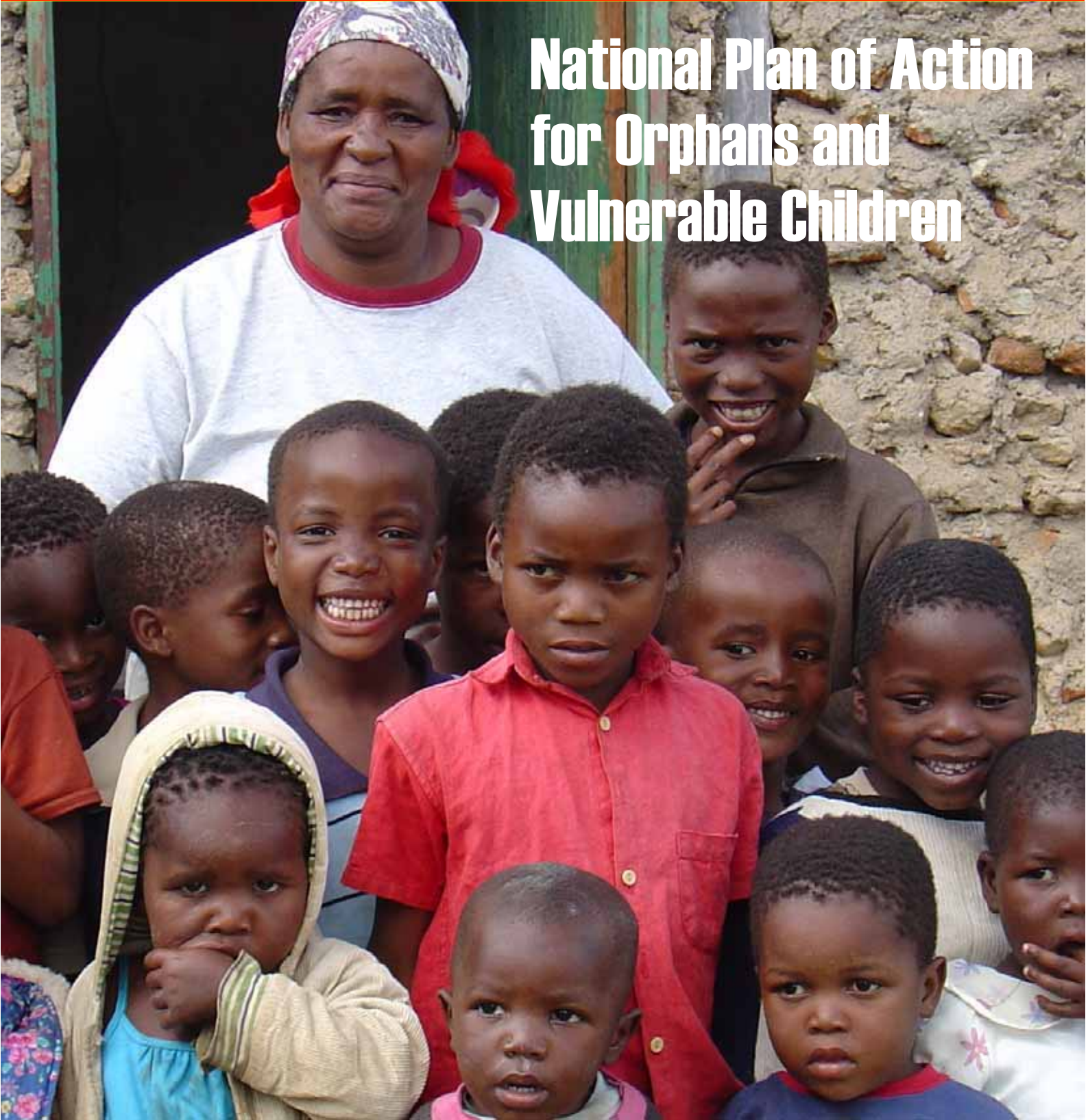




The Kingdom of Swaziland

# National Plan of Action for Orphans and Vulnerable Children



2006 - 2010







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# ACRONYMS

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





## PREFACE

There is no doubt that HIV and AIDS have brought suffering to many children in Swaziland. Because of AIDS, some are missing their parents, others are missing older brothers and sisters. They are missing school. They are missing love from someone who cares about them. They are missing their chances to play, and to be a child.

The need to combine efforts to mitigate the impact of HIV and AIDS on children cannot be overemphasized. It is time for all sectors of society, including family, community, NGOs and community and faith-based organizations, Government, the international community to join together and with children themselves in work to mitigate the daily hardships faced by orphans and other vulnerable children.

This National Plan of Action (NPA) for Orphans and Vulnerable Children is linked to the National Multisectoral HIV and AIDS Strategic Plan 2006 -2008 and the National HIV and AIDS Policy. It arises out of a recognised need for practical steps and widespread cooperation to ensure the rights of all children are fully met in Swaziland. This Plan, therefore, outlines clear actions to be taken, necessary to promote the survival, growth, well being, development and protection of OVC.

The thrust of the Plan is to develop and implement an integrated safety net system that will deliver multi-faceted care and support packages at household level. It puts forward a concrete work schedule, specifying stakeholder responsibilities and providing a clear framework for the continuation, improvement and scaling up of OVC interventions already on-going in the country. The quality of and effectiveness of the responses will be guided by periodic monitoring and evaluation exercises.

In the course of conversations with communities and children themselves, some often used alternative words from the internationally used terminology of "orphans and vulnerable children." In Swazi tradition, there were no orphans, as every child who had lost parents found a place as a child of the extended family. The challenges of migration and urbanization combined with HIV and AIDS have now placed extreme pressure on the traditional extended family, requiring communities and Government to step in to protect and promote the rights of affected children. They are not "orphans" as such, but "*bantfwana bendlunkhulu*" ("children of the community"). They belong to all of us.





## FOREWORD

# Prime Minister, Hon. A.T. Dlamini



The plight of our future citizens is one of the challenges that is faced by His Majesty's Government. We are happy now to put in place a National Plan of Action for Orphans and Vulnerable Children for 2006-2010.

The plan will provide a supportive environment for "*bantwana bendlunkhulu*", including the large numbers of OVC affected and infected by HIV and AIDS in the kingdom of Swaziland. It will provide counseling and psycho-social support, and ensure enrolment in school, access to shelter, good nutrition, health and social services

on equal basis with other children, as well as protection from abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

The road to this framework has been long and painstaking. We thank all the stakeholders who have made this journey a success. As a nation, we are at crossroads about the pandemic and the high number of orphans and vulnerable children. We are engulfed by a human catastrophe of the 21st Century that has shown that it has no mercy to our society. In our culture we refer to children as our future and they are the greatest asset to the development of our nation. Protecting them, in the face of the AIDS pandemic, is a challenge faced by the entire world, and particularly Sub-Saharan Africa.

Swaziland like many other Sub-Saharan countries is now in a mature HIV and AIDS epidemic whose full impact is being experienced by every sector of our society. Our health facilities are overwhelmed by the huge numbers of patients requiring various forms of interventions from voluntary counselling and testing to provision of anti-retroviral drugs (ARVs).

His Majesty's government is determined to combat the HIV and AIDS scourge, and it is rating very high in government's priorities because the epidemic has a negative impact on everything that we try to do to improve the human condition. The pandemic continues to pound upon the Kingdom's economic development efforts, by affecting the most productive segment of the labour force. We are losing more qualified and experienced personnel much faster than we can train new ones.

His Majesty's Government is greatly worried because due to the HIV and AIDS epidemic, we have lost some major public health achievements which we had attained since independence in the health sector. Therefore, the end results of the high death rate due to the pandemic has given a big challenge to government and the nation, we are now faced with a high number of orphans and vulnerable children (OVC).

The HIV and AIDS pandemic is thus a human tragedy of unimaginable proportions. Dealing with this disaster has taught us that it is a medical crisis, an economic crisis, a social crisis and a political crisis. Therefore winning this battle requires everybody's effort to come together and face this challenge. The burden cannot be left with government alone, we must face this challenge as a nation, and we shall.

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Mr Absalom Themba Dlamini  
His Excellency, The Prime Minister of Swaziland

## ACKNOWLEDGEMENTS

This National Plan of Action for Orphans and Vulnerable Children in Swaziland is an important milestone to better the lives of the many Orphans and other Vulnerable Children in our society, today and tomorrow.

The plan has been produced through the efforts and inputs of many stakeholders and thanks are due to all of them. Sincere gratitude goes to the representatives from Government line ministries, members of the Child Protection Network, local authorities, NERCHA, UN agencies, International and local NGOs, FBOs and CBOs and individuals for their input, comments and contributions to this Plan and for attending the many time-consuming OVC stakeholders' meetings.

Special thanks go to members of the Steering Committee and the UN agencies (UNICEF, UNAIDS, WFP, UNDP, FAO) who worked intensely and constructively on the Rapid Assessment, Analysis and Action Planning Process in 2004. That report laid the foundations for development of this National Plan of Action. Special thanks go to Jane Begala of Futures Group (USA) for working with the stakeholders to cost the plan, and Walter Obiero of Family Health International (USA) for his guidance in the development of the comprehensive monitoring and evaluation framework.

Furthermore, special acknowledgments go to the Ministry of Health and Social Welfare for leadership, commitment and technical guidance, and to UNICEF, for the technical and financial support provided for the development of this National Plan of Action for Orphans and Vulnerable Children in Swaziland, 2006-2010.

With the official adoption of this document by Government, high-level political commitment is assured for its implementation. The challenge ahead is now action to turn formal commitments into concrete service delivery that reaches even the most hard-to-reach children. Children are the nation's future, and to preserve the nation all stakeholders will be called upon to play their roles in the five years of implementation that lie ahead.





## 1.0 EXECUTIVE SUMMARY

Swaziland, like other Sub-Saharan Countries, continues to be deeply affected by the HIV and AIDS pandemic, which poses a threat to the country's economic and social development. In 2004, Sentinel Surveillance results from 17 Antenatal clinics identified an HIV and AIDS prevalence of 42.6 percent. An estimated 17,700 people died of AIDS-related deaths in 2003. The pandemic combined with widespread poverty, a weakening economy and regional drought, has left nearly one-third of children living in conditions typical of disaster situations. This especially affects orphans and vulnerable children left destitute and often forced to fend for themselves. With legislation and policies to protect children's property and rights still incomplete, too many cases continue to occur of children being disinherited and impoverished after the loss of parents.

A 2004 "rapid assessment" determined the magnitude and nature of the OVC challenge through analysing and summarising existing data. The analysis engaged key stakeholders who: examined available data; assessed critical gaps and constraints on leveraging OVC programmes; identified key actions and resources required to address these gaps; and mobilised leaders, partners and resources around a series of actions and follow-up that resulted in this National Plan of Action for OVC.

This NPA represents practical steps to ensure that the rights of OVC are met in the country. Addressing the OVC crisis requires a strong and coordinated response from all sectors of society. With the increasing number of AIDS-related deaths, numbers of orphans and vulnerable children are steadily increasing. The current situation of orphans is so serious that if all OVC stakeholders do not act now in a concerted manner, this situation will have a negative impact on the future of the country.

It is estimated that there are over 130,000 orphans and vulnerable children, and these include over 70,000 orphans plus an additional 60,000 children with parents who are still alive, but so ill, destitute, or unfit as parents that the children require interventions by the community and Government for their support and protection. Present projections foresee 198,000 orphans and vulnerable children by 2010, or nearly 20 percent of the total population of just over one million.

The OVC strategic plan uses a rights-based approach, as evidenced by the priority program areas: Right to food; Right to protection (including vital registration and psychosocial support); Right to education (including non-formal education); Right to access basic services (including health and socioeconomic services); and Right to participation. A final area of the plan covers cross-cutting issues (monitoring and evaluation, coordination).

According to the costing exercise, the total budget for the plan is *Emalangen* 1.485 billion (US\$ 228 million), starting with E236 million (US\$36.1 million) in 2006, and scaling up to E373 million (US\$57 million) by 2010. These estimates for reaching OVC are additional to normal Government budgeting to maintain its ongoing social programmes.

The rounded budget totals, inclusive of administrative and M&E costs, for each of the five years (2006-2010) are as follows. Note that these are exclusive of inflation or costs of human resource attrition due to AIDS.

- Year 1: E236,460,000 (US\$36.1m)
- Year 2: E262,557,000 (US\$40.1m)
- Year 3: E302,499,000 (US\$46.2m)
- Year 4: E334,790,000 (US\$51.1m)
- Year 5: E376,278,000 (US\$57.5m)

The largest line items in 2006 are for Education (36%), Food (29%) and Access to Basic Services (16%). The budget would enable nearly universal coverage of OVC most in need by 2010 with select services. It is estimated that the unit cost (per OVC) of this package of services is E1,467 (US\$ 224) per OVC per year in 2006, to increase to E1,985 (US\$ 303) by 2010. This amounts to around 25 percent of the country's level of per capita GNI.

Finding this level of funding will be a challenge in the current macro-economic environment. A strong national commitment to prioritizing expenditures and eliminating waste, supplemented by international support, should make it feasible.

...BY  
**PRE-DESTINATION**

**ALL WE ASK FOR  
IS LOVE AND  
EMPATHY  
NOT SYMPATHY**



ST. JOSEPH



A LIGHT TO  
OF CHILD

EXPLOITATION

IS NOT BY  
CHOICE



HIV FREE  
GENERATION

HIV FREE  
GENERATION

HIV FREE  
GENERATION

HIV FREE  
GENERATION



AKHALI  
School



## 2.0 THE SITUATION OF ORPHANS AND VULNERABLE CHILDREN

Swaziland has a per capita GNI of USD 1,153, placing it in the lower-middle income category of countries, but as elsewhere in southern Africa, there are great disparities in distribution of wealth. As a result, 69 percent of the population is living below the poverty line of *Emalangezi* 125 (USD 20) per month.

The challenges of poverty have been greatly compounded by HIV and AIDS. HIV prevalence among pregnant women rose from less than four percent in 1992, to 32.6 percent in 1998 and 42.6 percent by 2004. Thus Swaziland and especially Swazi children are now feeling the full impact of what may be the world's worst HIV epidemic.

Forty-eight percent of Swaziland's 1.1 million population are under the age of 18 years. Swaziland's under-five mortality rate in the early to middle 1990s was around 87 per thousand live births (as measured by MICS survey in 2000), while current estimates have risen to above 150 per thousand live births. More than 40 percent of this mortality is attributable to AIDS.

The impact of HIV and AIDS on the health sector is particularly marked, and the additional problem of migration of health professionals to South Africa and the developed world is reducing access to quality services, and orphaned and vulnerable children are in particular cut off from regular access to basic health and social services. OVC who are traumatised from abuse, and from caring for and ultimately burying ill and dying relatives, also have limited access to counselling and psychosocial support.

Until 2004, the high primary school enrolments achieved in the 1990s were declining rapidly as the increasing numbers of OVC dropped out of school. Donor-initiated piloting of "education for all community grants" followed by a national programme of support to pay OVC fees has reversed the decline. Constraints such as inadequate clothing and unaddressed trauma still keep many children out of school, however.

In the NPA, an orphan is defined as a child (less than 18 years) who has lost one or both parents. A vulnerable child is a child under the age of 18 years who satisfies one or more of the following criteria:

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

*"One of the most challenging effects of the pandemic is the huge, and ever-increasing numbers of orphans. I urge all chiefs and other community leaders to make the protection and cherishing of these orphans a very real and urgent responsibility in the months and years ahead."*

**His Majesty King Mswati III**  
Speech from the Throne Feb. 2005





## 3.0 The National Plan of Action for OVC

### 3.1 The Process

The process leading to the National Plan of Action for Orphans and Vulnerable Children has been intense and very comprehensive, was built on, and in respect of, the existing OVC interventions in the field and of all OVC responses undertaken so far, some of which are worth mentioning, such as:

1995	Swaziland ratified the UN Convention on the Rights of the Child;
2001	Swaziland made commitments in New York during the 2001 UNGASS on HIV and AIDS
2001-5	Elements for a community Orphan Care Programme were established by Government of Swaziland and UNICEF and other partners
2002	Formation of the OVC Network, in 2004 it was then renamed Child Protection Network;
2002	Preparation of a Social Protection of Vulnerable Children including Orphans Implementation Manual spear headed by Ministry of Economic Planning and Development
2002	Participants from Swaziland participated in the ESARO Regional Meeting on orphans and Vulnerable Children in Windhoek, Namibia
2003	Participants from Swaziland attended an OVC skills building workshop in Lesotho;
2003	NERCHA Included impact mitigation component in the Global Funds on HIV and AIDS, TB and malaria
2003	Swaziland prepared its National Policy on Orphans and Vulnerable Children including Orphans
2004	Swaziland Government put in place a National OVC Task Force to work on the recommendations for a national Coordination Mechanism.
2004	Rapid Assessment, Analysis and Action Planning Process (RAAAP) was conducted
2005	Development of the National Plan of Action for Orphans and Vulnerable Children 2006-2010.

During the development of the RAAAP in 2004, a Country Steering Group was put in place composed of members of the key line Ministries, UN Agencies and NERCHA, including locally the same representatives as those on the RAAAP Global Steering Group (UNAIDS, USAID, UNICEF and WFP). The RAAAP Assessment Tools were completed and validated by the steering committee and by the OVC Network which has widespread membership among groups working on children's issues. The RAAAP was presented by the Minister of Education in a roundtable meeting of 17 countries in Cape Town in September, 2004 and a Parliamentary group presented it to an AWEPA workshop in Cape Town in May, 2005.

The cumulative validation of the tools and assessments culminated in an action plan that was reviewed at a National OVC Consultation Workshop involving most key OVC stakeholders. A National Consultation Workshop with children complemented the adult workshop, providing children a chance to provide important inputs into the plan. Further consultations involving a wider representation and including a dialogue with children developed the National Plan of Action for OVC in Swaziland.

*"I am aware that there are community support groups that have been set up in the country in order to address the issue of orphans and vulnerable children (ovc's). This is one the greatest challenges to government because the number of these children is growing daily."*

His Excellency Prime Minister Mr AT Dlamini - Save the Children Conference, 2005

The NPA for OVC marks intensified efforts to respond to PRSP, NDS and articles 65, 66 and 67 of the UNGASS goals for OVC as well as the Millennium Development Goals 2015. The action plan highlights potential interventions and proposes strategies and partnerships to move forward.

Five **key thematic areas were developed**, including resources required and outcomes to be achieved to measure success. The overall goals of the OVC National Plan of Action can be summarised as follows:

- (1) Children are ensured access to shelter and protection from abuse, violence, exploitation, discrimination, trafficking and loss of inheritance
- (2) Vulnerable individuals and households are able to produce or acquire sufficient appropriate food to meet short and long term nutritional needs
- (3) Improved access to basic health care services for the most vulnerable children
- (4) Universal primary education achieved, and support provided to OVC in secondary schools

To achieve the overall goals, a number of interventions are currently being implemented or are in the process of being started. For the purpose of guiding the NPA the interventions are grouped into the following rights-based programme areas:

- **Right to Food**
- **Right to Protection**
- **Right to Education**
- **Right to Basic Services**
- **Right to Participation**

### 3.2 The Right to Food

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

To facilitate this, the NPA recommends linkages to be strengthened between the 'National Emergency Response Council on HIV and AIDS' (NERCHA) and the other stakeholders who have been active since 2001 in developing and expanding the OVC response. NERCHA has received funds from the Global Fund to strengthen the '*indlunkhulu*' system (implemented through the Ministry of Agriculture and Cooperatives), and is setting up 'kagogo' or social centres at chiefdom level which are to have offices and storage, and serve as a community base for organizing activities and monitoring the situation of OVC. A key priority identified by the stakeholders is the need to build longer term household food security through provision of agricultural tools, equipment, appropriate technologies and skills. The work of the OVC Network (now renamed Child Protection Network) under the Government-UNICEF Cooperation needs to be linked up with these NERCHA structures, and by so doing facilitate clarification of issues of eligibility for assistance, of responsibility and

*Children have a right to be protected from all forms of abuse, neglect, exploitation and violence. Societies must eliminate all forms of violence against children. Accordingly, we resolve to: protect children from all forms of abuse, neglect and violence; protect children from the impact of armed conflict; protect children from all forms of sexual exploitation, including pedophilia, trafficking and abduction; take immediate and effective measures to eliminate the worst forms of child labour as defined by ILO (International Labour Organization) convention 182; improve the plight of millions of children who live under especially difficult circumstances.*

**A World Fit for Children,  
10 May 2002**



accountability among caregivers and volunteers, and of sustainability to meet the challenges of an OVC crisis which has yet to reach its peak.

The children also emphasized the need to strengthen the capacity of both the Rural Health Motivators and Lutsango Mothers, and the Chiefs' Runners to monitor the situation of OVC in homesteads, and enable them to access relevant support at community and higher levels.

The NPA recommends that a network of community services be strengthened to include the Ministry of Agriculture and Cooperatives (MOAC) extension officers to promote awareness about nutrition and water issues. **The stakeholders estimated an additional E392 million (USD59.8 million) to be required to address OVC right to food issues.**

### 3.3 The Right to Protection

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

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

An initiative has trained a cadre of community child protectors known as *lihlombe lekukhalela* (shoulder to cry on) who are focusing on protecting children from physical and sexual abuse. The child protectors also provide psychosocial support to traumatised OVC, who have had to care for relatives critically ill with AIDS. In the NPA, a recommendation was made to strengthen the inter-linkages of this group with the volunteers in the Neighbourhood Care Points and the *Lutsango* mothers.

The National Plan seeks to strengthen successfully piloted initiatives, by expanding the number of *lihlombe lekukhalela* child protectors and the responsibilities of NCP caregivers. The initiative plans to establish community level child protectors and NCPs in all *tigodzi* by 2010, with efforts already underway to link this to the police and community police. The challenge remains to enable the removal of children from dangerous situations to places of safety.

The Girls' Education initiative has taken on the challenges to achieve gender equality in schools through the promotion of a gender-sensitive learning environment. It will now increase focus on additional child rights issues, especially protection from abuse.

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

*"Children are our future. If we give them the necessary support and guidance, We are assured of a brighter future as a nation."*

Minister for Education,  
Sen. Constance Simelane  
November 2005, Launching  
of EU Education Fund

levels including the birth and death registration system.

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

The action plan calls for improving capacities of community level duty bearers, including the Chief's Runner and the Rural Health Motivators, who are perceived by the children as key intermediaries to the community leaders. Strengthening of traditional community mechanisms of psychosocial support and support for strategic discussions among multisectoral community leaders on provision of psychosocial services were seen to be critical. The children also highlighted that the national toll free line to report abuse and/or seek help is not available in remote communities, as the only phones are privately subscribed by persons who expect payment for all calls. The children recommended that toll-free lines should be set up particularly in remote areas. **Additional initiatives required to address unmet child protection rights will cost E149.668.000 (USD22.85m)**

### 3.4 The Right to Education

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

The action plan seeks to expand "Community EFA" types of initiatives, which emphasize shared obligations of Government, donor and the communities to ensure children's rights to education, and to strengthen roles of schools as centres of care and support for OVC, while at the same time lobbying for universal public primary education. It takes into account that in the short term a number of OVC will benefit from neither, and urges the strengthening of non-formal education opportunities so that all OVC at least have some access to basic education.

Government since 2003 has been providing OVC grants to schools. Stakeholders expressed concerns that the most vulnerable children would not be able to access the latter funds due to institutional and infrastructure shortcomings. To maintain quality, they recommended the expansion of infrastructure, the recruitment of teachers and training for all teachers in psycho-social care for vulnerable children as well as improved school-based child monitoring systems. They recommended expanded use of secondary school leavers from the communities to serve as temporary classroom assistants where enrolment increases or OVC emotional support needs overstretch the capacity of existing teachers, and where necessary to run shifts.



The only non-formal education (NFE) provider in Swaziland is through Sebenta National Institute which provides literacy services to adults and now increasingly to orphaned and vulnerable children in approximately 142 locations. There is a plan to expand NFE services by strengthening the capacity of NCP caregivers to provide basic non-formal education, appropriate early childhood development and to empower OVCs with basic life skills. **The Right to Education budget envisaged is E471,600,000 (US\$72m).**

### 3.4 The Right to Access Basic services

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

#### 3.5.1 Health Services

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

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

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

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

Neighbourhood Care Points (NCPs) are playing an important role in community service delivery for OVC. As of December, 2005, at least 33,000 vulnerable children are benefiting through 435 community-run NCPs, with the support of over 1,300 community-based volunteer caregivers. These are receiving support from a range of international and NGO partners, as well as private sector and civil-society organizations. Communities are calling for NCPs in every neighbourhood as part of a nationwide strategy for grassroots-based, community managed service delivery to OVC.

Volunteer caregivers are involved in creating an environment of care, which includes access to food, shelter, non-formal education, and psychosocial support. Vegetable gardens have also been set up at some NCPs, and should be expanded to enhance children's access to nutritious food, and to develop basic life skills (such as gardening), while contributing to sustainability of the community initiatives.

The stakeholders recommended that the NCP initiative should have linkages with the

*"I don't go to school now. I went to school up to grade three. Then there was no money. I went in and out of school. So even now I'm in standard one. I had to drop out again. It was the same reason: no money."*

Bongani, aged 11, quoted in "About Us", a book of real-life stories from orphaned and vulnerable children in Swaziland (UNICEF 2005)

health system. It was also recommended that NCP volunteers and guardians of the OVCs, especially for those under five years, should be trained to provide adequate “home practices” in their roles as caregivers. RHM responsibilities should be expanded where possible to include provision of some basic health services (such as growth monitoring), so that minor ailments can be dealt with and preventative actions taken. Responsibilities relating to the special health needs of HIV positive children also require emphasis.

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

Many schools and most NCPs lack adequate access to safe water and sanitation, and this in turn affects school meals programmes as well as access to basic hygiene and health. Seed funding is included in the NPA to begin to address water and sanitation, pending development of a broader national programme to ensure access to safe water and sanitation for the more than 50 percent of the Swazi population who do not have it.

### 3.5.2 Socioeconomic Empowerment

Stakeholders emphasised that a comprehensive national intervention is required to improve the standard of living of households through ensuring household food security, access to credit and training in micro-enterprise and/or small business management. The urgency is to strengthen capacity of communities and families through short term emergency support and long-term sustainable initiatives to improve livelihoods. Service provision plays a key role in these strategies. **The budget for Basic Services, health, water and sanitation and socio-economic empowerment and is E255,450,000 (USD39m).**

### 3.6 The Right to Participation

Swaziland has a youthful population with 57 percent of the population below age 20. These large numbers of children and youth (including OVC) remain silent and invisible, isolated in communities without meaningful platforms to express their views and make their needs known.

Children are bearing the brunt of the HIV pandemic. They are isolated and parentless, sometimes disinherited. Many are left to fend for themselves, often in child-headed households with minimal access to food, basic health, education and psycho-social support.

The Convention on the Rights of the Child (ratified by Swaziland in 1995) confirms that children have a right to express their views and to have their views taken seriously and given due weight. In reality, children are too often given the message that they are “to be seen and not heard”.

The NPA emphasises children's participation as a key issue. The National Consultation Workshop with Children provided valuable contributions from orphaned and vulnerable children who are themselves experiencing the problems of limited access to health, education, psycho-social support and basic needs, such as food and clothing. The children, given the opportunity to express themselves, gained confidence to articulate their needs, providing perspectives not gained from the adults, and they made proposals for an action plan to address their issues.



Of particular importance is the need to strengthen mechanisms for children and young people to articulate their needs, and to provide feedback on access to services and availability of protection from abuse and exploitation. Their views should also inform policy and legislative processes.

The proposed establishment of Children's Assemblies is strategic to strengthening input by children from lowest to highest levels of governance structures, especially in the context of the national policy on decentralisation. Strengthened capacity of in-and out-of-school young people through participation in life skills programmes will enable them to know their rights and to find immediate support. There is also a need to sensitise community and government structures on their obligations to engage in productive dialogue with children and young people, and improve their skills for doing so. **The Right to Participation is budgeted at E70,740,000 (USD 10.8m) for the five years.**

### 3.7 Cross-Cutting Issues: Monitoring, Evaluation and Coordination

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

VAC surveys have collected some information on OVC issues. A national Demographic and Health Survey planned for 2006 will help to address some of the problems of outdated data, and provide important baseline information going forward. An OVC task force has been established under the Prime Minister's Office to develop plans for an analysis of the situation of children and women, which is expected to be started before end 2005.

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

Stakeholders noted that there were ad-hoc structures to coordinate children's issues. However, at the national level, weak coordination has led to duplication of efforts by different agencies supporting the OVC response. This has translated into confusion and sometimes negative influences at the lower levels, particularly in the communities. A key response is to resuscitate and strengthen the National Coordinating Committee for Children to facilitate integration of planning, implementation and monitoring on children's issues at all levels. This will help to ensure a steady, coordinated flow of relevant data to NERCHA regarding key indicators of the Swaziland HIV and AIDS Programme Monitoring System (SHAPMOS).

The draft policy on children raises these issues clearly, and stakeholders emphasized need to broaden and strengthen advocacy for its adoption. **Budgets for these cross-cutting issues total E152,615,000 (US\$23.3 m) for the five years of the plan.**

*"When I'm a man, I want to work. I would like to be a soldier. I want to protect the nation. But I am worried. The army won't take you if you don't finish school. I don't know how am I going to be a soldier".*

**Sihle, aged 13 quoted in "About US", a book of real-life stories from orphaned and vulnerable children in Swaziland. (UNICEF 2005)**

### 3.8 CAPACITY REQUIRED TO ENSURE IMPLEMENTATION OF NATIONAL PLAN OF ACTION

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

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

The budget breakdown in each programmatic area, the activities and implementing partners are detailed in the matrix on pages 33 to 35. Pages 21 to 31 present the monitoring and evaluation framework for this National Plan of Action for OVC, including details of the programme areas and their indicators which will be used to monitor progress of the implementation. Pages 36 to 455 provide details of the assumptions on which budget estimates were prepared.

*As a nation, we are at crossroads about the pandemic and the high number of orphans and vulnerable children.*

**His Excellency Prime Minister Mr A.T. Dlamini. Launching of Children Centre of Excellence, 2005**



## 4.0 Monitoring and Evaluation Framework

### 4.1 Development Process of the OVC National M&E Framework

The national OVC M&E plan presented in this NPA was designed in collaboration with stakeholders, focusing on strengthening of existing M&E. This plan was developed with the help of a multi-sectoral team working together to reach consensus on the selection of appropriate M&E indicators within the context and resource constraints specific to the OVC program.

### 4.2 Objectives of the M&E System

The OVC National Plan of Action calls for a comprehensive and multi-sectoral response to OVC situation in Swaziland, and identifies 5 priority areas. The overall M&E objective of the M&E plan, to monitor the implementation of activities in Swaziland and assess the effect of these activities, is specified in the following set of objectives:

- To monitor the spread of OVC in the country;
- To respond to the OVC information need of the Swaziland Government and other stakeholders;
- To enable the Government track where OVC services are being implemented and where additional services are required;
- To track the progress of the national response to OVC situation;
- To monitor and assess the quality of care given to OVC;
- To document various program efforts and to the extent possible, link such program efforts to behavioral changes and assess the effects and impacts of program interventions
- To provide standardised tools and indicators for the monitoring and evaluation of all OVC activities in the country.
- To establish clear data flow channels between the different stakeholders in the prevention and caring for OVC services.
- To develop a strategy and mechanisms to ensure a correct dissemination of all critical information among all stakeholders, among implementing agencies, and among the beneficiaries and the general public.

### 4.3 National Children's Coordination Unit,

The proposed Children's Coordination Unit under the Ministry of Health and Social Welfare has the Head Coordinator and six officials proposed: Legal, Assistant Monitoring, Health Coordinator, Welfare Coordinator, and Community Coordinator. The Head Coordinator will have responsibility for overall supervision of the unit. Four main functions for the Assistant Monitoring Expert shall include but not limited to:

- Monitoring and evaluation of National Plan program components: this includes monitoring of program inputs, process and outputs. Data from government and non-government programs should be included.
- Receiving progress reports from the implementers of the national Plan of Action.
- Compilation of national OVC reports and submitting them to the relevant government agencies, NGOs, and donors.

#### 4.4 Co-ordination and Resource Mobilization

Well-designed systems of data collection and analysis are at the heart of M&E activities. An OVC reporting system needs to draw from many sources, including DHS, School Reports, Health Statistics, Chiefs Reports, etc. Collaboration with other institutions is therefore very critical for collecting all relevant information. Data from many sources will be included in the Children's Coordination Unit annual reports, and further integration and utilization of data from the different sources are required. To enhance co-ordination of M&E activities, the Head Coordinator of the Children's Unit is a member of the OVC task force and the Assistant Monitoring Expert is expected to join the National M&E Technical Working Group. The main function of the workgroup is to oversee co-ordination and supervision of M&E activities and to assist in preparation of the annual report, but workgroup members also will be involved in data collection, data analysis and report writing. One meeting will be held to review and discuss findings from the annual report on program implementation, and the other to discuss progress, M&E constraints and possible solutions.

#### 4.5 Dissemination and Reporting

- (1) The Monitoring and Evaluation guidelines will be distributed to all participating or interested agencies, organizations and institutions.
- (2) To make M&E results accessible to collaborators and users within the government and private sectors, as well as the communities supplying surveillance data and the general public, M&E reports will be produced annually and disseminated widely.
- (3) M&E reports will be produced in two formats aimed at two different audiences. The main document, intended for use in program planning and monitoring, will provide detailed account of progress of the plan implementation. An accompanying document, needed for advocacy purposes, will summarize data on outcomes and behavioral changes in user-friendly graphics.
- (4) Dissemination efforts will take advantage of national occasions and large meetings (such as the annual World Day) to publicize M&E reports.
- (5) Dissemination efforts will include non-governmental organizations, international agencies and donor agencies.





## 4.6 Programme Area Indicators

### 4.6.1 Introduction

This chapter lists the indicators for the monitoring and evaluation of the OVC national plan of action. Indicators were identified for each 5 programme areas (For output and input indicators see the respective annexes). The identification followed the participatory process involving all the relevant stakeholders. The exact definition of each of the core indicators is presented in annex of matrix.

Factors taken into account when identifying indicators:

- (1) to be in line with the core indicators established by the National Emergency Response Council on HIV/AIDS (NERCHA);
- (2) to be in line with the objectives and activities of the National Plan of Action;
- (3) to be realistically measurable at a reasonable cost.

This indicator list is a draft and will be finalized and prioritized by the small group established at the conclusion of the M&E workshop in August 2005. After the indicators are finalized it will be presented before the M&E Technical to further develop the list of indicators and to ensure proper measurement.

### 4.6.2 Overall Goals and Programme areas of the OVC National Plan of Action

The overall goals of the OVC National Plan of Action in Swaziland can be summarised as follows:

- (1) Ensured access to shelter and protection from abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.
- (2) Vulnerable individuals and households are able to produce or acquire sufficient appropriate food to meet short and long term nutritional needs.
- (3) Improved access to basic health care services.
- (4) Universal primary education and support to OVC in secondary schools.

To achieve the overall goals, a number of interventions are currently being implemented or in the process of being started. For the purpose of guiding the M&E framework, the interventions are grouped into the following programme areas:

- Right to Protection
- Right to Participation
- Right to Food
- Right to Basic Services
- Right to Education

### 4.6.3 RIGHT TO PROTECTION

**Goal:** Orphans and vulnerable children, care givers, national and community leaders are empowered to respond immediately to circumstances and conditions violating rights of children exposing them to risks and hazards.

**Objective 1:** By 2010, 189 000 OVC living in a protected environment and accessing their basic rights

**Strategy:**

- ♦ National Campaigns on child abuse
- ♦ Community leadership sensitization meetings
- ♦ Capacity building for LL through training workshops
- ♦ Strengthen safe places for abused OVCs
  - a) Remove OVC from dangerous situation and temporary resettlement
  - b) LL report the case to the police who take the child to the clinic or hospital
  - c) Place child in a half way home and KaGogo centre with Lutsango member and counselled by Social worker
  - d) Strengthen the social welfare fund to facilitate the removal process
  - e) Provide basic needs during the time when the child has been removed
  - f) Establish 4 half way houses , one per region
    - Strengthen and establish child friendly spaces at police stations
    - a) Complete child friendly spaces in 23 police stations
    - Lobbying and information sharing with decision-makers
    - a) Lobbying Parliamentarians on child related legislation and budgets.

**Objective 2:** By 2010, orphans and vulnerable children and their care givers receive and provide psycho-social services

**Strategy:** Psychosocial care and support for OVC in and out of schools

**Objective 3:** By 2010, 360 chiefdoms have capacity to provide care, protection and support children in their communities.

**Strategy:** Provide Legal framework for counselled of rights for OVCs aid training for community leaders on legal aid and legal protection of children especially orphaned and vulnerable children.

- a) Community sensitization on legal issues
- b) Establish Local Legal System (LLS) at Kagogo centres
- c) Develop a simplified user-friendly legal aid brochure

**Objective 4:** By 2010, 80% of children (especially OVC) are accessing vital registration services

**Strategy:**

- ♦ Strengthen community-based Birth & Death Registration for OVC.
  - a) Conduct community sensitization campaign on the importance of birth registration as legal protection of children and as a means to access basic services.
  - b) Capacity building for the Registrar's Office through training officers on

Customer care.

### Indicators

### Impact

- ♦ Prevalence of child abuse cases reduced.
- ♦ Conducive legal environment for protection of abused children.

### Outcome

- ♦ Proportion of reported cases that result in conviction
- ♦ Proportion of communities with functional Lihlombe Lekukhalela (LL)
- ♦ Proportion of children visited, counselled and referred by trained LL
- ♦ Proportion of children receiving basic services from ka gogo centers and half way houses
- ♦ half way houses.
- ♦ Proportion of community members with knowledge of legal issues for protection of children.
- ♦ Percentage of children fostered, adopted
- ♦ Legislation for protecting children passed and implemented.
- ♦ Proportion of national budget allocated for children.
- ♦ Proportion of children accessing basic services.
- ♦ Proportion of Tinkundla centres providing BMD services.
- ♦ Proportion of OVC who have a connection with an adult caregiver.

### Data Collection

Data for the outcome indicators will be mainly collected through Police and Court Records.

### Responsibilities

The Ministry of Justice, with technical assistance from the Childrens' Unit, Ministry of Health and Social Welfare, will responsible for collecting all the program data.

## 4.6.4 RIGHT TO PARTICIPATION

**Goal:** Children have platforms to articulate their needs, provide feedback and influence policy and legislation.

### Objectives:

By 2010:

- ♦ Forum provided for children to inform policy and legislation.
- ♦ 215,040 children participate in policy and legislative reform.
- ♦ Strengthened mechanisms for children to articulate their needs, provide feedback on access to services and state protection and to inform policy and legislative priorities.
- ♦ Communities and government structures sensitized to listen to and engage children in productive dialogues.

### Strategies

- ♦ Establish children's assemblies (Forums) at community level , Inkhundla, regional and national level.
- ♦ School debates and dialogues and issues related to child protection, basic needs and access to basic services.
- ♦ Commemoration Day of the African Child, World AIDS Day and other children's related celebrations



## Indicators

### Impact

A conducive environment for protection of children's basic rights in society.

### Outcome:

- ◆ Proportion of children's issues incorporated into policy and budgeted for.
- ◆ Proportion of school going age children change behavior/attitude and are able to claim their basic rights. % of school going age children who are aware of child related celebrations.

### Data Collection

Data for the outcome indicators will be mainly collected through Chiefdom Reports and Ministry of Justice.

### Responsibilities

The following agencies shall be responsible for collecting data on child protection.:

- ◆ Child Protection Network
- ◆ Civil Society
- ◆ Community based organisations
- ◆ Focus on decentralisation
- ◆

## 4.6.5 RIGHT TO FOOD

**Goal:** Vulnerable individuals and households are able to produce or acquire sufficient appropriate food to meet short and long term nutritional needs

**Objective 1:** Increased coverage of sustainable vegetable gardens to 4150 at Neighbourhood Care Points, vulnerable households and schools by 2010.

### Strategies

- ◆ Procurement of agricultural tools and equipment for food security
- ◆ Training of care providers and mobilization of communities on food security

**Objective 2:** Increased proportion of OVCs from 16% to 100% of school going age (6-18 years) have received one nutritious and appropriate school meal per day, by 2010.

### Strategy

- ◆ School based feeding

**Objective 3:** By 2010, 77,000 people living with HIV and AIDS and on ARV treatment, or HIV positive pregnant mothers, and 87% of under fives at clinics have received food aid.

### Strategy

- ◆ Clinic-based feeding for under fives and pregnant women Feeding to complement ARV treatment.
- ◆

**Objective 4:** Increased proportion of OVCs (10% to 100%) have access to nutritious food in 2520 NCPs and non-food essential items to 3180 vulnerable households benefiting approximately 132,000 OVCs by 2010.

### Strategy

- ◆ Direct feeding to communities (Neighborhood Care Points, NCPs)

Short-term packages for vulnerable households.

### Indicators

#### Impact

- ♦ OVCs have improved food security and nutritional levels in communities
- ♦ Improved nutrition of OVC who attend school
- ♦ Improved school enrolment rates
- ♦ Reduce mortality rate for under fives
- ♦ Improve maternal health
- ♦ Reduced vulnerability of children to sexual exploitation, abuse and violence

#### Outcome

- ♦ Percentage of OVC who benefit from fresh vegetables and/or fruit from a vegetable garden at either a NCP, school or household on a weekly basis.
- ♦ Percentage Caregivers, school focal persons and community members are better skilled and equipped to grow vegetables and fruit.
- ♦ Proportion of OVCs of school going age who receive one nutritious meal per school day.
- ♦ Percentage of repetition rates at schools receiving school feeding
- ♦ Percentage of OVCs of school going age benefiting from school feeding programmes
- ♦ Ratio of the proportion of OVC compared to non-OVC who are malnourished (underweight)  
At school
- ♦ Proportion of people living with HIV and AIDS and on ARV treatment, or HIV positive mothers and under fives who have received food aid at clinics.
- ♦ Improved adherence to ARV treatment.
- ♦ Percentage of people on ARVs whose nutritional status improved.
- ♦ Proportion of OVCs in communities who daily access a meal
- ♦ Proportion of vulnerable households that receive short-term packages including food and non-food items.
- ♦ Ratio of food insecure households with OVC compared to households without OVC
- ♦ Proportion of communities with functional NCP structures

#### Data Collection

Data for the outcome indicators will be mainly collected through Demographic Health Surveys MICS, and NCP database while the output indicators will be mainly obtained from NCP database.

#### Responsibilities

The Ministry of Agriculture, will be responsible for monitoring the quality of services. The Central Statistics Office (CSO) shall be responsible for the DHS and MIC surveys. The Unit will also responsible for compiling reports for onward submission to Health Coordinator Expert working for the Children's Coordinating Unit in the same ministry.

## RIGHT TO BASIC SERVICES

### 4.6.6 HEALTH

**Goal:** To improve access to basic health care services

#### Objectives

- ◆ Increase immunization coverage and micronutrient supplements amongst OVCs from 62% (2005) to 90% in 2010.
- ◆ Increase overall deworming coverage from 0% to 90% in 2010
- ◆ Increase PMTCT coverage from 20% (2005) to 90% in 2010 in the OVCs program.
- ◆ Increase access to routine health care for OVCs.
- ◆ Increase access to safe water and proper sanitation at schools from 27 (2005) to 100 and NCPs from 40 to 2640 by 2010.

#### Strategies

- ◆ Provide immunization services to all children including OVCs
- ◆ Provide micronutrient supplements (
  - ◆ Vitamin A
  - ◆ Zinc and Iron
  - ◆ Iodine
- ◆ Provide regular deworming of all children aged 1-18years
- ◆ Establish community based growth monitoring services using MUAC
- ◆ Scale up PMTCT+ services countrywide
- ◆ Provide prophylaxis and treatment for HIV exposed and infected children and parents
- ◆ Scale up routine health care of children below 5 years of age
  - ◆ Diarrhea
  - ◆ Pneumonia
  - ◆ Skin condition
- ◆ Strengthen routine health care for pre and primary school children
- ◆ Strengthen routine health care for adolescents in and out of school
- ◆ Strengthen RHMs capacity to support OVCs health care
- ◆ Procure equipment and supplies for provision of basic health services at NCPs
- ◆ Improve safe water and proper sanitation facilities to schools and NCPs
- ◆ Strengthen specialized assistance to physically and mentally impaired OVCs

#### Indicators

#### Impact

Reduce morbidity and mortality of the Children

#### Outcome

- ◆ Proportion of eligible OVC's immunised
- ◆ Proportion of eligible OVC's receiving micronutrients
- ◆ Proportion of OVC's that have been dewormed in a year
- ◆ Proportion of eligible OVC's receiving micronutrients
- ◆ Proportion of OVCs MUAC growth monitored



- ◆ Proportion of malnourished OVCs at NCP
- ◆ Proportion Health facilities providing PMTCT
- ◆ Proportion of health facilities providing PMTCT with trained staff
- ◆ % HIV infected pregnant women receiving ARV prophylaxis
- ◆ % HIV exposed infants receiving ARV prophylaxis
- ◆ % HIV infected pregnant women receiving CTX prophylaxis
- ◆ % HIV infected exposed OV infants receiving CTX prophylaxis
- ◆ % HIV infected pregnant women receiving ART
- ◆ % HIV infected OVC receiving ART
- ◆ Proportion of NCPs receiving health services from outreach
- ◆ Proportion of health facilities providing youth(adolescent) friendly services
- ◆ Proportion of adolescent engaging in sexual debut before 14 years
- ◆ Proportion of RHMs/care givers trained in OVCs health care
- ◆ Number of physically and mentally impaired OVC accessing health care and support
- ◆ Proportion of NCP with access to safe water and sanitation
- ◆ Proportion of schools with access to safe water and sanitation
- ◆ Proportion of schools with teachers and students trained on health and hygiene education
- ◆ Proportion of NCPs with RHMs caregivers trained on health and hygiene education

#### Data Collection

Data for the outcomes will be mainly gathered from health facility surveys, Demographic Health Surveys while the output indicators will be obtained from routine Health Information System (HIS). Providers are assessed on history taking, examination and treatment of patients. Data are collected in provider interviews, client exit interviews, supply inventories, and through direct observation of provider-client interaction. The facility survey, to be carried out once between 2006 and 2008, will include provider interviews and direct observation of provider-client interaction..

#### Responsibilities

The MoHSW M&E Unit, will be responsible for monitoring the quality of services and carrying out the health facility survey. The Unit will also responsible for compiling reports for onward submission to Health Coordinator Expert working for the Children's Coordinating Unit in the same ministry.

#### 4.6.7 RIGHT TO EDUCATION

**Objective 1:** By 2010 at least 80% OVC aged 6 -14 years have access to free formal or non-formal education

#### Strategies

- ◆ Expand access of OVCs to bursary supported primary education payment of stationery
- ◆ Advocacy for universal primary education and support of OVC in secondary school (2006)
- ◆ Implement UPE plan
- ◆ Expand access of OVCs to bursary supported secondary education
- ◆ Develop gender sensitive teaching and learning materials
- ◆ Train teacher on gender sensitive teaching approaches
- ◆ Construct skills centres for non-formal education
- ◆ Operate and maintain skills centre for out of school youth
- ◆ Review and finalise Early Childhood Care and Development Policy (2006)

- ◆ Stakeholder & community consultations
- ◆ Prepare ECD operationalisation plan

**Objective 2:** *By 2010 all schools offer life skills education to all children*

### Strategies

- ◆ Review life skills curriculum
- ◆ Identify and produce supporting material
- ◆ Train teachers on life skills
- ◆ Develop counselor training curriculum
- ◆ Train school counselors
- ◆ Construct counseling rooms at schools and at skills centres

### Indicators

#### Impact:

Improved quality of life

#### Outcome

- ◆ Ratio of current school attendance among OVC to that of non-OVC
- ◆ Proportion of school-aged children in primary school vs non-formal education.
- ◆ Ratio of current school attendance among OVC to that of non-OVC
- ◆ Proportion of teachers facilitating life skills education
- ◆ % schools conducting life skills based HIV/AIDS education
- ◆ Ratio of OVC to non-OVC (0 to 5 years) accessing ECD
- ◆ % of OVC with school uniform provided thru bursary support
- ◆ % of OVC with stationery provided thru bursary support
- ◆ % of OVC with exam fees provided thru bursary support

#### Data Collection

Most outcome and output indicators shall be collected using:

- ◆ School enrollment reports
- ◆ Regional Education Office Reports
- ◆ School-Based Surveys
- ◆ Exam Council reports
- ◆ Bursary list and claim forms
- ◆ DHS

#### Responsibilities

Overall supervision will be the responsibility of the Ministry of Education, with technical support provided by Education Coordinator Expert under the Children's Unit, Ministry of Health and Social Welfare.



## 5.0

## The Costing Process

5.1 The costing participants revisited challenges facing orphans and vulnerable children and the prevailing conditions in the country. The greatest achievements in addition to producing an initial costed 5-year plan were the determination and commitment of Swazis to implement a coordinated, concerted, multisectoral response to OVC. This was enhanced by the engagement of senior government and civil society participants during prior consultative steps and the costing workshop.

The rationale for the entire strategy was revisited collectively during the workshop process. Rationale and justification was developed for each major activity in the course of the costing work. Representatives from each sector committed to presenting the results of sector-specific components of the plan to authorities in order to further build consensus. There was a high level of comfort among participants to be able to negotiate the terms of agreement for the plan, based on the costing deliberations during the week.

Most participants recognized that the cost model can be applied to generic strategic planning and budget work and are planning to adapt it for multiple uses.

Prior to the OVC costing workshop, (and primarily due to the organizing and facilitation efforts of UNICEF), the OVC RAAAP Initiative and subsequent OVC strategic planning process were participatory including children, civil society, government, and donors. The OVC strategic plan has a rights-based approach, as evidenced by the priority program areas:

- Right to Food,
- Right to Protection (including vital registration and psychosocial support),
- Right to Education (including non-formal education),
- Right to Access Basic Services (including health and socioeconomic services),
- Right to Participation, and
- Cross-Cutting Issues (M&E and Coordination).

The rounded budget totals US\$228m, inclusive of administrative and M&E costs, for each of the five years (2006-2010) broken down as follows. Note that these are exclusive of inflation or costs of human resource attrition due to AIDS.

- Year 1 (2006): US\$36.1m
- Year 2: US\$40.1m
- Year 3: US\$46.2m
- Year 4: US\$51.1m
- Year 5: US\$57.5m

Summary by component	2006	2007	2008	2009	2010	Total 06-10
Education	11,340,290	14,323,128	14,848,499	15,348,094	16,116,023	71,976,035
Health (Basic Services)	2,796,669	4,345,557	5,881,258	7,430,879	8,909,100	29,363,464
Food	8,164,695	9,121,523	11,675,950	13,951,155	16,927,779	59,841,102
Access to Basic Services	1,389,180	1,310,987	1,310,987	1,310,987	1,310,987	6,633,128
Protection	2,226,311	1,366,846	1,406,138	1,092,388	1,059,420	7,151,103
Child Participation	2,413,641	2,093,695	2,085,695	2,083,176	2,096,252	10,772,459
M&E, Coordination	4,490,457	3,945,423	4,503,038	4,984,017	5,608,362	23,531,298
Total Plus 10% Inflation costs	36,103,368	40,157,876	45,882,722	50,820,766	57,230,716	230,195,447

The following section highlights an example of how each programmatic area was costed.



## Programme Area and Costing

Priority Programme Area	Key Activities	Cost (USD) 2006-2010	Implementing Partners
<b>1. Right to Food</b>  <b>Result:</b> Individuals and households are able to produce or acquire sufficient appropriate food to meet short and long-term nutritional needs	1) Procurement of agricultural tools and equipment at communities, schools and NCPs for food security	6,937,040	<b>Govt:</b> DPM, MoE, MOHSW, MOAC, NERCHA <b>NGOs:</b> World Vision, Moya Centre. <b>Multilaterals:</b> WFP, FAO, UNICEF
	2) Training of care providers and mobilisation of communities for sustained food security	3,272,072	
	3) School based feeding	18,398,800	
	4) Clinic based feeding for under 5s and pregnant women	5,111,020	
	5) Feeding to complement ARV treatment	12,520,960	
	6) Direct feeding to OVC in communities through NCPs	12,863,914	
	7) Short term packages for vulnerable households (food and hygiene)	737,296	
	<b>Sub-total</b>	<b>59,841,102</b>	
<b>2. Right to Protection</b>  <b>Result:</b> Orphans and	1) National Campaigns on child abuse	1,173,378	<b>Govt</b> DPM, MOE (Guidance and Counselling), MOJCA,
	2) Capacitate community child protectors -	2,204,000	
	3) Strengthen safe places for	2,461,000	

Priority Programme Area	Key Activities	Cost (USD) 2006-2010	Implementing Partners
vulnerable children, their caregivers and community members are able to respond immediately to circumstances and conditions that result in gross violation of the rights of children, subjecting them to serious risks and hazards  Of particular concern is vulnerability due to breakdown of guardianship, isolation and limited recourse to law and psychosocial support 1) sexual and physical abuse – in the home, community and school. 2) loss of property rights	abused OVCs		MOHA, NERCHA, MOHSW, CSW, MEPD, Royal Swaziland Police. <b>NGOs:</b> Save the Children, SWAGAA, AMICAALL, Care Nakekela <b>Community:</b> NCP caregivers, Lihlombe Lekukhalela, Rural Health Motivators, Caregivers <b>NGOs:</b> Siphila' Nje, Save the Children <b>Multilaterals:</b> UNICEF
	4) Provide Legal framework for fulfilment of rights for OVCs	216,000	
	5) Lobbying and information sharing with decision-makers	19,600	
	6) Strengthen and establish child friendly spaces at police stations	439,905	
	7) Strengthen community-based birth & death registration for OVC	637,220	
<b>Protection - Psychosocial Support</b>	8) Psychosocial support for OVC in- and out-of school	15,693,750	

Priority Programme Area	Key Activities	Cost (USD) 2006-2010	Implementing Partners
<p>conditions that result in gross violation of the rights of children, subjecting them to serious risks and hazards</p> <p>Of particular concern is vulnerability due to breakdown of guardianship, isolation and limited recourse to law and psychosocial support</p> <p>1) sexual and physical abuse – in the home, community and school.</p> <p>2) loss of property rights</p>	5) Lobbying and information sharing with decision-makers	19,600	<p>Swaziland Police.</p> <p><b>NGOs:</b> Save the Children, SWAGAA, AMICAALL, Care Nakekela</p> <p><b>Community:</b> NCP caregivers, Lihlombe Lekukhalela, Rural Health Motivators, Caregivers</p> <p><b>NGOs:</b> Siphila' Nje, Save the Children</p> <p><b>Multilaterals:</b> UNICEF</p>
	6) Strengthen and establish child friendly spaces at police stations	439,905	
	7) Strengthen community-based birth & death registration for OVC	637,220	
<p><b>Protection - Psychosocial Support</b></p> <p><b>Result:</b> Orphans and other vulnerable children and their caregivers are able to provide positive and meaningful psychological and social support to their family and to the society in which they live.</p> <p>Of particular concern is the emotional abuse faced by orphans</p>	8) Psychosocial support for OVC in- and out-of school	15,693,750	

Priority Programme Area	Key Activities	Cost (USD) 2006-2010	Implementing Partners
and vulnerable children from extended family caregivers and by peers in school and community			
	<b>Sub-total</b>	<b>22,844,853</b>	
<p><b>4. Right to Education</b></p> <p><b>Result:</b> Children, young people and their caregivers acquire information, build skills and develop technical experience through relevant formal and informal systems of education</p> <p>Of particular concern is access to bursaries for primary school education, access to support for fees for secondary school education, access to stationery, uniforms</p>	1) Expand access of OVCs to bursary supported primary education – payment of school fees	34,631,511	<p><b>Govt:</b> MOE, DPM, MEPD, MOHSW, School Head teachers, committees, parents</p> <p><b>NGOs:</b> Sebenta National Institute</p> <p><b>Multilaterals:</b> EU, UNICEF, UNDP.</p>
	2) Expand access of OVCs to bursary supported primary education – payment of exam fees	1,176,047	
	3) Advocacy for universal primary education and support of OVC in secondary school (2006)	58,000	
<p>There is a need for gender supportive environments that will enable orphaned and vulnerable children, especially young girls, to fully participate in and complete their education</p>	4) -Ensure schools have gender-sensitive materials, teaching approaches, and life skills -Ensure girl friendly initiatives in school	45,800	
	5) Construct counselling rooms at schools and at skills centres	1,154,320	
<p>There is need for access to alternative forms of non-formal education</p>	6) Construct skills centres for non-formal education	3,612,000	
	7) Operate and maintain skills centre for out of school youth	4,686,661	
	8) Provide community based non-formal	6,400,000	

Priority Programme Area	Key Activities	Cost (USD) 2006-2010	Implementing Partners
	learning for out-of school OVC		
	9) Capacity building - Train Sebenta facilitators and NCP care givers in NFE activities and psychosocial support every two years	1,052,600	
	10) Review and finalise Early Childhood Care and Development Policy (2006)	105,345	
	11) Operationalise ECD policy, including training of caregivers in ECD	3,360,000	
	<b>Sub-total</b>	<b>71,976,034</b>	
<b>5. Right to Access Basic Services</b>	1) Procurement of equipment for Neighbourhood Care Points	3,025,035	<b>Govt:</b> DPM, MOE, MOAC, MEPD, NERCHA <b>NGOs:</b> SWAPOL, WV, various others <b>Multilaterals:</b> UNICEF, FAO
<b>Result:</b> Orphaned and vulnerable children and their caregivers have basic commodities, such as food, bedding and/or shelter.  Of particular concern is that majority of households are living in absolute poverty and are unable to provide for needs of orphaned and vulnerable children in their care.	2) Water and Sanitation Facilities in communities, schools and NCPs where OVCs meet	4,797,935	
	3) Specialised assistance to physically impaired OVCs	100,000	
<b>Socioeconomic Security</b>	4) Socioeconomic empowerment to enable caregivers to provide care for OVCs	1,266,443	
<b>Result:</b> Orphans and vulnerable children and/or households with orphans and vulnerable children can sustain their livelihood over the medium and long term with or			

Priority Programme Area	Key Activities	Cost (USD) 2006-2010	Implementing Partners
without short-term emergency assistance			
<b>Basic services [health]</b> Of particular concern is	5) Full course of childhood immunisation	762,653	<b>Govt:</b> MOHSW, DPM, MOE <b>NGOs:</b> SINAN, EGPAF, Baylor Institute, and various others <b>Multilaterals:</b> UNICEF, WHO, UNFPA
1) limited access to basic health services because orphaned and vulnerable children cannot	6) Vitamin A, zine and iron supplements	60,855	
-afford fees for outreach sites	7) PMTCT Services for orphan prevention	1,536,834	
-travel long distances to clinics	8) Co-trimoxazole prophylaxis of HIV exposed children	373,014	
-travel without an adult to clinics	9) Treatment of HIV infected children	5,422,622	
2) Lack of awareness in healthy homecare practices	10) Routine Health Care of under- Five	587,953	
3) Shortage of staff at health facilities	11) Routine Health Care for Primary school age ( 5-9 years)	6,292,854	
4) Shortage of equipment, supplies and drugs at health facilities	12) Routine Health Care for children 10-18 years	14,306,946	
	13) RHMs training and support for OVCs Health Care	605,371	
	<b>Sub-total</b>	<b>39,138,515</b>	

Priority Programme Area	Key Activities	Cost (USD) 2006-2010	Implementing Partners
<b>6. Right to Participation</b> Of particular importance is the need to strengthen mechanisms for children and young people to articulate their needs, provide feedback on access to services and state of protection and to inform policy and legislative priorities	1) -Establish children's assemblies (Forums) at community level , Inkhundla, regional and national level -Facilitation of meetings at Sigodzi and Umphakatsi level to conduct elections of children's representatives facilitate the establishment of Umphakatsi children's committee -Facilitate children's meetings at Inkhundla level (55 Inkhundla's)	354,700	<b>Govt:</b> DPM, MOE, MEPD, MOHSW, National Parliament <b>NGOs:</b> FLAS, Save the Children, Siphila'Nje, Various <b>Multilaterals:</b> UNICEF
	2) School debates and dialogues and issues related to child protection, basic needs and access to basic services	21,000	
	3) Commemoration Day of the African Child, World AIDS Day and other children's related celebrations	10,396,680	
	<b>Sub-total</b>	<b>10,772,380</b>	



## 5.2 Major Costing Rationale for NPA Budget Line Items

### Basic Assumption:

Target OVC Population Most in Need = 132,000:

The group considered the following data when deciding what the overall target population for the national action plan for orphaned and vulnerable children (NPA) should be:

According to the 2004 Spectrum projection, based on the Housing and Population Census of 1997, there are 69,000 orphans (the "O" in "OVC")

48% of the population of 1,105,000 (according to the Central Statistics Office projections using Spectrum 2004) are children age 0-18 = 530,000 total child population (0-18 years old). The remaining 52% of the population (or 575,000 persons) are adults age 19-49 (and older), of which there are approximately 209,000 persons currently living with HIV/AIDS (a prevalence rate of 42.6%) and approximately 17,700 deaths due to AIDS each year.

[69% of all households in Swaziland live below the poverty line; therefore, 69% of 530,000 = 366,000 children age 0-18 living below the poverty line. If you multiply this number by 38% (the percentage of malnourished children), it totals 139,000 children in need.] However, the group decided to estimate the size of the OVC population for each of the components of the definition of orphaned and vulnerable children age 0-18 years old (pg. 5, RAAAP Report), as follows:

- ♦ orphans, i.e., children less than 18 years who have lost one or both parents = 69,000 orphans (2004 Spectrum projection).
- ♦ children with parents or guardians incapable of caring for him/her = included in the orphan numbers.
- ♦ children who are physically challenged/impaired = about 3% of the population, thus 3% of children = 15,900.
- ♦ children staying alone or with poor elderly grandparents = 47,000 double orphans according to VAC 2003 (therefore they are cared for by elderly grandparents, most of whom are poor).
- ♦ children living in a poor sibling-headed household = assumes that children living in child-headed households are included in the 69,000 orphan number
- ♦ children with no fixed place of abode = 300 street children
- ♦ children lacking access to healthcare, education, food, clothing, psychological care and/or with no shelter to protect them from the elements, exposed to sexual or physical abuse including child labour (Note that the group felt that this component is redundant of the definition of "vulnerable children most in need" so the numbers are already included above

Total OVC most in need = 132,000

Note that the weights in the OVC cost model were adjusted to arrive at this 132,000 total and do not have any inherent meanings assigned to them at this time.

Note: This group discussion highlighted the need for more precise data regarding this population, and thus the need for identification and

monitoring/evaluation systems.

**Note about OVC/Household:**

It has been reported by the MICS (Multi-indicator Cluster Survey, 2002) that there are 1.9 OVC/household (HH).

**Note about Secondary school Enrollment Rate:**

**Note about Unit Costs Used in the Model and Economies of Scale:**

The group decided that “economies of scale” that would potentially reduce unit costs of services as coverage/reach is increased each year cannot be achieved in Swaziland. This is primarily due to the small size of the overall population (only 1 million persons) and the small size of the orphaned and vulnerable children most in need population (only 132,000). So even achieving 100% coverage will mean reaching only 132,000 OVC not sufficient to imply reduction of unit costs over time.

**Priority Programme Area 1 Right to Food**

**Activity 1:** Procurement of agricultural tools and equipment at communities, schools and NCPs for food security

*a) Inputs for NCP Gardens*

**Target Population:** 750 NCPs by 2010. 360 chiefdoms with 7 tigidzi at each, thus 2520 NCPs. Estimate that in rural areas 70 % of population don't have to access safe water. Thus 30% of 2520 NCPs is our target, as have water (756 NCPs). There are approximately 50 OVC per NCP, thus at 750 NCPs expecting 37500 beneficiaries.

**Unit Costs per 30x30m garden: USD2053**

Fencing USD 610 (includes diamond mesh wire, barbed wire, straining wire, tying wire, u nails, corner posts, stays, 2 bags cement, river sand);  
Tools USD 513 (includes 1 sprayer, 10 watering cans, 5 picks, 2 shovels, 3 spades, 4 garden rakes, 4 garden handforks, 4 hoes and handles), and  
Seedlings and organic material USD 260 (includes organic materials, seedlings, ploughing, fruit trees. seeds, compost, and manure).  
Project Support - USD 670 (transport to site, and monitoring visits for 12 months)

**Coverage:**

2005 - 17% 125 x USD2053 = USD 256625  
2006 - 34% 125-USD =USD 256625  
2007 - 51% 125-USD = USD 256625  
2008 - 68% 125-USD = USD 256625  
2009 - 86% 125-USD =USD 256625  
2010 -100% 125 USD =USD 256625

**b) Inputs for Backyard Gardens (3mx4m) at household level**

Target population: 3180 Child headed households: 15900 children in child headed households. Estimate 5 children per household, thus 3180 Child Headed Households.

Unit Costs per 4x3mgarden: USD 267

Fencing: USD 151: 1 roll of 30 meter wire mesh , 5kg straining wire, 5 kg barbed wire, 5 kg tying wire, nails, 4 corner posts, one bag cement, river sand.

Tools: USD 45: 2 watering cans, 1 spade, 1 rake, 1 garden fork, 1 hoe.

Seedlings and organic material: 36USD compost, seedlings, and 1 fruit tree

Project Support: USD 35 Visits and M&E (calculated at 15 percent of fencing, tools and seedling costs)Coverage:

2005 - 1.7% 55 x 267 =USD 14685  
2006 - 21% 680 x 267=USD181560

2007 - 41%	1305	= USD 348435
2008 - 61%	1930	= USD 515310
2009 - 80%	2555	= USD 682185
2010 - 100%	3180	= USD 849060

### c) Inputs for school gardens

Target population: 220 schools benefiting approximately 100,000 children. There are 546 primary schools, and 189 secondary/high schools. About 30% access water, thus suggest 163 primary schools, and 57 secondary schools. Thus total target is 220 schools.

Unit costs per school: USD 2053 per 30x30mgarden. Refer to inputs for NCP and community gardens (30mx30m).

#### Coverage:

2005 - 10%	23	=USD 47219
2006 - 28%	62	=USD 127286
2007 - 46%	101	= USD 207353
2008 - 64%	141	= USD 289473
2009 - 82%	181	= USD 371593
2010 - 100%	220	=USD 451660

### Activity 2: Training of care providers and mobilisation of communities for sustained food security

a) Training of caregivers on food security for NCPs and backyard gardens

**Target Population:** 750 NCPs and 3180 needy households

Per each training one NCP (5 caregivers) and approximately four needy households will have gardens established. Per NCP: 5 NCP caregivers. For Backyard gardens: 1 person per needy households will jointly participate in training at NCP gardens.

**Unit costs:** USD 2082 per 1 NCP and approx 4 backyard gardens

5 days preparation/fencing for trainers USD 152

5 days training for NCP caregivers trainer costs: USD 152

Gardening assistant for 3 days USD 23 for 3 days

Agriculture extension officer stipend for 5 days training USD 38

Transport for extension officer/ USD15

Catering for 9 trainees (5 NCP caregivers and 4 needy households) (USD 11x 5 days): USD495

Fuel for training, fencing and preparation (USD 38 per trip) for 10 days: USD 380

Hire to transport fencing and organic materials: USD 535

Training materials (flipcharts, exercise books, pen): USD 110

Sleep out allowance for trainers in far gardens (50% of gardens classified as sleep out) @ 4 nights at USD 30 x 50% = USD 60

Accommodation for 2 trainers (USD 30.5 per night x 4 nights x 50% of gardens who are far): USD 122

#### Coverage

2005 - 17% 125 x USD2082 = USD 260250

2006 - 34% 125-USD =USD 260250

2007 - 51% 125-USD = USD 260250

2008 - 68% 125-USD = USD 260250

2009 - 86% 125-USD =USD 260250

2010 -100% 125 USD =USD 260250

b) Community Mobilisation for establishment of NCP backyard gardens

**Target Population:** Approximately 110 chiefdoms (where 750 NCPs and 3180 backyard gardens are)

**Unit costs per meeting:** USD 822

2 facilitators USD 23 each per day =USD 46



Catering for community members (USD 2.30 per person), estimated 300 people attend = USD 690  
 Transport (0.54USD per kilometer) x 160kms round trip average = USD 86

**Coverage:** Assuming there are approximately 7 tigozi per chiefdom/umphakatsi. Thus divide # of NCPs by tigozi.

2005 - 17% - 125NCPs or 18 chiefdoms x USD822 = USD 14796  
 2006 - 34% - 125NCPs -18 chiefdoms USD 35346 = USD14796  
 2007 - 51% - 125NCPs -18chiefdomsUSD 46854 = USD14796  
 2008 - 68% - 125 NCPs - 18 chiefdoms USD = USD14796  
 2009 - 85% -125NCPs - 18 chiefdoms USD = USD14796  
 2010 -100% - 125NCPs - 18 chiefdoms USD = USD14796

#### c) Sensitization of schools to establish school gardens

**Target population:** 220 schools. There are 546 primary schools, and 189 secondary/high schools. About 30% access water, thus suggest 163 primary schools, and 57 secondary schools. Thus total target is 220 schools. Four regional meetings to take place with three participants (Headteacher, Agriculture teacher, and school committee member) per school, as well as Regional Education Officer.

#### **Unit costs for regional meeting: USD 184 + #of schools participate**

Four regional meetings per year Facilitation costs: USD 23pday x 2 people x 4 meetings = USD 184

Cost per school: USD27

Catering costs per school: - USD 3 (more expensive in regional level than in chiefdom) x 1school x 3 people = USD 9

Transport reimbursement (schools x 3 people x USD6) = USD18

#### **Coverage:**

2005 - 10% - 23 schools xUSD27+ USD 184= 805  
 2006 - 29% - 40=1264  
 2007 - 47% - 40=1264  
 2008 - 65% - 40=1264  
 2009 - 83% - 40=1264  
 2010 - 100% -40=1264

#### d) Labour intensive farming technology training

**Target Population:** 77500 OVCs between ages of 10-17 years. With 360 communities, estimate approximately 215 OVCs per community. Training to take place in communities.

**Unit Costs per community:** USD 4135

Training: USD 2082 as based on training for NCP gardens

Equipment: USD 2053 as per NCP gardens

#### **Coverage:**

2005 - 5% x 360 communities x USD4135 = USD74430  
 2006 - 12% =178632  
 2007 - 20% =297720  
 2008 - 25% =372150  
 2009 - 30% =446580  
 2010 - 40% =595440Activity 3: School Based Feeding

### **ACTIVITY 3: School Based Feeding**

**Target population:** 110,000 OVCs of school going age. Enrolment in primary and high school is 285,000 children, with an estimated 110,000 OVCs in 2004. Thus 38% of children at schools are likely to be OVCs. 45,000 children (17100 OVCs at 38%) were receiving food from WFP in 2005, and other organisations such as Red Cross have benefited 45,500 children. Aim is to ensure all OVCs

of school going age (approximately 110,000) are accessing food. There are 200 school days per year.

**Unit cost per child per day: USD 0.28**

WFP costing figures for distribution of food to schools, from previous school feeding benefiting 45,000 children costs USD 0.28 per child per day. This includes transport and operating costs. The costs for child per day are slightly higher than international figures due to the small population and reduced economies of scale in procurement.

**Coverage:**

2005 - 17100 x 0.28 x 200days	= USD 957600
2006 - 30000 x 0.28 x 200days	= USD 1680000
2007 - 45000	= USD 2520000
2008 - 63550	= USD 3558800
2009 - 80000	= USD 4480000
2010 - 110,000	= USD 6160000

**Activity 4: Clinic Based feeding for under 5s and pregnant women**

**Target Population:** 17000 pregnant HIV positive women and 10,000 under five OVCs. In 2005 approximately 17000 pregnant women are infected with HIV, with approximately 20% being tested (3000). There are 16400 under five OVCs in Swaziland in 2005, with 62% accessing clinics (10000). The initial target in 2005 is to reach the 3000 pregnant HIV positive mothers, as well as the 10000 OVC under fives.

**Unit costs per beneficiary per day:** USD0.12. Based on 12753 beneficiaries WFP has provided clinic feeding at a daily cost of USD0.12 per beneficiary per day

**Coverage**

2005 - 20% x 17000 pregnant women + 62% x 16400 OVC under fives x USD0.12 x 365 days	= USD 594278
2006 - 30% x 17000 + 67% x 16400 x USD0.12 x 365	= USD 704654
2007 - 50% x 17000 + 72% x 16400 x 0.12 x 365	= USD 889490
2008 - 65% x 17000 + 77% x 16400 x 0.12 x 365	= USD 1037096
2009 - 80% x 17000 + 82% x 16400 x 0.12 x 365	= USD 1184702
2010 - 90% x 17000 + 87% x 16400 x 0.12 x 365	= USD 1295078

**Activity 5: Feeding to complement ARV treatment**

**Target population:** 13,000 people living with AIDS. At present approximately 25,000 people need to access ARV treatment based on HIV prevalence. However only approximately 50% are targeted in 2005. Thus in 2005 target is 13,000. This will increase by approximately 13000 every year.

**Unit Cost:**

Based on 11000 expected beneficiaries in 2005 by WFP, the cost for distribution of 900 metric tons of fortified Corn Soya Blend is USD 0.134 per beneficiary per day.

**Coverage:**

2005 - 13,000 x 365days x 0.134	= USD 635830
2006 - 26,000	= 1271660
2007 - 38,000	= 1858580
2008 - 51,000	= USD 2494410
2009 - 64,000	= USD 3130240
2010 - 77,000	= USD 3766070

**Activity 6: Direct Feeding to OVC in communities through NCPs**

**Target Population:** 132,000 OVCs.

WFP is providing food to 20,000 OVCs at approximately 265 Neighbourhood Care Points, where OVCs congregate. The target is to expand delivery of food to all NCPs as they expand. However whilst they expand, the expectation is that communities will be able to provide food independently of food aid through vegetable gardens and community donations. Thus, there is a gradual decrease in food provision from 100 to 40%.

**Unit Costs per child per day:**

WFP has distributed 2000 metric tons at USD 600 per metric ton for 20,000 children in 2005. This translates to USD0.164 per beneficiary per day.

**Coverage:**

2005 - 20,000 x USD0.164 x 365 days	= USD 1197200
2006 - 35,000 x 80%	= USD 1676080

2007 - 55,000 x 70%	= USD 2304610
2008 - 76,000 x 60%	= USD 2729616
2009 - 100,000 x 50%	= USD 2993000
2010 - 132,000 x 40%	= USD 3160608

### Activity 7: Short Term packages for vulnerable households (food and hygiene)

**Target Population:** 3180 child headed and vulnerable households. There are 3180 CHH: 15900 children in child headed households. Estimate 5 children per household, thus 3180 Child Headed (or vulnerable) Households 3180 households. Decided that 'short-term' constitutes one year of emergency packages on a quarterly basis. The numbers decrease as other community interventions, such as gardens and NCPs, begin to meet household needs.

#### Unit Cost USD 16.24 per household

Food (USD12.44)

12kg maize: USD 4.32 per bag

2.5kg beans: USD 2.73

750ml cooking oil: USD1.69

3kgs sugar: USD 1.85

1kg salt: USD 0.77

Candles (1 packet): USD1.05

Matches (1 packet): USD 0.03

Hygiene kits (USD 3.8):

Washing soap USD 0.88

Bath soap (x3)USD 0.46

Sanitary pads- USD 1.54

Distribution: costs will be absorbed through other activities.

#### Coverage:

2005 - 3180 x quarterly x USD 16.24 = 206573

2006 - 2800 x 4 times = 181888

2007 - 2500 = 162400

2008 - 2250 = 146160

### Priority Programme Area 2 - Right to Protection

Orphaned and vulnerable children, their caregivers and community members are able to respond immediately to circumstances and conditions that result in gross violation of the rights of children, subjecting them to serious risks and hazards.

#### Activity 1: National Campaigns on child abuse

- i) Community leadership sensitization meetings @ 67 meetings per year to cover leaders from 360 communities + towns
- ii) National (community) meetings sensitization<sup>i</sup>
- iii) Child protectors assumption is 360 communities covered all communities have LL

**Target Population:** 360 chiefdoms + 24 town reps

#### Unit cost:

Food = E30 = **US\$4.6**

Transport=E30 = **US\$4.6**

Facilitators =E150 = **US\$22**

Stationary = E15 = **US\$ 2.3**

**Total per person E75 = US\$ 11.45**

384 pp x E75 = E28 800 = **US\$ 4,397**

**facilitation US\$ 1,534**

#### Coverage: Nationwide

Chiefs and town leaders to be sensitized once on:

- a) their role on preventing abuse
- b) they identify foster homes



### Activity 2: Capacity building for LL through training workshops calculated at 5 days per session x 375 sessions

**Target Population:** 15 000 LL members country wide calculated at 3000 tigodzi, 5 LL per Sigodzi

**Unit Cost:**

Facilitation fee = E150 x 372 x 2 (360 communities + 12 Towns x one day meetings = E111600 = USD 17038

(375 x 115) + 65 = 640 per person per week x 15 000 = E9 600 000 = US\$ 1 465 649

Per year 1920 000.00 = US\$ 293 129

Facilitation fees = (E375x3x150x5) + (115x5x3) = E84600 = US\$ 130 000.00

E170 000.00 = US\$ 26 000 per year

**Final cost for target population:**

US\$ 5,932 (once off first year only)

US\$ 17038 per year x 5 years

US\$ 85190

US\$ 1 465 649.00

US\$ 130 000.00

**TOTAL US\$ 1 595 000.00 for 5 years**

**Incentives for LL:**

Supplies for LL: 2 Overalls per person @ E75 per overall lx 2 = E2 250 000.00 = US\$ 343 512.00<sup>i</sup>

T-shirts 15 000x35x22 = E1,050,000.00 = US\$ 160 000.00

Bags 15000x E100 = E1,500,000.00 = US\$230 000<sup>ii</sup>

Year 1 US\$ 482 000.00

Year 3 US\$ 252 000.00

### Activity 3: Strengthen safe places for abused OVCs

a) Remove OVC from dangerous situation and temporary resettlement<sup>iii</sup>

b) LL Report the case to the police who take the child to the clinic or hospital

c) Place child in a half way home at KaGogo centre with Lutsango member and counseling by Social worker<sup>iv</sup>

d) Strengthen the social welfare fund to facilitate the removal process

e) Assuming that of the total 132 000 orphaned and vulnerable children only 1% is abused per year, hence 1320 children and providing basic needs during the time when the child has been removed

Establish 4 half way houses , one per region (Conduct a study on feasibility of halfway houses for abused children)

**Target Population:**

Target is 132 000, all orphaned and vulnerable children

**Unit Cost:**

Assuming US\$1x 1320 x 365 days a year = US\$ 490 000.00<sup>v</sup>

US\$ 11 000<sup>vi</sup>

Final Cost:

US\$ 490 000 + US\$ 11000 = US\$ 501 000.00

**Coverage:**

1320 OVC are to be reached every year based on the assumption of 1%

### Activity 4: Provide Legal framework for fulfillment of rights for OVCs and training for community leaders on legal aid and legal protection of children especially orphaned and vulnerable children.

Provide legal aid for OVC regarding property rights, lobby for the amendment of sexual offenses bill and improvement of fostering as incorporated in the sexual offenses bill (guidelines for fostering, adoption and guardianship arrangements)

**Target population:**

292 community leaders

**Unit Cost:**

- a.  $292 \times E675 \times 2 \text{ days} = E394\,000 = \text{US\$ } 60\,000$
- b. facilitation =  $150 \times 8 \text{ days} \times 3 \text{ facilitators} \times 2 \text{ days} = E7\,200 = \text{US\$ } 1\,100$

Meals & accommodation  $E675 \times 2 \text{ days} \times 3 \text{ facilitators} \times 8 \text{ day} (2 \text{ per region}) = E32\,000 = \text{US\$ } 5\,000$ Sub total =  $E433\,000 = \text{US\$ } 66\,000$ a. *Community sensitization on legal issues*Facilitation:  $E7\,500 \times 3 \text{ facilitators} = 22\,500 = 35\,000$ Sensitization:  $292 \times E1\,000 = E292\,000 = 45\,000$ 

## b. Establish Local Legal System (LLS) at Kagogo centres

Study by WLSA to conduct study on how to set up LS =  $E32\,000 = \text{US\$ } 5\,000$ 

## c. Develop a simplified user friendly legal aid brochure

Printing =  $E32\,000 = \text{US\$ } 5\,000$ **Activity 5: Lobbying and information sharing with decision-makers***Lobbying Parliamentarians on child related legislation and budgets.***Unit Cost:**

- ✓ Identify 4 ministers to advocate for children (Health, Education, MOJ and DPM, Economic Planning and Finance).
- ✓ Prepare issue and Cabinet papers on children's issues.
- ✓ Information sharing Workshop with 95 MPs, 17 Cabinet Ministers, 18 Principal Secretaries, 2 officers from PPCU.

Meeting / information sharing with Permanent Secretary DPMs office

Information Sharing =  $95 \text{ MPs} \times E180 \text{ (tea and lunch)} + E2\,000 \text{ Venue} \times 3 \text{ years} = E60,000 (\text{USD } 9,000)$ Election campaigns on issues of children =  $E50\,000$  (one year only)Information Sharing =  $95 \text{ MPs} \times E180 \text{ (tea and lunch)} + E2\,000 \text{ Venue} \times 1 \text{ year} = E19,100 (\text{USD } 2,900)$ Follow up Meetings  $E60,000$ **Activity 6: Strengthen and establish child friendly spaces at police stations***Complete child friendly spaces in 23 police stations*

- ✓ Paint child –friendly rooms in 12 stations ( $12 \text{ police stations} \times E10\,000$ ) (once off)
- ✓ CCTV in 12 stations ( $12 \text{ police stations} \times E40\,000 = E480\,000$ ) (USD 73 000). (once off)
- ✓ Training of Police and Intermediaries  
 $92 \text{ participants} \times E100 \times 4 \text{ days} = E37\,000 = \text{USD } 5\,600$  (once every year).
- ✓ Facilitation:  $DSA300 \times 5 \times 3 = \text{US\$ } 4\,400$

Fees:  $300 \times 3 \times 3 = \$2,700$ 

Total: \$7,100

- ✓ Provide anatomic toys

 $(12 \text{ police stations} \times E20\,000 = E240,000$  (USD 37,000) (Once off)

- ✓ Build rooms for children spaces in police stations where they do not exist

 $6 \times E120,000 = E720,000$  (USD 11,000)*Train NCP Care Givers in child protection issues*

- ✓ NCPs = 345 (ECHO) + 70 (COMM) + 90 (FBOs) = 505

Training =

- ✓  $= 2525 / 60 = 42$  workshops

**Coverage**Yr 2 =  $E23,1400$  (USD 461,400)Yr 3 =  $E115,700$  (USD 230,700)Yr 4 =  $E115,500$  (USD 230,700)Yr 5 =  $E115,500$  (USD 230,700)

**Activity 7: Strengthen community-based Birth & Death Registration for OVC****Input**

Sensitization campaign on the importance of birth registration as legal protection of children and as a means to access basic services

**Target Population**

- 700 participants from 55 communities
- 3382 participants from 305 communities

**2006 - USD 11 113****2007 - USD 11 113****2008 - USD 11 113****2009 - USD 11 113****2010 - USD 11 113****Input**

Capacity building for the Registrar's Office through training officers on Customer care targeting 55 officers

**2006 =USD 2350****2008 = USD\$ 2350****Input**

Target 106 360 orphaned and vulnerable children (73% of 30 000 studied + 10 000 born per year assumed they will fall under OVC Category) all in 305 communities assuming the 55 would be done by December targeting 106 360 children.

**2006 - USD 26006****2007 - USD 26006****2008 - USD 26006****2009 - USD 26006**

Volunteers US\$ 15.26 per day @ 915 = US\$ 13962.90 per volunteer per 305 communities x 12 volunteers US\$ 139 629 (to be covered in 46 months at 3 days per community)

**Coverage**

-10 volunteers x 915 days @ US\$ 15.26

2006 - USD 41 888.71

2007 - US\$ 41 888.71

2008 - US\$ 41 888.71

2009 -US\$ 41 888.71

Procurement of vehicles, 1 per region + headquarters car 5 vehicles 2006 = US\$ 229 008

Media awareness and community sensitization by radio jingles and announcements

**Coverage**

2006 - USD 2800

2007 - USD 2800

2008 - USD 2800

2009 - USD2800

2010 -USD 2800

**Activity 8: Psychosocial care and support for OVC in and out of schools**

**Target group:** 104,625 OVC *in and out* of school

Intervention 1 : Based on Circles of Support, Schools as Centres of Support, and other existing programmes, including Sebenta institutions and community outreach through schools

Intervention 2: Every public facility, (school, clinic, police station, etc. ) should have a call box so OVC can access the toll free lines – advocate to SPTC.

Key Interventions for psychosocial support:

- Community awareness
- Materials Development
- Monitoring of children and those at risk
- Training

**Unit Cost**

\$50/child/year

Data Source: COS figures from Swaziland and Botswana

**Coverage:**

2006 - 40% \$2,092,500

2007 - 50% \$2,615,625

2008 - 60% \$3,138,750

2009 - 70% \$3,661,875

2010 - 80% \$4,185,000



### Priority Programme Area 3 Right to Education

#### Activity 1 & 2: Expand access of orphaned *and vulnerable* children to bursary Supported primary education school and exam fees.

##### Target Population:

Primary school net enrolment rate assumed to be 80%  
 OVC = 55,279 children in 2005 including the impaired.  
 \$12,870,300 million  
 Std 5 exam fees = \$168,750/year =  
 Total for both is E34,350,000 = \$5,274,715

##### Unit Costs:

School Fees E400 per child per year (incl. feeding based on Zondle costs)  
 School Uniforms E225/child/year (uniform, shoes, track suit) (calculated on basis of new uniform every two years, new shoes every year)  
 Total E625/child/year  
 US\$ 93/child/year  
 Annually =  
 Std 5 exam fees = E147/child or US\$23  
 Annually \$168,750  
 (20% of 10 to 14 yr olds, and multiplied by exam fee actual calculation 9399 children x 80% enrolment = 7519 in Std. 5 x E147  
 (Data sources: Moya Centre 2005, schools, and COS/MOE Capacity Audit, 2004)

##### Unit Costs

School Costs \$93/child  
 Exam Fees \$23 but only grade 7 (or Std 5) pay exam fees (thus one out of 7 grades)

##### Coverage

2005 2010  
 School Fees US\$93 x 80% coverage of OVCs in years (2005,2006,2007,2008,2009,2010)  
 Exam Fees \$ 23 x 80% coverage of OVCs in year

#### Activity 3: Advocacy for universal primary education and support of OVC in secondary school

**Interventions:** MIES system to generate data, data from current MOE/ WB research on primary and secondary schools will provide information for IEC materials development, advocacy data materials preparation and training for Ministry and school

##### Unit Cost:

Consultant to consolidate data and information into one package, 1 regional consultant x 15 working days (includes fees, transport air fare, per diem, etc.	E54,000
Dissemination of report	E20,000
One day Workshops based on findings regional	E300,000
Total cost	E374,000

##### Programme Cost

Yr 2006 \$58,000

#### Activity 4: Ensure schools have gender-sensitive materials, teaching approaches, and life skills

##### Interventions:

Review existing materials and curricular (NCC) to assess needed revisions across primary subjects - thereafter, workshops 1 per subject for five days (participants would be the MOE/NCC subject panel) 40 workshops days x subject panel of 15 people x E500 per day = E300,000 (5 dys/workshop)

##### Programme Cost \$5,725/workshop x 8

Yr 2006 \$22,900 Yr 2007 \$22,900

Thereafter, integrated into annual (existing) MOE revision and reprinting budgets

**Activity (ref M&E): Ensure girl friendly initiatives in schools**

This is a mainstream activity which is in national MOE budget/activities.

**Activity 5: Construct counselling rooms at schools and skills centres**

**Intervention :** Community Counselling centres based at schools one per school and per Sebenta Skills Centre (see activity below) E10,000 over centre x 700 schools + 55 skills centres = E10,000 = \$1,154,626 (Counselling centres are either containers or speed space type structures)

2006 - USD 230,864

2007 - USD 230,864

2008 - USD 230,864

2009 - USD 230,864

2010 - USD 230,864

**Non Formal Education****Activity 6: Construct skills centres for non-formal education**

Average 120 pupils per school. Plus siblings for feeding 240 per school for food x 7 days a week=144,000.

Key interventions: 1) Increase number of skills (functional and technical skills) centres from 13 to 55 by 2010

centres to provide psychosocial and life skills.

**Unit costs:** US\$ 84,000 (E550,000 per centre). Construction costs, using community participation (E350,000) and equipment (E200,000) per centre.

Cost data sources: Sebenta National Institute

Centres	12	6	13	10	10	5
2005	2006	2007	2008	2009	2010	
Construct and equip	504000	1092000	840000	840000	420000	

**Activity 7: Operate and maintain skills centres for out of school youth**

Target group 11,000 out of school youth

Running costs:

1)Salaries E600 pm x 6 facilitators = E43200 (USD6595)

2)Maintenance for first year thereafter pupils to do = E10,000 per year (USD1526)

3)Feeding costs = USD0.28 pd x 200 children per centre x 365 days = USD 421 per site

4)Uniforms: E300 (US46) per child x 200 children = USD 9200 per site

5)Materials E 35,000 = USD 5345 per site

Thus total per centre = USD 23087

**Coverage:**

2005 - 0 x USD23087 = 0

2006 - 18 x USD23087 =415566

2007 - 35 x USD23087 =808045

2008 - 45 x USD23087 =1038915

2009 - 50 x USD23087 =1154350

2010 - 55 x USD23087 =1269785

Sources: Sebenta, Moya Centre costing data

**Activity 8: Provide community based non-formal learning for out-of school youth centres (churches, Halls, etc).**

1 per community = 360

Target Population: 50 learners per centre = 5,000 (15 to 20 children class = five children),  
6 facilitators per centre, 100 centres

Unit Cost per learner

Food = \$1 day/learner = \$200/year/child

Salaries= \$3,665/centre/year = \$18/child/year

Training Materials = E250/child/year/\$38

Unit cost \$256/child year

Centre cost \$p.a/centre

**Programme Costs US\$**

2005	2006	2007	2008	2009	2010
	1,280,000	1,280,000	1,280,000	1,280,000	1,280,000

**Coverage:** As for intervention 1

**Activity 9: Capacity building - Training Sebenta facilitators and NCP care givers in nonformal education activities and psychosocial support every two years**

Initial training is five days  
 Second training is 2.5 days every second year  
 6 per skills centre and 6 per community centre = 2,232  
 NCP care givers= 2175  
 = 4,407

Initial Training  
 72 skill centre facilitators trained a year @ E225 per day for 5 days  
 2160 community centre facilitators  
 2175 NCP care givers  
 Total 4407  
 25% per year over four years = 1108 participants/year

**Unit cost** = US\$38/person/day  
 Programme Cost = \$210,520/year

**Coverage :**

25%/year

2006 - USD 210,520

2007 - USD 210,520

2008 - USD 210,520

2009 - USD 210,520

2010 - USD 210,520

Cost data source: Sebenta National Institute, Thokoza Training Costs

**Activity 10: Review and finalise Early Childhood Care and Development Policy**

Target group 17000 OVC children in 0 to 4 years cohort.

Review and finalise draft Policy (stakeholders)

50 x3 days workshop E400 =E60,000

Printing Policy=E30,000

Adapt manuals and Pilot= E500,000

Programme Cost\$105,345

**Coverage:**Yr 2006

**Activity 11: Operationalise ECD policy including training of caregivers in ECD**

Implementation for OVC (500 caregivers) 17000 children,

Interventions:

Community awareness/participation

Selection of care givers

Training

implementation

E5,500,000 per year from Year three

**Programme Cost**\$840,000/year

**Coverage: 100%**

2007- USD 840,000

2008 - USD 840,000

2009 - USD 840,000

2010 - USD 840,000

## Programme Area 4. Right to Access Basic Services

### Activity 1: Procurement of equipment for Neighbourhood Care Points

**Target Population:** 2640 NCPs benefiting 132,000 OVCs (50 per NCP)

**Unit Costs: USD 1318.10**

Roofing sheets (20 per NCP): USD 310

Cement for floor (4 bags): USD 30

Door and door frame: USD77

Window frame: USD 23

Water tank (5000 litre): USD 300

Mats for children: USD 3.23 per mat (50 per NCP) = USD162

Kitchen kits (bucket, jerry cans, ladles and cooking pots) 2 kits/NCP = USD 220

Children's eating utensils = USD 117 for 50 children

Metal trunks = USD 60

Soaps (x3 per OVC) = USD 2.50

Jik for water purification (13 per NCP): USD 12

Nails for roofing sheets: USD 4.6

#### Coverage:

2005 - 7% - 345 (Total 345NCPs) x 1318.10 = USD454744

2006 - 30%- 459 (Total 804NCPs)= USD605007

2007 - 43% - 459 (Total 1263NCPs)= USD605007

2008 - 60% - 459 (Total 1722NCPs)= USD605007

2009 - 78% - 459 (Total 2181NCPs)= USD605007

2010 - 100%- 459 (Total 2640NCPs)= USD605007

### Activity 2: Water and Sanitation Facilities in communities, schools and NCPs where OVCs meet

#### Input 1: Water and sanitation facilities to schools and Neighbourhood Care Points

##### a) Installation of boreholes, and pumps for schools

**Target Population:** 73 schools and 75 NCPs. There are 546 primary schools, and 189 secondary/high schools. About 70% do not access water, thus suggest 382 primary schools, and 132 secondary schools. Taking into account capacity to install pumps, aim at 15 per year.

**Unit Cost:** USD6250

Installation of boreholes, and pumps: USD 6250

Drill borehole: USD 2800

Install standard pumps: USD 2300

Other materials fencing, drainage, borehole caps: USD 1150

#### Coverage:

2005 - 3 boreholes and pumps x USD 6250 = USD18750

2006 - 10 boreholes and pumps= USD62500

2007 - 15= USD93750

2008 - 15= USD93750

2009 - 15= USD93750

2010 - 15= USD93750

##### b) Installation of rain harvesting systems at schools

**Target Population:** 350 drought water stricken schools

**Unit Costs: USD440**

10,000 litre tank: USD300

Gutters and down pipes for 40meters: USD 140

Labour for installation, and transport costs: USD 200

#### Coverage:

2005 - 7% =25 x USD 640 = USD16000

2006 - 25%=65= USD 41600

2007 - 44%=65= USD 41600

2008 - 63%=65= USD 41600

2009 - 81%=65= USD 41600

2010 - 100%=65= USD 41600



c) *Provision of water tanks to sites*

**Target Population:** 120 schools

5000 litre tanks: USD 200. Each tanker can visit 2.5 days a week delivering food to three sites. Thus maximum of 130 visits per annum. Each school requires 2 visits a month, thus 5 schools can receive water from one tanker per month.

**Coverage:**

2005 - 4% (20 schools) x USD 200 = USD4000

2006 - 20 schools=USD4000

2007 - 20 schools=USD4000

2008 - 20 schools=USD4000

2009 - 20 schools=USD4000

2010 - 20 schools=USD4000

d) *Installation of sanitation facilities for schools*

**Target Population:** 588 schools by 2010 out of 735 schools. Schools require 8 toilets.

**Unit Cost for one toilet:** USD 245.

Metal doors, and toilet seats: USD71

Cement for slabs: USD 7

Vent pipe: USD 16

Roofing sheets (1.5): USD 23

Timber: USD 8

Support and labour costs: USD 120

**Coverage:**

2005 - 4%=23 x (USD245x8)=USD45080

2006 - 23%=plus 113=USD221480

2007 - 42%=plus 113=USD221480

2008 - 61%=plus 113=USD221480

2009 - 81%=plus 113=USD221480

2010 - 100% schools=USD221480

**Activity 3: Socioeconomic empowerment to enable care-givers to provide care for OVC**

**Community Involvement**

**Input 1:**

- Support and train NCP caregivers and Sebenta facilitators on life skills, homecare practices for dissemination through community linkages (all this have been captured under education and protection budgets)
- Peer education has also been taken care of under education budget using the child to child (life skills) budget.

**Advocacy**

**Input 2:**

Lobby for and support MOHSW in free public health care for OVC.

- Lobby all PS's in all key ministries i.e. MoHSW, DPM's office, MoE, MoJCA

**Basic Assistance**

**Input 3:**

Develop a child friendly manual on financial literacy

Requirements for manual production

-consultant to produce a draft manual: E1500 x 10 days = **E15000, USD: 2300**

-workshop participants (60) for two days

➤ venue = E800.00 x 2 = E1,600

➤ lunch + tea x 2 = E5400 (90 x 60)

➤ transport @E50.00 p/p = E3000

➤ stationery @E10 p/p = E600.00

➤ facilitation @ E1,500 (workshop)

Total workshop cost: **E12,100 USD 1847**

Finalization manual (3 days) @ E1, 500 p/d = **E4500, USD 690**

**Total cost: USD 4837**

**Develop workbooks:****Consultant:**30 days x E1500 = **E45,000 USD 6800**Artist: 20 days x E1000 = **E20,000 USD 3000****Printing costs:**10,000 x E50 each = **E500,000 USD 76,000****Workbooks:**3000 manuals x 50 each = **E150,000 USD 2300****10,000 w/books each year for 5 years including distribution costs**(Year 2- 5) 2000 manuals x E50 = **E100,000 USD 15,300****Training****T.O.T.**

40 (10 per region) participants x 3 days @ Thokoza Church Center

Venue: 40 x E115.00 x 3 = **E13,800 USD 2100**Facilitation: E1500 x 3 days = **E45000 USD 6870**Transport: 40 x E50 = **E2,000 USD 300****Training of caregivers****(Year one only)**3 trainers per inkhundla x 3 days x E250 p/d x 55 = **E4370.00 USD 19,000**

Transportation: one vehicle per region:

- Fuel: E1.50p/km x 200p/d = E300 x 3 x 55 = **E49,500 USD 7,615**- Lunch out for drivers: E50 p/d x 3 x 55 = **E8250.00 USD 1,270****Lunch for caregivers**3,000 x 30 x 3days = **E270,000 USD 4,1538****Transport**3000 x E50 x 3days = **E450,000 USD 69,230****Year 2 – 5:**

2000 x E30 x 3 =

2000 x E30 x 3 =

**Credit schemes (kagogo)***E3,000 per center USD 460*

2006 - 460 x 100 = USD 46,000

2007 - 460 x 100 = USD 46,000

2008 - 460 x 100 = USD 46,000

2009 - 460 x 100 = USD 46,000

2010 - 460 x 100 = USD 46,000

**Income support for care givers****Revolving fund under training (b)**

Take total cost of basic assistance in (a)

Year 1: Provide revolving fund of E5,000 per center x 60 = **E300,000 USD 45,800**Year 2 - 5: E5000 x 100 = **E500,000 USD 76,300**

Of particular concern is that majority of households are living in absolute poverty and are unable to provide for needs of orphaned and vulnerable children in their care:

(a) Counseling and training of savings, health, psychosocial and educational investments, this component is taken care of under psychosocial support component in the education component

**Activity 4: Specialised Assistance to Physically Impaired OVC****Problem Statement: Children with disabilities tend to be more disadvantaged than non disabled children**

Type of disability	Est number	Inputs	Unit Costs (E)	Total Costs	US\$
<b>Physically impaired</b>	1000	Children's wheelchairs	2,500	250,000	38,168
	500	Walkers	150	75,000	11,450
	500	Standing frames	200	100,000	15,267
	500	Stimulative toys	4	2,000	305
	2500		2,854	427,000	65,191
Totals:					0
<b>Speech and hearing</b>	1000	Hearing aids + maintenance	1,200	120,000	8,321
		Stimulative toys		200	31
				120,200	18,351
Visually impaired	600	Spectacles	60	3,000	458
	400	Walking Carers	180	60,000	9 160
		Stimulative toys		2,000	305
	1000			65,000	9,924
Total				612,200	93,466

estimated at 1% of child population

### Basic Social Services: Health Services Component

Full course of childhood immunizations (0-4 years old):

The goal of this service is to combat the 7 killer childhood diseases among OVC, i.e., TB, measles, diphtheria, pertussis, tetanus, hepatitis B, polio. A unit cost of \$5.33 per OVC per year was calculated as follows

-vaccine costs are 3M SZL or US\$461,538 per year to reach 144,000 children, or \$3.21/OVC/year (these vaccines are government procured and are not eligible for the Global Vaccine Initiative, GAVI)

-cold chain, AD disposable syringes, and part of transport costs are currently \$150,000 per year (current JICA budget) / 144,000 children reached = \$1.04 per OVC per year

-additional transport costs to achieve outreach at 160 sites x 70 kilometers round-trip/ month x 12 months x \$.08 = \$.07 per OVC per year -cost of a team of 3 health workers (1 RN @ \$12,000/yr + 1 nursing assistant (A6) @ \$7500/yr + 1 driver @ \$4400/yr + management costs @ \$4000/year = \$27,900/yr /144,000 children reached = \$.19 per OVC per year-overhead/management costs @ 18% of program costs = \$.82 per OVC per year  
Total = \$5.33 per OVC per year

Current under fives immunization coverage rate is 62% (according to the NCP assessment of health and nutritional status, 2004). The goal is to reach 100% coverage of OVC age 0-4 by 2010.

#### Vitamin A supplements (OVC 0-4 years old):

The cost assumption is that Vit A will be delivered along with childhood immunizations; therefore personnel and management costs are already reflected in the previous unit cost estimate. The MoHSW estimated that \$1 per OVC per year was needed to provide Vit A in concert with immunizations.

The technical group noted that since 62% coverage was achieved in 15 months, coverage goals would parallel those for provision of under fives childhood immunizations (above), reaching 100% coverage of OVC 0-4 years old by 2010.

#### Zinc and Iron supplements (OVC 0-4 years old):

The estimated unit cost is \$9 per OVC per year (including: supplies, training, public education/materials development).

There is currently no coverage being achieved. The technical group estimated that 30% coverage would be possible in the first year (2006), given the experience to date with under fives immunizations. The current 2010 coverage goal is 90%; however, the group felt strongly that this goal should be adjusted to 100% if possible, depending upon the results of a mid-term evaluation/review of the NPA and its achievements.

**Activity 5: Full course of Childhood Immunisation-****Number in need- 10,000 per year**

Under five OVC Children are around 16,000. However a new cohort of 40,000 is born every year and 90% of these would be reached by year end. 25% estimated as OVCs. Therefore, target is 10,000 per year.

**Unit cost- Total US \$ 10.07, cost without vaccines= 2.75**

vaccines US \$ 7.32, ( BCG- E1.6, DPT E1.56, polio- E2.0, measles E1.88, HBV E 7.88, DT E 0.94, TT E 0.75) cold chain and AD syringes US \$1.04, Transport 0.7, health worker's cost 0.19, overhead/ management 0.82,

**Coverage-** from 62% in 2005 to 90% in 2006 and sustained thereafter.

**Activity 6 - Vitamin A-****Number in need- 16,790**

**Unit Cost US \$ 0.8** (2mega doses per child per year, shipment and logistics)

**Coverage** as per immunisation

**Activity 6 (continued) - Zinc and iron supplementation-****Number in need- 16,790**

**Unit cost US \$ 9** (supplement, shipment, training, IEC )

**Coverage- 0% in 2005, 90% in 2010**

**Activity 7- PMTCT services for orphan prevention**

**Target population-** - 17,000 pregnant women, 17,000 **exposed** babies and 6,800 **infected** babies annually ? all as target

**Unit cost 12.36** (pipette, HIV testing kits, collection tubes, lancets, swabs, maternal NVP dose (0.2 \$) and infant NVP dose (0.4\$), training (US \$ 2.58) and operational costs (US \$ 1.0)

**Coverage-** 2005- 20%, 2006- 40%, 2007- 50%, 2008- 65%, 2009- 80%, 2010- 90%  
*When AZT short course is added the additional cost is US \$ 12 per mother*

**Activity 8 - Co-trimoxazole prophylaxis of HIV exposed children**

**Target Population** 17,000 exposed children. Of these it is estimated that 50% are or will soon be OVC i.e. 8,500

**Unit Cost-** US \$ 16.56 per child annually (US \$0.46/ bottle, 36 bottles per child per year= 16.56, transport/ administration cost- 0.26/ child)

**Coverage-** 2005- 5%, 2006- 15%, 2007- 30%, 2008- 50%, 2009- 80%, 2010- 90%

**Activity 9 -Treatment of HIV infected children**

**Target Population (newborn through 18)** - 400 new OVCs per year. Starts with 400 and cumulates all previous years plus the new- born each year. Does not include the existing backlog of children. 400 is derived as follows:

6,800 are annually infected, around 25% would die of AIDS within first year unless given HAART- 1,500 new infant cohort every year but would reduce with increasing PMTCT coverage and CTX prophylaxis 25% of 25% i.e. 400 new eligible for ART back-log (10%) of 2,600= 2,600, total = 3000

**Unit Cost- Based on Botswana- US \$ 294 per child per year** (drugs and guardian education on adherence)

**Coverage-** 2005- 5%, 2006- 15%, 2007- 30%, 2008- 50%, 2009- 80%, 2010- 90%



**Activity 10 Routine Health Care of under- Five****Target Population-** 16,357 OVCs in 2004 and 16,790 in 2010**Unit Cost- US \$ 10 per child per year for diarrhoea, pneumonia, skin conditions and deworming (excludes OIs and AIDS )**

*IMCI package drugs-* ORS .08 \$/ packet X 2 per episode X 3 episodes per year = 0.48/ child per year; Deworming tab- .02 \$ per tab X 2 per child= .04 per child, Pneumonia treatment- 0.46 per bottle x 1 per episode x 0.5 episode per child= 0.23\$; other drugs- benzyl benzoate, metrogyl, paracetamol, eye/ ear drops etc, growth monitoring, Total approx- US \$ 6

*Delivery Costs-* training of NCP care providers, transport, campaigns etc  
Total approx- US \$ 4

**Coverage-** 2005- 5%, 2006- 15%, 2007- 30%, 2008- 50%, 2009- 80%, 2010- 90%**Activity 11 Routine Health Care for Primary school age ( 5-9 years)****Target Population of OVCs-** 38,356 in 2004 to 50,472 in 2010 for 5-9 years**Unit Cost- US \$ 36.51 per child per year**

Drugs and equipment- US \$ 34.8 (includes OIs, deworming, vitamins)

Delivery Costs- US \$ 1.71 per child

**Coverage-** 2005- 5%, 2006- 15%, 2007- 30%, 2008- 50%, 2009- 80%, 2010- 90%**Activity 12 Routine Health Care for children 10-18 years****Target Population of OVCs-** 77,533 in 2004 to 121,967 in 2010**Unit Cost- US \$ 36.51 per child per year (see spread sheet for details)**

Drugs and equipment- US \$ 34.8 (includes OIs, deworming, vitamins, special needs due to disability through disability unit/ MOH etc)

Delivery Costs- US \$ 1.71 per child additional mobility and staff costs through existing school Health / RHM programme

**Coverage-** 2005- 5%, 2006- 15%, 2007- 30%, 2008- 50%, 2009- 80%, 2010- 90%**Activity 13: RHMs training and support for OVCs Health Care****Target Population of OVCs-** 77,533 in 2004 to 121,967 in 2010**To be reviewed as may be included by other groups.****Unit Cost- US \$ 2 per child per year**

Training of RHMs on OVCs and health care, annual OVC enumeration and assist NCP care givers - US \$ 2 per child

**Coverage**

2005 - 5%  
2006 - 15%  
2007 - 30%  
2008 - 50%  
2009 - 80%  
2010 - 90%

## Priority Programme Area 5 Right to Participation

### Child participation

#### Target Population

Children 0 -18 from all 360 communities (countrywide) assuming the population of children is 530 400 excluding under 5 (160 000)

**370 400 (5-17)**

#### **Activity 1: Establish children's assemblies (Forums) at community level , Inkhundla, regional and national level**

*a. Facilitation of meetings at Sigodzi and Umphakatsi level to conduct elections of children's representatives facilitate the establishment of Umphakatsi children's committee comprising of*

#### **Unit Cost:**

Meeting at Sigodzi level estimated at 70 children per Sigodzi x 3072

Tigodzi @ 215040 children.

Refreshments at E10 per child **US\$ 328 305.50**

Meetings at Umphakatsi (20 per Umphakatsi) level @ 7440 xE10 = E74400 (US\$11359)

*b. Facilitate children's meetings at Inkhundla level (55 Inkhundla's)*

#### **Unit Cost:**

Meetings at Inkhundla level @ 1100 children (2 per Umphakatsi) x E20 = E22 000 (US\$ 3359)

**Support meetings at Regional level @ 110 Children representing 55 Tinkhundla @ E50 each = E 5500 = US\$ 840**

**Support meetings at National level @ 110 children ( per Inkhundla) 110x150x3days = E 49 500 + E5500 (US\$ 7557.3 +839.7 transport ) + US\$2519 (incidentals)**

**2006 = US\$ 328 305.50**

**2007 = 2US\$ 11 359**

**2008 = US\$ 3359**

**2009 = US\$ 840**

**2010 = US\$ 10 916**

#### **Unit Cost:**

The ministry of education is to be engaged and lobbied to facilitate the school debates, drama, essays, poems and art and tasked to channel issues to the National Children's forum

Prices and incentives for winners.

(assuming there are 750 schools, both primary and high schools)

Estimated unit costs per item US\$ 500x3x7 activities (debates, drama, essays, debates, choirs, poems and art) US\$ 10500 x 2 school categories) US\$ 21000

**2006 = US\$ 6000**

**2007 = US\$ 3000**

**2008 = US\$ 3000**

**2009 = US\$ 3000**

**2010 = US\$ 6000**

d. Commemoration Day of the African Child, World AIDS Day and other children's related celebrations

**Unit Cost:**

**Transport costs = US\$ 100 000**

**Material costs**

**T-shirts at US\$10 per T-shirt x US\$ 848 244**

**Caps = US\$ 494 809**

**Bandana's= US\$ 212 061**

**Banners=US\$ 100**

**Food US\$ 424 122**

**US\$ 2,079,336.00**

**2006 = USD 2,079,336**

**2007 = USD 2,079,336**

**2008 = USD 2,079,336**

**2009 = USD 2,079,336**

**2010 = USD 2,079,336**

**Cross-Cutting Issues: Monitoring and Evaluation and Coordination**

a)Strengthen data collection at community level

1. Personell-55 Tinkhundla/secretaries xE120x550 days

**E3,630,000 = \$ 554,198**

2. Transport (purchase 5 vehicles at E300,000= 1,500,000) + (Hire E300 x 4 vehicles x 10 days per inkhundla x 55 inkhundla centres= E660,000)= **E 2,160,000 \$329,771**

3. Computer purchase 4 computers per region x 4regions @ E5,000 = **80,000 = \$12,214**

4. Stationery ( Files- E10 X 55 Secretaries=E550) +(Pens, pencil & rubber E15 x 55=E825) + (Photocopying paper 2 boxes per inkhundla x 55 tinkhundla@ E150 + photocopying toner E5,000=E21,500) **TOTAL Stationery E 22,875 = \$3,492**

5. Data Entry Clerks 2 Clerks per region X 4 regions x 25 days x E120= **24,000 = \$3,664**

6. Hiring drivers 21 vehilces at 4 per region 20 drivers for 8months @ E3000 a month **480,000 = \$73,282**

7. Petrol 10km per litre at E6.00 per litre car travels 100km a day =100/10 x6.00=E60 per day x 10 days per inkhundla x 55 tinkhundla 33000 per vehilce x 21 cars **693,000 = \$105,802**

**Total for year one 7,089,875 = \$1,082,424**

**Year 2,3,4,5**

1. Fuel for the 5 vehicles at E60 per day 20 days per month for 12 months **72,000 = \$10,992.37**

2. Printing of Tools at E100per book x 6 books per inkhundla x 55 inkhundla **33,000 = \$5,038.17**

3. Drivers 1 per region x 4 regions x E3000 a month x 12 months **144,000 \$21,984.73**

**Total E249,000 = \$38,015.27**

**Workshops to train data collectors**

1. 5 day in residence workshops 55 secretaries and 5 Facilitators @ E150 a day **45,000.00 = \$6,870.23**

2. Transport for 55 secretaries at E50 per person **2,750.00 =\$419.85**

3. Incidental Allowance E25 per day for 5 days **6,875.00 =\$1,049.62**

**Total 54,625.00 = \$8,339.69**

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AMICAALL  
SWAGAA  
JTK Associates  
SWAPOL  
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NERCHA  
Sebenta National Institute  
SINAN  
Moya Centre  
Rural Water Supply Branch  
Caritas Orphanaid  
SOS Children's Villages  
Family Life Association  
Zondle Women's Organisation  
Lutsango IwakaNgwane  
Lutheran Development Service  
The AIDS Support Centre (TASC)

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WFP  
UNFPA  
FAO  
UNAIDS  
WHO  
Italian Cooperation







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