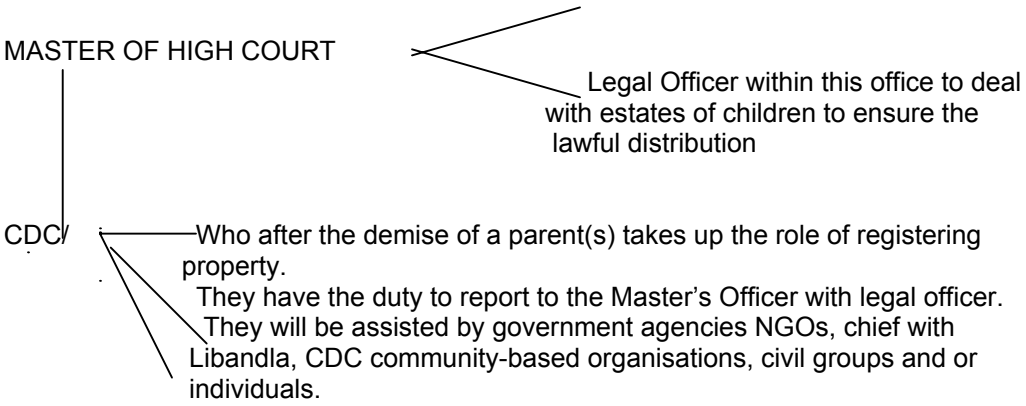
Quarterly reports on expenditures will be sent to the Child Welfare Unit (CWU) of MOHSW, with copies to the PCU and the consortium of NGOs. The reports will form the basis of quarterly meetings to be held. The activities will be monitored by the CWU at regional and central level, in conjunction with the consortia of NGOs and the CDC. Annual audits of the participating organisations or institutions will be undertaken either by the Government's Auditor General or any other auditor from the private sector on terms of reference acceptable to the Bank. The reports will be submitted to the project management unit no later than six months after Government's fiscal year end. Failure to submit such reports will lead to suspension of disbursements to the beneficiary organisation. In addition to paying for activities of the qualifying organisation, the PCU will also reimburse up to an agreed percent of the value of overheads of an organisation directly incurred in the course of implementing activities of the project. Before receipt of the first tranche of project funds, each organisation will submit a list of signatories to the account opened for depositing the funds to the CWU and PCU for clearance.

5.5.10 Targeting

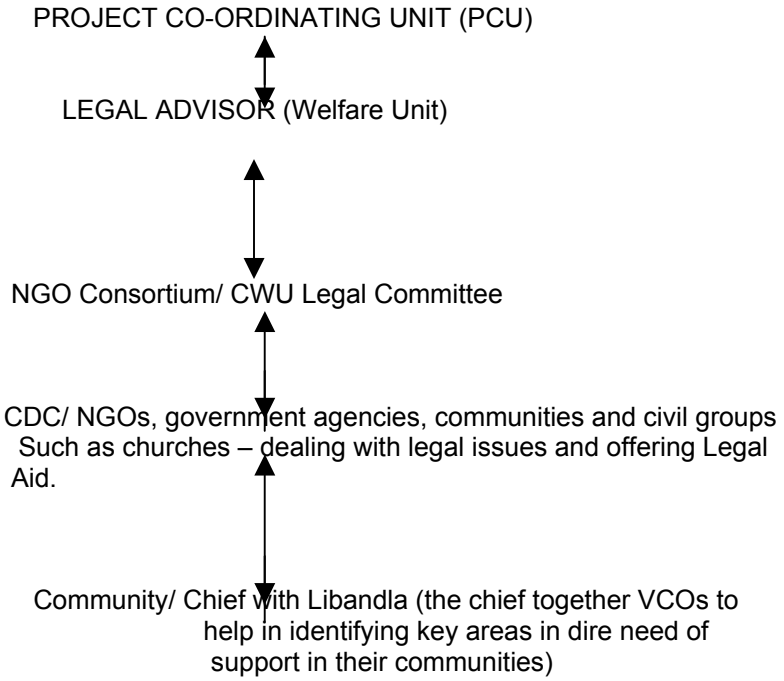
This component is going to be implemented nationwide in both rural and urban areas. Not only will the legal sector focus on the civil laws but also it will take into account and consideration Swazi Law and Custom in so far as it has legal implications in the rights of children.

5.5.11 Institutional and Organisational Arrangements





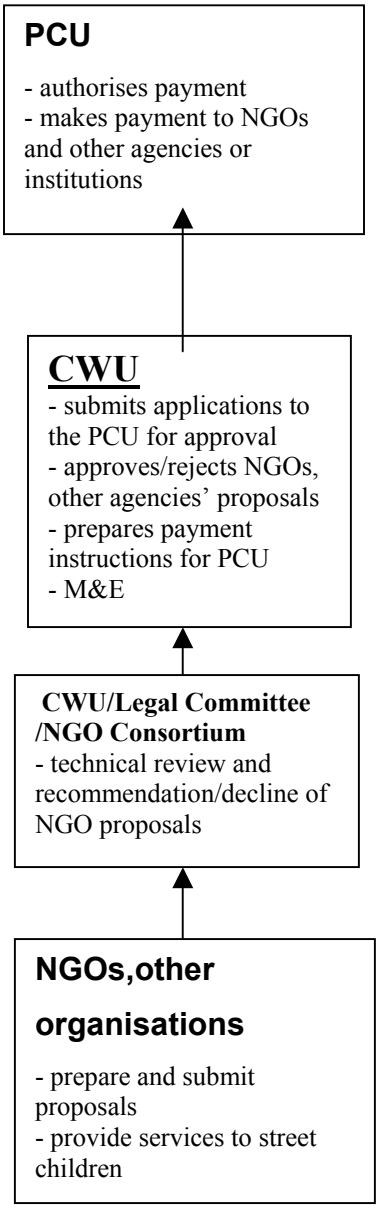
ORGANISATIONAL STRUCTURE IN THE IDENTIFICATION AND SELECTION OF ORGANISATIONS TO OFFER LAGAL AID AND ASSISTANCE



5.5.12 Implementation Cycle

The Component will be managed by CWU with the relevant implementing Ministries together with the office of the Attorney General. The CWU together with the Attorney General's Office will have responsibility for implementation of the component. It will, based on the criteria described above, evaluate proposals submitted by NGOs, and others, and recommend them to the PCU for funding. The PCU will authorise payments to selected NGOs and others. Every effort will be made by the Child Welfare Unit to strengthen information sharing with other partners to ensure that the same child is not being provided with duplicate assistance. Organisations that have received funding will be audited, as part of the Project, on an annual basis.

5.5.13 Flow of Funds/ Flow of Information



5.5.14 Monitoring and Evaluation

In conformity with approved methodology under this project all parties shall undertake and regularly update inventory of legal cases, legal database and reports on the progress of their work. The CWU, PCU and AG will compile data and other critical social, legal factors relating child protection. A regional database on the status and management of legal issues and information system for the collection, organization and exchange of information the legal advisor to gather legal data at regional level for incorporation in the national data base.

Furthermore, funds will be allocated for monitoring and evaluation. Information and data will be collected at all levels, chiefdoms inclusive on the number of children receiving the benefit, the nature of the benefit and its approximate value and impact. The important indicators for this project component will be the number of children assisted, the nature of assistance provided, studies done and areas identified for reform and those undertaken for reform. The unit will keep track of all these indicators and submit that information in their quarterly reports to the PCU.

CHAPTER SIX

IMPLEMENTATION ARRANGEMENTS

The Social Protection of Orphans and Other Vulnerable Children Project requires an efficient and cost effective coordination and implementation mechanism that would enable all resources provided by the project to reach the beneficiaries timely. The structure given below suggests the coordination and implementation mechanism subject to review as a project is not static but dynamic. Coordination mechanism has been designed to cover all levels of authority for harmonisation of project activities and dissemination of information in a coordinated manner. The implementation arrangements are a two-way process between national activities and the community activities. Participation by government, intermediaries and the community is required for the success of the project. The government will be providing resources such as funds, expertise and information while the communities will be providing information, community skills and in some cases, cash contribution to the project.

The levels discussed here covers national, regional, sub-regional, and community or chiefdom level. Different committees are suggested at each level and their roles and responsibilities are described below. The diagram on the next page presents the suggested coordination structure.

6.1 Project Management and Coordination at National Level

6.1.1 The Project Steering Committee (PSC)

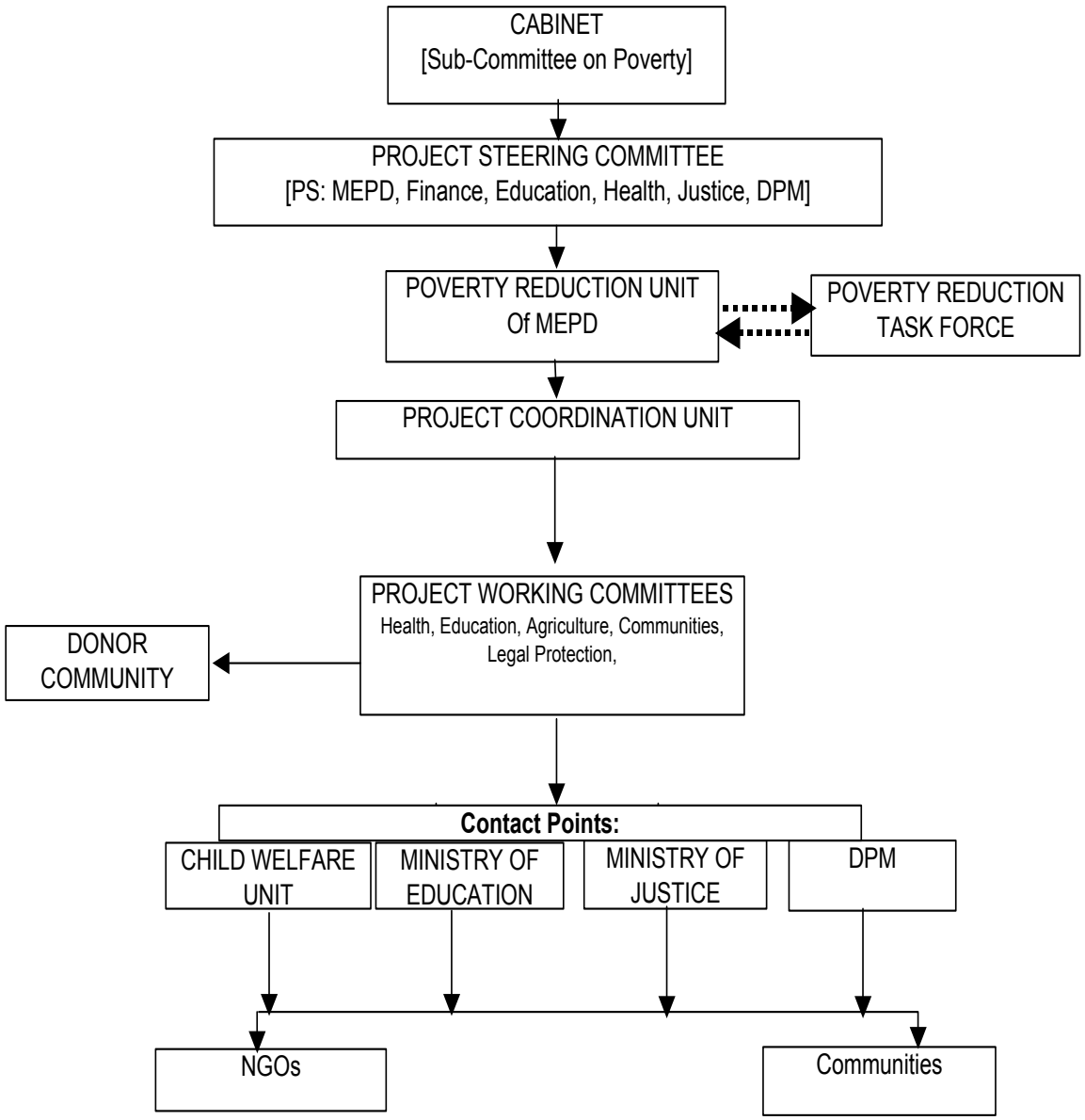
This is a technical group of the Principal Secretaries that will:

- Provide guidance to the project on policy issues related to the coordination and implementation of the project components and recommend policy initiatives relating to education, health, nutrition and child development from 0 to 18 years of age.
- Strengthen the linkages between project activities and relevant policy making bodies, such as: Cabinet, Parliament, etc.
- Approve work plans, budget, and reports and endorse the sector projects
- Approve project implementation arrangements
- Meet half yearly to review progress in project implementation and achievement of its objectives.

The members of the PSC will come from the Ministries of Economic Planning and Development, Finance, Education, Health and Social Welfare, Agriculture and Cooperatives, and the Deputy Prime Minister's Office. The Principal Secretary of the MEPD will be the chairperson of the PSC. The Project Coordinator will be the Secretary for the PSC and will present all issues recommended by the Technical Working Committee.

COORDINATION AND IMPLEMENTATION ARRANGEMENTS

SPVCO PROJECT ORGANISATIONAL STRUCTURE



ABBREVIATIONS:

DPM Office of Deputy Prime Minister

MEPD Ministry of Economic Planning and Development

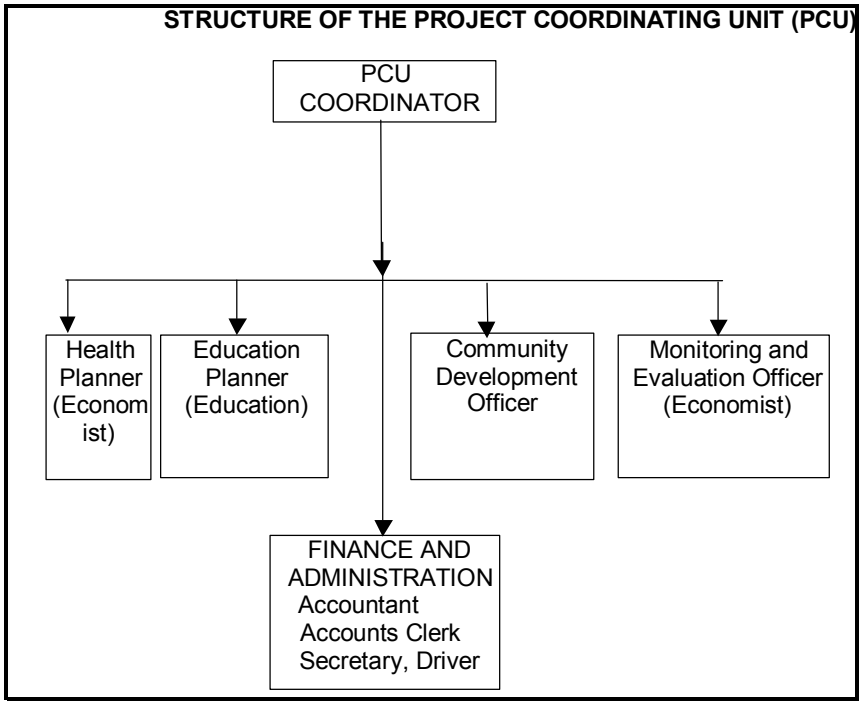
NGOs Non Governmental Organisations

PS Principal Secretary

6.1.2 The Project Coordination Unit

The Ministry of Economic Planning and Development will establish a Project Coordination Unit responsible for the coordination of the project implementation. A Project Coordinator heading the unit will be recruited or appointed by the Government of Swaziland through the MEPD together with five other staff members as well as support staff. The Project Coordinator reports directly to the Principal Secretary of Economic Planning and Development. The following will be other staff members at the PCU:

- Four technical staff members (specialists in health and social welfare, education, community development/communications, and monitoring and evaluation)
- One accounts officer and an accounts clerk
- One secretary and a driver



Functions of the Project Coordination Unit

This serves as the heart of the project because it coordinates all the stakeholders affected by the project. The stakeholders include donors, government ministries, NGOs, private sector, and the community (beneficiaries). It will be responsible for the IEC campaign that will be undertaken to inform stakeholders about the project, and the activities supported and mechanisms for accessing support. The campaign will support the principle of accountability and transparency. The Unit will provide information to all stakeholders in the form of meetings and written reports. It will also assist in the drawing up of work plans and budgets for the project in consultation with stakeholders. It therefore will coordinate the implementation of the project activities.

At Government Level – The Unit will:

- Report to the Project Steering Committee on information from the contact points involved in the implementation of the project. It will also liaise with other ministries about ongoing

programmes linked to the project. The Unit will recommend policy decisions necessary to be undertaken and report pertinent issues to the Project Steering Committee

- Coordinate all sector activities, holding meetings every month and recommend all requisitions to the Principal Secretary for approval
- Supervision of the adherence to project procedures for the procurement of goods and services (as elaborated in Financial Management Systems Manual)
- Submit all relevant payments to the Accounting Department
- Produce reports and minutes of the meetings for PSC and Project Working Committee
- Coordinate with donor agencies funding the project and those supporting similar programmes through donor meetings.
- Recommends all micro schemes that are part of the project components to the PSC for approval.

At private sector level, it will:

- coordinate the child development programmes to avoid duplication or clustering of activities within a few communities. This covers NGOs, charity organisation and private companies.

- **At community level**, the unit will:
- Provide appropriate information and resources to the targeted beneficiaries and encourages community contribution to the implementation of the project.
- Facilitate the implementation, monitoring, and evaluation of the project.
- Maintain a database.

6.1.3 The Project Working Committee

This is a technical sub-group responsible for the provision of technical guidance on project thematic areas and project coordination and implementation mechanisms. The following are some of the functions of the committee. During the implementation process these functions can be reviewed and revised:

- Review all the project activities and provide expertise where necessary
- Assist in the drawing up of the work plans, budget, and community micro schemes.
- Coordinate all the activities of the various components and network them.
- Serve as a linkage or passage of information between the regional activities and the PSC
- Advise the PSC on technical and policy issues
- Meet monthly for the 1st 6 months, thereafter quarterly to perform the above functions.

The members of this committee will include the following:

- Project Coordinator as the Chairperson of this Committee
- Project contact person from MOHSW, MOE, DPM, RS, MOAC/Home Economics/Agriculture Dept

One representative from each of the following institutions will form part of the committee; UNICEF, World Health Organization, Italian Cooperation, relevant NGOs nominated by CANGO, Swaziland Nutrition Council, churches, charity organisations.
This committee can invite any resource person to attend the meeting as and when necessary.

6.1.4 The Poverty Reduction Task Force (PRTF)

This is a Team selected by the government of Swaziland responsible for the monitoring and evaluation of all projects designed to alleviate poverty. The Project Coordinator will arrange regular meetings to update the PRTF on the project progress.

6.2.0 Project Management at Regional and sub-regional Level

It is necessary for the project coordination to pass through all levels until it reaches the grassroots level for implementation processes and dissemination of information.

6.2.1 Regional Level/Regional VCOC

The **Committee for Community Action for the Child Rights** already formed by UNICEF will coordinate the project interventions at regional level. This committee has a wide membership from line ministries and NGOs operating in the region.
It will be responsible for the selection of capable and reputable organisations for the implementation of some components of the project at community level. It will also monitor the project activities in the region through quarterly site visits. Involvement of this committee will be crucial also for the activities related to street children.

This body will review the viability of all community and NGOs initiatives/proposals and recommend to the PCU. It will also provide means to disseminate all information to the grassroots level. It will also be responsible for the facilitation of the project implementation process by ensuring that all resources required reach the beneficiaries in time. It will ensure the project relevance by monitoring and motivating the development practitioners, counsellors, etc.

6.2.2 Sub-regional Level

The Inkhundla Committee will coordinate activities at the Tinkhundla level. The relationship between this committee and the other committees of the project is only informative, collaborative and motivational. The members will be encouraged to maintain community morale and enthusiasm for the project and advise communities on general national laws pertaining to child development.

The committee will act as a passage for all project information to and from the chiefdom, regional, and national level. Some members of this committee (bucopho) are also members of the child development committee. This committee acknowledges receipt of project information and passes it to the next level. Each member will also be responsible for monitoring the efficient utilisation of resources provided by the project in communities.

They should also point out duplication of activities within the communities.

6.2.3 Community Level

Communities will be required to form a Child Development Committee /Community VCOC to drive the process. This will be formed at chiefdom level consisting of all the grassroot organisation representatives responsible for child development. The members can include local NGOs, churches, associations, community heath motivator, nurse, teacher, police, health motivator, etc. The committee should not be more than fifteen (15). This committee will be formed after the community has had a thorough training on the type of people required for this

committee, i.e., members will be committed to child development, respectful, and prepared to contribute time and energy on this project.

It is at this level where names of vulnerable children will be submitted. The committee will visit the child's homestead and verify the information received and obtain detailed information about the child. It is also at this level where some of the implementers for certain components of the project can be selected and recommended to the other committees at higher levels.

Functions of The Child Development Committee

- Carry out problem and project identification
- Carry out community needs assessment
- Identify community capacity with the help of experts
- Assist with implementation of community micro schemes
- Selection of the vulnerable children
- Recommend vulnerable children requiring assistance from the project
- Maintain a data base of vulnerable children

The selection criteria for the selection of the vulnerable children will be developed further after consultation with the stakeholders. This will be submitted to the Regional VCOC for approval before it is implemented. Similarly, selection criteria of micro schemes for income generating projects will be developed further.

6.3 Coordination with Donors

The Project Coordinator will arrange quarterly meetings with the representatives of all donor agencies cost sharing the funding of this project. Donors with related activities can be invited to the meetings as and when necessary. The chairperson is the Principal Secretary for the Ministry for Economic Planning and Development. The Principal Secretary can delegate to the Project Coordinator during his absence.

The technical officers from donor community (as discussed in above section) will attend the meetings for the technical working committee for information sharing and monitoring the project progress.

6.4 Collaboration with NGOs/CBOs

Non Governmental Organisations specialising in child development support will be the main implementers of the project. They will be selected through the Co-ordinating Assembly of NGOs. The Government of Swaziland will follow the GOS tendering procedures for selecting the project implementers. Selection of the implementer should be done at the regional level for activities that need to be performed within that region. The PCU should only select consultants required for national activities.

6.5 Implementation Process

The process is expected to be a bottom up process. Communities are expected to initiate project activities. The government, donors, and NGOs will respond to the community demands/needs by providing some of the resources required for the implementation of the activities.

6.5.1 The Process

- Awareness creation of the project should be the initial step
- Setting up of the community based committees for child development

- Identification of the vulnerable children including orphans, verifying the child's background and establish and maintain a data base
- Identifying project activities and grouping them into education, health and counselling, and food and income generation
- Community to analyse the resources required for each of the activities
- A draft micro project document for each community will be drawn with the assistance of the expert selected at national level
- The document will be signed by the Chairman of the committee, secretary, and Bucopho.
- A copy of the document should be sent to Inkhundla committee and the original sent to the Regional Committee for vulnerable children and orphans
- The Regional Committee will review the document and organize a meeting with the Community Based Child Development Committee for ensuring the viability of the micro project as well as making comments and improving the document in consultation with the community.
- The project document must be submitted to the Regional VCOC for approval and then to PCU for funding. Provision of experts such as: Trainers, extension officers project implementers (NGO), etc will be done by regional offices.
- The Project Working Committee monitors implementation of overall project.
- The Project Steering Committee approves the projects and make policy decisions concerning the project

6.5.2 The Mobilisation of Resources

After the micro project has been approved for funding the following processes should follow:

- The Project Coordination Unit will be responsible for informing all the committees and relevant ministries about approval for funding
- All the stakeholders of the project are informed through a meeting before the start of the project. This covers the whole community, all the Committees at all levels.
- The PCU, Regional Committee, and the Community Based Child Development Committee will ensure the selection of experts.
- The PCU will make payments to the schools after receiving the list of children who have been given bursaries. In cases where the child has extra needs an order will be made for the child depending on what the community based committee has recommended.
- The Procurement of materials will be done by the PCU together with the implementers of community projects. The tendering of nearby suppliers will be used to reduce transport costs
- The PCU will transfer some of the responsibilities to the CWU established in the MOHSW, MOE, and DPM's Office.
- The community members will provide their labour and time and other resources required by the project.
- Reports on the implementation progress will be provided by all the stakeholders.

CHAPTER SEVEN

INFORMATION, EDUCATION, COMMUNICATIONS (IEC), CAPACITY BUILDING AND ADVOCACY.

7.1 Advocacy and Communication Strategy:

To support the activities of the project, national, regional and community advocacy campaigns will be established to champion the rights of children and raise awareness on the needs of orphans and other vulnerable children.

7.1.1 Objectives

The advocacy and communication strategy of the project will be aimed at:

- Improving knowledge, attitudes and practices related to children's welfare.
- Encourage and support communities to take care of vulnerable children
- Assist in developing structures in communities for caring for their vulnerable chidren
- Promoting responsible parenthood and family values
- Sensitising the police, policy makers and the general public about the vulnerability problems face by children including street children
- Promoting food and nutrition status of vulnerable children
- Educating traditional and elected leaders on the importance of legislation supporting the social protection of orphans and other vulnerable children
- Improve legal framework for the protection of children and reducing their vulnerability

7.1.2 Audience segmentation

The targets for the communication strategy will be determined by the focus of the special campaigns. Some campaigns will be directed at the general well being of children, while others will be component specific, i.e., education; health, nutrition and psychosocial health; street children; and household and community responses.

The primary target audience for the advocacy campaign will be parents, guardians, families and communities, whose decisions and actions are the main determinants of the nature and magnitude of a child's vulnerability. Raising awareness about child rights, developing nurturing skills and parenting and community responsibility, and reviving traditional family values are some of the communication messages that will provide an enabling environment for this project.

The secondary target audience for the project will be the individuals, communities and agencies who are in a position to influence parents and families. This includes teachers, head teachers, school committees, healthcare providers, rural health motivators, community based organisations, NGOs, religious institutions, police, town/city councillors and civil society.

The tertiary target audience are the decision-makers and catalysts who can ensure the success of the project. Parliamentarians, cabinet, senior government officials, donors, chiefs and other traditional leaders will be essential for the policies and politics of the project.

7.1.3 Media

A media mix of social marketing techniques, broadcast media such as radio and television, pamphlets, and posters will be used for their potential reach and in the case of radio, for its cost.

At sub-regional and community level, the focus will be on promoting community awareness on the value of community involvement in the protection of orphans and other vulnerable children. More interpersonal methods (community meetings, sensitisation workshops) will be used.

7.1.4 Institutional delivery

A Communication Specialist to be in charge of the advocacy campaign and other media related duties will be attached to the CWU and Project Coordinating Unit; and will collaborate with contact points. This will be a consultant or a person on a short-term contract to establish the national advocacy campaign, to support the production of I.E.C. materials, and to train government media specialists and journalists. The terms of reference for the communication specialist will include:

- Baselining pre-campaign knowledge, attitudes, practices related to children's welfare
- Plan and coordinate the production of I.E.C. materials
- Plan and coordinate all media training
- Develop and pre-test messages for the various targets
- Facilitate community communication activities, such as folk media and drama
- Collaborate with other government IEC departments to consolidate facilities and equipment needed
- Assisting the PCU in preparing bulletins for the government media specialists/radio slots.

7.2 Sensitisation and Mobilisation

7.2.1 National structures

This project will be linked to several on-going programmes, e.g., UNICEF's Child Rights Programme and the NGO orphans and vulnerable children programme (OVC). Consultative and consensus building workshops to sensitise and orient national level stakeholders will be conducted at the initial stages of the project. The first workshop will be for all stakeholders: NGOs, donor community, and key ministries (Education, Health, DPM, MEPD, MOAC, MOF and the Regional Secretaries.

Thereafter, individual workshops for the following national project structures will be conducted:

- Project Steering Committee
- Project Working Committees
- Regional Committees for Action for the Child

7.2.2 Regional structures

The entry point for regional activities will be the UNICEF-facilitated Regional Committee for Community Action for Child Rights. To avoid duplication of efforts, it will be crucial that the project activities be married to the other projects that are coordinated by this committee. Orientation workshops for these committees will be held in the four regions. The outcome of these workshops will be regional action and implementation plans that incorporate the components of this project.

7.2.3 Community structures

The activities for this project will evolve from the communities' participatory planning processes. Mobilisation of the communities soon after project approval is essential. Sensitisation of chiefs and their councils, inkhundla committees and the communities would facilitate the formation of the community-based committees, which will be key in the project implementation process. These structures will be oriented to the project, its objectives, components, formation and duties of the community based committee and other processes.

7.3 Capacity building

A decentralised implementation process will characterize this project. Effective implementation will therefore depend on the technical and managerial capacity of the structures to effectively deliver the components of the project. Where capacities are less than adequate, capacity-building activities will be carried out as an integral part of the implementation process. The project implementation arrangements involve the following structures:

National level:

Project Steering Committee

Project Coordination Unit

Regional level:

Regional Coordination Committee

Sub regional:

Inkhundla Committee

Community Child Development Committee

The functions of these structures will determine the capacity building needs of the project. To come up with a detailed training plan, a training needs assessment (TNA) will be conducted at the initial stages of the project, to identify the training needs of the structures and key players in the implementation process. The outcomes of the TNA will be:

- Component-specific technical training needs and areas of focus
- List of training manuals, modules and materials to be developed for the project
- Inventory of training providers at national, regional and sub regional levels

Since a number of the project activities are to be implemented by the community themselves or with the assistance of the CBOs, most of the training will be targeted at improving their capacity to implement and own the project activities. The duties of these committees require that they be conversant and sympathetic to the plight of vulnerable children. The CDC members should have a full knowledge and be sensitised in the following issues:

- Child Rights
- Vulnerability and criteria for selecting vulnerable children/families
- Interventions to address vulnerability
- Community assessments
- Understanding nutritional assessments
- Basic nutrition
- Counselling skills
- Life skills
- Street children, causes, rehabilitation and re-integration
- Legal issues impinging on vulnerability

The capacity of the community to respond to the social protection of orphans and other vulnerable children will be improved. The committees will be tasked with identifying the vulnerable children in the community and to identify projects for income generation. The committees will be given guidelines on how to identify vulnerable children but they will have to come up with criteria that will have been decided upon by the community.

In addition, these committees will have managerial responsibilities associated with the project. This would require training in the following areas:

- Project development, implementation, monitoring and evaluation
- Report writing
- Proposal writing
- Participatory development approaches
- Group dynamics

The training will not be confined to committee members only but will extend to other members of the community to ensure sustainability of the training. Where possible, local trainers will be used.

Other stakeholders that will be earmarked for capacity building under the project include those that are involved in the components of the project:

Education:
School committees, regional and sub regional education officers, NGOs

Physical, psychosocial health and nutrition:
NGOs, teachers of agriculture and home economics, rural health motivators, health providers,

Street children:
Religious organisations, police, town and city councils, NGOs, community based committees and street children.

CHAPTER EIGHT

FINANCIAL AND ACCOUNTING PROCEDURES

8.1 Disbursement procedures

8.1.1 Special account

Special Accounts are revolving accounts funded with an advance from a loan or public funds and used exclusively to cover the Government's eligible expenses in both local and foreign currencies. The primary objective of the Special Account is to help the implementing agent overcome cash flow problems and speed disbursements in the following ways:

- making funds readily available;
- reducing the time for processing payments;
- reducing the number of withdrawal applications;
- giving the implementing agent greater control of payment information;

The legal requirements defining the use of the Special Account can be set out in the instrument creating the account.

The Special Account will be held in the Central Bank of Swaziland in Emalangeni and the relevant authorities will determine the maximum amount of authorised allocation from time to time.

Responsibility for controlling the Special Account will rest between the Ministry of Economic Planning and Development through the PCU, and the Accountant General's Department. Advances from the Special Account into other accounts are not allowed.

8.1.2. Administration of the Special Account

a) At regional level, the Committee for Community Action for Child Rights will consider applications for funding from the Child Development Committees, NGOs, CBOs and other intermediaries.

b) Applications for funding will be certified at community level through Child Development Committees, channelled through the respective Inkhundla Committee for consideration and approval and finally submitted to the Regional Committee for Community Action for Child Rights.

c) The communities (through the Child Development Committees) are required to maintain the supporting documents for the Summary of Expenditure procedure. These documents will include contracts and procurement information and evidence of payment in a central location for examination by independent auditors (see Section 8.4).

8.2. Tender Procedures

Tendering for project activities will be according to government procedures.

8.3 Payment procedures for supplies

a) Applications from communities for payment shall be submitted (with three supporting quotations) to the Regional Committee for Community Action for Child Rights by an authorised person.

b) The funds will be disbursed strictly in accordance with the Government Accounting Procedures, except where the Minister of Finance has authorised a variation thereto taking into account any special circumstances warranting such variation as recommended by the Ministry of Economic Planning and Development;

c) All payments must be in line with the Government Financial Management and Accounting Manual of 1993.

8.4. Monitoring of the special account

The Principal Secretary in the Ministry of Economic Planning and Development shall be responsible for the monitoring and reporting on the activities of the Account to the Principal Secretary in the Ministry of Finance by submitting quarterly reports on a consolidated basis.

Consolidated project accounts will be prepared by the Project Co-ordinating Unit for each region. The project accounts will identify all sources and uses of funds used to carry out project activities, including a detailed account of the use of the proceeds of the Account.

8.5. Auditing of the account

The Auditor General in accordance with Financial Management and Accounting Regulations shall audit the consolidated project accounts.

8.6 Financial Management

8.6.1 Opening of Bank accounts for communities

One of the key components of this project allows for the participation of communities through a small grants scheme. As a measure of facilitation for communities to ably execute such services, it is important that the communities be allowed to open accounts for funds received from the project management unit in commercial banks around the country, after approval of their proposals and complying with all procedures outlined in the PIM. While it is government's responsibility to ensure that any resources are properly utilised without any leakages within the system, participating communities will open accounts from which funds will be disbursed for activities related to this project.

8.6.2 Position of Finance Director/Accountant of the Project

While a decision has yet to be made on whether to use civil servants or individuals employed from the private sector to manage the project, it is generally agreed that the position of Finance Director or Accountant of the project be filled amongst other significant posts prior to Negotiation of the project. In addition to ensuring that a comprehensive Financial Management Systems Manual (FMSM) is in place by appraisal, all job descriptions of finance personnel to be engaged on the project, dependent on the desired organization structure, will be prepared and included in the FMSM. In addition to describing the system of the project, the manual should also include reporting formats, chart of accounts, the structure of internal control, terms of reference for the auditors of the project and internal auditor function to be established in the project.

8.6.3 Management Information System

After ensuring that the financial management system is in place, the project team would establish a comprehensive management information system, which would include the financial management system. Apart from computerizing the financial management system to be established, a needs assessment should be carried out on what other database will be required for smooth monitoring of implementation and impact of the project by negotiation.

8.6.4 Planning and Budgeting for the Project

It was agreed that the tentative counterpart funds contribution for the government be targeted at 20%. Since it is expected that the project would be declared effective anytime within the Swazi 2003/2004 fiscal years, it is recommended that the Government of Swaziland consider factoring into its counterpart funds contribution in its national budget for the 2003/2004 fiscal years. Based on total project costs by appraisal, it is recommended that the total counterpart funds be determined by Negotiation and ensure that proper procedures and consultations with the Ministry of Finance-Budget division are in place to ensure inclusion of such funds in the 2003/2004 national budget.

Summary of Milestones to be Achieved

Number	Activity	Date of accomplishment
1.	Decision taken to allow communities to open Bank accounts for funds received from this project for agreed and approved activities	By negotiation
2.	Engagement of Director of Finance for the project	By negotiation
3	Documentation of Financial Accounting Systems manual and reporting formats	By appraisal
4	Preparation of Finance function organogram and respective job descriptions	By appraisal
5	Amounts of funds from Co-financiers for this project determined	By appraisal
6	Terms of reference for auditors of NGOs to participate in the project done	By appraisal
7	Determination of financial records to be kept by communities	By appraisal
8	Determination of government counter part funds of the project and consultations with Ministry of Finance on the same.	By appraisal
9	Determination of data base requirements for a robust monitoring and evaluation system of the project to be computerized together with a financial management system	By negotiation
10	Preparation of training program for communities on matters of finance/preparation of TORs of NGOs to be sub contracted to carry out this function.	By appraisal

CHAPTER NINE

MANANGEMENT INFORMATION SYSTEMS

The overall aim of the Monitoring and Evaluation System is to provide timely information on three key areas, namely project relevance, performance and impact. These are crucial for directing the project towards the attainment of all the set goals, be they short term, medium term or long term. The monitoring of the continued relevance of the project is particularly important in view of the many initiatives that Government and other agencies are doing towards addressing the issue of the disadvantaged members of society, with regards to the education, health and nutrition of their children.

The project recognises that monitoring and evaluation are processes that are highly integrated and not mutually exclusive. Indeed both monitoring and evaluation are concerned with keeping track of project outcomes but at different levels of the project log-frame. It could be argued that monitoring is concerned with processes that are taking place at the more operational level (at input/output level) whilst evaluation is more concerned with those at the strategic decision level (or impacts level).

In line with the overall project design, the M & E system proposed will as much as possible, involve the relevant stakeholders, particularly the beneficiaries. This would require that:

- Relevant stakeholders be represented in all the M & E structures as well as during M & E major processes;
- M & E information be presented and transmitted in formats that are easily accessible to stakeholders, both in terms of content and mode of dissemination.

It is recognised that stakeholders interest in the monitoring information generated by the M&E may differ. The proposed M&E system would aim to strike a balance in addressing these different needs and interests.

9.1. The monitoring framework

9.1.1. Principles

The proposed monitoring framework for the project recognises that monitoring is essentially a process that primarily occurs within the structure of the project. Therefore all the structures to be involved in project implementation will also be involved in monitoring, either as producers, users of information or both. However, just like it is the case with other project activities, the ultimate responsibility for ensuring that appropriate monitoring information is available and remedial action taken rests with the Project Co-ordination Unit (PCU), headed by the Project Co-ordinator (PC). It is therefore the duty of the PC to ensure that all the other structures provide timeous monitoring information. Although it is anticipated that most of the monitoring information to be generated and collected by the different structures would be of the same nature, the level of aggregation would differ, i.e. increase with the hierarchy and vice versa. Where possible, indicators will be disaggregated, both spatially and by gender. Section 9.1.3.4 indicates that all structures of the project will produce quarterly progress reports. Having the progress reports coming from the lowest (CDC) right up to the highest level would ensure that spatial disaggregation occurs naturally. It will be the policy of the monitoring and evaluation system of the project to ensure that all information contained in the reports is also gender disaggregated.

As a general principle, all monitoring information generated and reported would be guided by the principle of attempting to reveal the following:

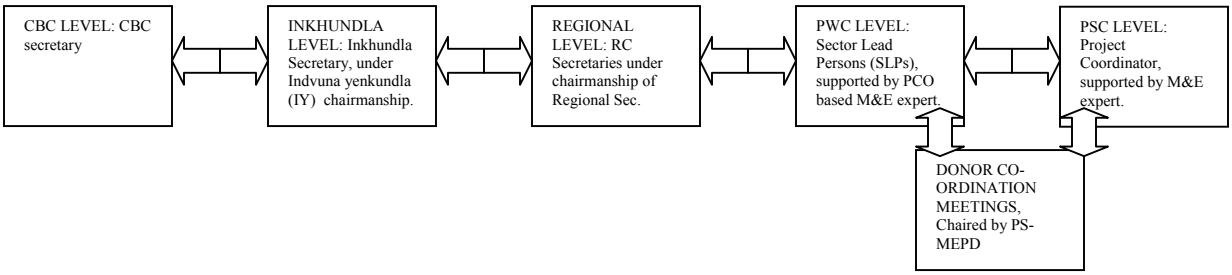
Establish target versus ***actual achievement*** & ***action required*** to hit targets.

At the beginning of the project, there would be a workshop on the monitoring and evaluation system aimed at establishing consensus on indicators and the reporting format.

It is recognised that there would also be a degree of seasonality in project activities and time at which indicators used could capture and adequately relay information. Hence there would be some seasonality as well in the content of the Progress Reports e.g. repetition rates would be known at end of year, uniforms bought mainly at beginning of year, and some agriculture activities especially if rain-fed would be seasonal. As part of the indicator validation exercise reported above, a seasonal calendar of the expected content of progress reports would be agreed among all involved stakeholders. All progress reports would then aim to cover indicators according to the agreed calendar. An indicative guide on the monitoring information required and anticipated indicators is provided in table 9.1.3.4 below.

9.1.2. Monitoring Personnel and Structures.

The project would hire an MIS/M&E specialist who would be based at the PCU. The rest of the personnel involved in monitoring would be those directly involved in project implementation. Adequate training would be provided to ensure that those with monitoring responsibilities could perform these functions satisfactorily. The flow diagram below shows the anticipated flow of monitoring information within the project structures and the people with the primary responsibilities for ensuring that information moves across the hierarchy.



Below are summary description of the monitoring functions of the various committees and people with primary responsibility for managing implementation. Full details on these committees have been provided under Chapter six.

9.1.2.1 The Child Development Committee (CDC) Level.

This is the lowest level of the project structure and it is where the provision of monitoring information starts. Information to be reported would emphasize inputs and progress on work plans. However with the rich skills composition anticipated in this structure it is anticipated that even some of the relatively complex outcome and impact indicators, such as those for health, would be reported on. Adequate training on skills such as basic arithmetics, percentages, indicators, reports writing would have to be done at this structure. The main person to be tasked with producing the monitoring reports would be the CBC secretary. The report would be in line with the standard format to be prepared and agreed by all parties at the beginning of the project, as stipulated under 9.1.1.

9.1.2.2. The Inkhundla Committee (IC) Level.

There is no major difference anticipated in the information reported at the IC and the CBC levels except that aggregation at the latter level is by inkhundla. The person tasked with producing monitoring reports would be the Inkhundla Secretary where these exist or any member of the IC elected as such. The *Indvuna Yenkhundla* would serve as chairman of this committee and ensure that reports are produced timeously. Training on basic computing skills would be

provided at this level as reports are expected to be produced and kept in both hard and electronic formats i.e. in those areas where there is electricity. Anticipated training would be on word processing and spreadsheets.

9.1.2.3. The Regional Committee (RC) Level.

Monitoring information at this level is to be produced by the secretary of the Regional Committee, under the supervision of the Regional Secretary. The computing requirements at this level are anticipated to be substantial, hence training would be very important as well as back-up support from the M&E expert who would be based at the PCU. It is anticipated that during the earlier stages of the project, the M&E expert would provide at least two days of support per region during the preparation of Progress Reports. The project would support the regions with computers and software (mainly word processing and spreadsheets) and photocopiers. The quarterly reports would be translated into siSwati and made available to all the tinkhundla under each region.

9.1.2.4. The Project Working Committee (PWC) Level.

The people responsible for reporting at this level are the Sector Lead Persons (SLPs) or Contact Points. The SLPs are actually the co-ordinators of the different components of the project. In preparing their reports, the SLPs or Contact Points will work with the M&E expert and use information mainly fed from the RC level. Reports at this level would provide a national summary of the situation with the Progress Reports from the regions annexed. The PWCs monitoring functions are mainly advisory, in terms of assessing bottlenecks in project implementation and facilitating on the way forward.

9.1.2.5. The Project Steering Committee (PSC) Level.

This committee is the ultimate decision making body and would receive the same Progress Reports tabled to the PWC. This committee however has power to endorse whatever recommendations made by the lower levels of the hierarchy. For instance, if monitoring information indicates that modifications in project activities or design are needed. The Project Coordinator, who also serves as secretariat, reports to this committee.

9.1.3. Monitoring instruments to be used.

9.1.3.1. Workplans

This project will follow Government's budgeting cycle and financial year. Therefore, every beginning of the Government budgeting cycle (around September), the Project Coordinator will co-ordinate the preparation of an annual workplan and budget for the ensuing year. This workplan and budget would basically be summaries of all those coming from the lower structures of the project implementation hierarchy. The active involvement of these lower structures is critical for the products to be practical, achievable and owned by stakeholders. The major input of the PCO in the workplan and budget preparation process would therefore mainly be to help ensure that these are in line with the Project Log-frame and targets set. The workplans and budgets would detail the inputs required and processes to be followed in converting inputs into outputs. These would form the major basis for project monitoring from the input side.

9.1.3.2. Stakeholder meetings

There would be institutionalised meetings at all the levels of project structures. However ad hoc meetings as per need would also be held. The secretariat of all the committees would ensure that proper records of meetings are kept.

At the CBC level, there would be institutionalised monthly meetings. These meetings would be aimed at reporting on progress and for problem solving as new issues and challenges emerge. At the IC level, institutionalised meetings would be held monthly, on a date not conflicting with those of the CBCs since the *Bucopho Betinkhundla* would actually constitute most of the IC

members. The scope of these meetings would be the same as those of the CBC except that focus at this level would be at the inkhundla level.

Institutionalised meetings at the RC level would be once in two months. The main focus of these meetings would be receiving and compiling regional progress reports from the submissions of the ICs as well as problem solving. The RC is the major decision-making body at the regional level, in terms of recommendations that are finally taken up to the Project Working Committee level. It is strongly advised that venues for meetings of the RCs be rotated amongst the different *tinkhundlas* so that part of the day could be spent visiting some of the sites with activities initiated through the project.

The PWC would meet quarterly, mainly to review progress on the basis of reports coming through from the RCs and Sector Lead Persons or Contact Points. The PSC would have two institutionalised meetings i.e. at the beginning of the year and mid-year. The beginning of year meeting would focus on reviewing the previous years' progress and the ensuing year's workplan and budget. The mid-year meeting would aim to review progress at half year. It is recognised that there would also be periodic donor co-ordination meetings. The timing of these would be agreed with the various donors concerned. The PCU would ensure that all donor involved receive all Progress Reports timeously.

9.1.3.3. Progress Reports and Content.

All the different structures of the project as elaborated on above would produce Quarterly Progress Reports. These would be prepared on a cumulative basis, such that at mid-year and end of year, they would become Half-yearly and Yearly Progress Reports.

Table 9.1.3.4 below summarises the key information to be monitored and captured in the Progress Reports, the structure responsible for reporting, the frequency and source of data, starting from the input level through to the impacts.

Table 9.1.3.4: summarising information flow, source and reporting frequency - starting at the output level.

Level	Input indicators	Output Indicators	Outcome/impact indicators	Reporting Structure	Source of indicator data	F R
National level	Number of households below poverty reduced from current levels of 66%	•Improved access to basic education. • Medically and nutritionally healthy children, particularly those from dis-advantaged backgrounds. •Physically, mentally stable and well adjusted children. •Improved incomes among those families caring for OVCs •Improved community based mechanisms for caring for disadvantaged members of society. •Improved income earning opportunities.	• Reduced incidence of poverty	• PCU	• Ex post Evaluation • Income and expenditure Survey. • Interim, terminal and ex post evaluations • Tracer studies.	•
COMPONENT AND OBJECTIVES						
(A). COMPONENT ONE: ACCESS TO BASIC EDUCATION						
Objective: to enable OVCs to attain primary and secondary education. **Activities:** (i) Identify OVCs (ii) Pay school fees for OVCs; (iii) Buy uniform for OVCs; (iv) Pay examination fees	• # of OVC whose school fees, exam fees and uniforms are paid from project. •# of after school guidance teams established • Existence of uniforms policy • Budget spent on OVCs education.	• Drop out rates among OVCs. • Incidence of " out of school children". • Exam performance of OVC's against the average.	• Enrolment rates at schools. • Pass/failure rates at school.	•CBCs, ICs, RCs, SLPs, PCO.	• School records •CBCs records •Examination Results	• a

for OVCs. (v). Establish after school parental guidance teams/study teams (vi). Develop a school uniform policy						
(B). COMPONENT TWO: HEALTH COMPONENT						
Objetive: (i).To enhance physical and psycho-social health development of OVCs **Activities:** (a) Introduce school feeding at all schools (b) Establish school gardens for use in schools feeding (c) Promote the fortification of common foods (d) Expand the Health Education Program (e) Mobilise communities to develop strategies for caring for ages 0-3	•# of meetings held with teachers on school feeding • Existence of recipes to be used for school feeding. • # of School cooks trained •Budget spent on school feeding. • # of meetings held with teachers on school garden projects •Volume of inputs distributed for use in school gardens • Meetings held with head teachers on Schools Health Education Program •# of health councellors deployed in schools •# of sensitisation meetings held with communities on strategies for age 0-3	• # of schools with school feeding. •Production from school gardens • # of schools with Schools Health Education Program • % of OVCs receiving supplements • # of foods fortified • Community initiatives/strategies for caring for ages 0-3yrs.	• Physically, mentally stable and well adjusted children (stunting and malnutrition rates).	• CBOs, ICS, RCs and PCOs.	• Records of ICs, RCs and PCOs	
Objective: (ii) To improve access to basic health services **Activities**: (a) Develop mechanisms for exempting OVCs from medical expenses (b) Exempt OVCs on paying medical fees.	• System for exempting OVCs from paying at health facilities developed •OVCs and health personnel sensitised on exemptions.	• % of OVCs attending health facilities.	• Improved access to medical services. • Improved timeous reporting of diseases.	•CBOs, ICs, and RCs.	• Reports of CBOs, RCs, ICs and Clinic records	

(C) COMPONET THREE: COMMUNITY RESPONSE COMPONENT		.				
Objective: (i) To empower communities to respond to the needs of OVCs. **Activities**: (a) Establish Child Development Committees (b) Conduct a training needs assessment for structures and institutions to be used for delivering assistance to OVCs (c) Provide relevant training (d). Establish links with institutions servicing small businesses (f) Prepare material or catalogue of institutions providing different services to small businesses.(g) Deliver a counselling service to small businesses.	•# of meetings held with communities on establishment of Child Development Committees •Recruitment of consultant for conducting training needs assessment for Child Development Committee. •# of sensitisation meetings held with institutions servicing small business people •# Recruitment of consultant for developing material on organisation that serve business people.	• # of well functioning Child Development Committees •Training needs assessment report •# of institutions serving small business people signing "Memoranda of Understanding" with the project. •"Who offers What" brochure developed" •# of community members trained in business skills supported by project.	• # OVC s getting support from Child Development Committees • # of successful businesses established by people who had undergone training supported by project. •# of OVCs supported by income generating activities derived from initiatives supported by project.	•CBOs, ICs, RCs & PCO	• Reports of CBOs, ICs, RCs & PCO	•
(D). COMPONENT FOUR: STREET CHILDREN						
Objective: to integrate street children back into their communities **Activities:** (a). Assess the magnitude of problem and best practice for addressing this. (b). Sensitise relevant stakeholders and policy makers on	• Consultant for undertaking assessment recruited by end of first half of year one. • Sensitisation material produced (e.g. brochures, pamphlets, TV &radio broadcasts) •Data base on street children • # of meetings held with CBCs for tracing families of street	• Presence of Assessment Report produced by consultant. • # of sensitisation workshops for policy makers, politicians, private sector held. • Volume of publicity material disseminated.	• # of times the plight of street children feature in public speeches. •Level of financial resources from Government, private sectors, donors going towards addressing the problem of street children. •# of street children successfully re-integrated into their	•CBC, IC, RC & PCO.	• Records of CBC, IC, RC & PCO.	•

the magnitude of the problem (c). Establish a data bank of street children (c) Trace the families of street children (d). Rehabilitate street children t.	families of street children. •# of planning meetings held with organisations caring for street children. • •	• # of hours of radio, TV, broadcast on the plight of street children aired. • # of street children re-united with their families. • # of street children successfully completing training in vocational skills.	integrated into their community. • # of street children initiating successful income generating projects.			

Note: SPVCO and OVC are interchangeably used to mean the Social Protection of Vulnerable Children Including Orphans, both abbreviations equally authentic.

9.2. THE EVALUATION OF THE PROJECT

The main purpose of the evaluation is to critically assess whether or not the intended objectives of the project are being met. Part of the intention is to bring-up lessons learnt, so that similar mistakes are avoided in future but - just as important - so that opportunities are seized more aggressively. The evaluation could lead to project reformulation, or even total abandonment. In terms of the SPVCO project, it is recognized that experience in the nature of the interventions being made is rather limited in the country. Therefore a rather more cautious approach is adopted in terms of the proposed magnitude and frequency of the evaluation. As a result two evaluations are proposed during the first phase (five years) of the project, an interim and a terminal evaluation. Additional to this an ex post evaluation would be done 10 years after phase one, the aim being to allow the full impact of the project to take effect.

9.2.1. Interim evaluation.

This would be conducted at the end of the first 2.5 years of project implementation, in line with the Terms of Reference provided under Annex one. A report should be available before the end of the last quarter of the third year, so that its findings are available for use during plan preparation for the fourth year.

9.2.2. Terminal evaluation.

This would be conducted at the end of the fifth year of the project, also in line with the Terms of Reference provided under Annex one. A report should be available before the end of the last quarter of the fifth year.

9.2.3. Ex-post evaluation.

As already mentioned this evaluation would not take place within the lifetime of phase one of the project. The aim of this exercise is to establish to extent to which the long term goals of “reducing poverty” and ‘providing equal opportunities to children irrespective of background” have been realised. The indicators for establishing these phenomenon take time to send signals e.g. children need to finish school, finish college, get jobs or start their own businesses etc.

All these evaluations are to be conducted by independent consultants, preferably a combination of external and local consultants that have not been directly involved in the project. Emphasis would be placed on participatory methodologies so that the views of beneficiaries are adequately accommodated and reflected.

ANNEX 1

SAMPLE STRUCTURE OF TERMS OF REFERENCE FOR EVALUATION.

Background.

The Government of the Kingdom of Swaziland is implementing a preventative and rehabilitative project for orphans and other vulnerable children. This is a five-year multi-sectoral project involving several stakeholders, from Government, NGOs and the private sector. The biggest component of the project is education. However, equally important are nutrition, street children, legal protection of children, and community participation components. It is estimated that the first five years of the project would cover mainly orphans, who at current rates of growth are estimated to have reached an alarming 36% of all children by year 2005. The project is seeking the input of an 8 weeks consultancy to undertake an evaluation.

Purpose of evaluation.

The evaluation is intended to primarily unearth whether or not project goals are being met and to what magnitude. A very clear assessment of how the project has impacted on the well being of the target group (orphans and other vulnerable children), with regards to their education, health and nutrition is expected. The level of community preparedness and empowerment in dealing with the problem of increasing vulnerability and orphan hood at the community level would also be evaluated. Specific questions the evaluation is expected to answer are as follows:

- The extent to which problems experienced by orphans and vulnerable children are being addressed by the project.
- The extent to which the project is hitting targets.
- Whether or not project objectives are clear enough and proposed solutions appropriate and adequate for the problem at hand.
- Whether there is internal logic in project design.
- The extent to which work plans was followed during project implementation and the efficiency of resource use.

Lessons learnt.

The project is addressing issues in which experience is generally lacking in the country. It is therefore very crucial that the evaluation clearly identifies and explains fully all lessons learnt so that appropriate adjustments can be made on the project or other similar projects.

Deliverables

The consultant would produce a draft report to be ready within six weeks of the assumption of duty. Findings would be presented at a workshop primarily involving the Project Working Committee. A final draft is to be submitted within the eight week of the consultancy.

Composition of mission

The proposed combination is for an educationist, nutritionist, socio-economist, and legal expert. Experience in working with communities, participatory research skills and ability to work in a multidisciplinary team would also be a requirement.

Time table and itinerary of the evaluation

The assignment would last a total of 8 weeks.

ANNEX II

FUNDS FLOW AND SUGGESTED FINANCIAL SYSTEMS FRAMEWORK

Education Component

This component seeks to improve the numbers of orphans and vulnerable children enrolment at school through direct school subsidy.

The suggested funds flow framework during the mission was as follows:

- Community Development Committee (CDC)/Orphans and Vulnerable Children Committee (OVCC) will be formed at the Chiefdom/Council (rural/urban community) level.
- The names of recommended children, in order of priority, to benefit from the scheme will be made by each sigodzi in rural areas and wards in urban area and submitted to the CDC/OVCC.
- CDC/OVCC will select the children and forward the list to the Regional Education Officer for verification, and send a copy to the tigodzi/ward, and the Project Coordination Unit (PCU) for information.
- The Ministry of Education, through its Regional Education Officer, will verify that the schools on the form are eligible schools, and that the proposed list is within the budget provided to the Chiefdom.
- The PCU shall pay the amount of fees directly to the school account. It shall notify the CDCs/OVCCs of such payment six days after making the payments.
- The Project management unit shall keep supporting documentation for all payments made and the supporting approval vouchers for purposes of audit.

Street Children

It is believed that the bulk of the activities of this component will be executed through sub contracting non-governmental organizations (NGOs) that work in and around Swaziland with street children. For an NGO to be sub-contracted, it will have to meet the following eligibility criteria:

- It should be in existence for the last two years
- It must produce its two years latest audited accounts.
- Should have a clear organogram and mission objectives that relates to street kids.
- It must be operating in more than one region of Swaziland.
- It must have a clear framework for activities to be financed by articulating clearly its mission objectives.

An NGO should prepare a well articulated proposal which details activities to be carried out, areas to be covered, and indicative costs which should form an annual work program. The proposal will be submitted to a consortium of NGOs (to be formed) whose responsibility would be to vet proposals submitted by various NGOs. Proposals approved by the consortia of NGOs will be submitted to the Child Welfare Unit (CWU), in the process of being established, of the Ministry of Health and Social Welfare. The Social Welfare Unit will perform a verification function, ensuring that the applications meet all of the requirements. The verified list will be sent to the PCU for payment, which will be made to the NGO, after it opens a separate bank account to receive funds for this purpose. The PCU will code the NGO as a cost centre in their financial management system, and disburse 40% of the amount requested for the project. After 80% of the initial tranche has been spent, the PCU will disburse 30% of the approved amount, less the balance in the NGO's bank account. After spending 90% of the funds on hand, the remaining 30% of the approved amount will be disbursed to the NGO.

Quarterly reports on expenditures will be sent to the Child Welfare Unit (CWU) of MOHSW, with copies to the PCU and the consortia of NGOs. The reports will form the basis of quarterly meetings to be held. The NGO activities will be monitored by the CWU regional and central level, in conjunction with the consortia of NGOs. Annual audits of the NGOs will be undertaken either by the governments Auditor General or any other auditor from the private sector on terms of reference acceptable to the Bank. The reports will be submitted to the project management unit no later than six months after Government's fiscal year end. Failure to submit such reports will lead to suspension of disbursements to the NGO. In addition to paying for activities of the NGO, the PCU will also reimburse up to an agreed % of the value of overheads of an NGO directly incurred in the course of implementing activities of the project. Before receipt of the first tranche of project funds, each NGO will submit a list of signatories to the account opened for depositing the funds to the CWU and PCU for clearance.

Community Response

The grant window of this component will be demand drive, and implemented by communities. Applications for up to three activities, prioritised by the sigodzi, will be submitted to the CDC/OVCC at Chiefdom/Council level for funding. Individual persons will also be allowed to collect forms and apply to benefit from the scheme on behalf of vulnerable children and orphans. The CDC/OVCC will be responsible for approving the submissions, based on eligibility criteria, including confirming the 20% contribution that will be required by the community, and the budget limits. The list of approved activities will be submitted to the Regional OVCC for verification to ensure that the activities fall within the criteria of the component, that the forms have been properly filled in, and that the funding requested is within the pre-set limits. The verified list will be submitted to the PCU for payment. Communities whose sub-project has been approved will select a committee to manage the activity, and the committee will enter into a financing agreement with the DCD/OVCC at Chiefdom/Council level, and open a bank account, with a maximum of three signatories, with one at the Chiefdom/Council level. Payments to the communities shall be made in tranches of 40%, 30%, and 30%. Community committees will be trained in simple bookkeeping, project management, and procurement.

Before any replenishment is made, the community will have to send all related documentation to the PCU, through the CDC/OVCC for vetting before another tranche is released. Communities will be allowed to replenish when they have spent 90% of their cash resources in the Bank account. Before payment is made for any activity on any approved sub project, a community committee will have to approve payment prior to seeking approval at Chiefdom/Council level where such payments will be made. The community at such a level shall keep simple books of payments and resources and shall be trained by the project accounting management staff or some sub contracted NGOs. Communities shall be required to seek three quotations for any purchase and, depending on the services required, in some cases a supplier may be paid directly from the PCU. The PCU will reconcile community Bank accounts every month based on documents and a listing of payments made during the month plus paid cheques submitted to it for replenishment. Sector ministries at regional level shall help in supervising these community level activities, as appropriate, and they may be assisted by NGOs and the PCU. Every six months, communities will be required to send a full and comprehensive report on finances and usage of such funds for the designated project. An internal audit function shall also check and help train communities on all matters of finance they are supposed to know. Where NGOs have been sub contracted, based on eligibility criteria to be established, payments shall be made directly into an account they have set up specifically for this purpose.