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FOREWORD

This report presents a rich account of Neighbourhood Care Points (NCPs), a community-based initiative to mitigate the impact of HIV and AIDS on children in Swaziland. It captures the views of people with first-hand experience and provides information on the origins of the NCP concept, its achievements and challenges.

With interest, I have followed the NCP story since October 2006 when I arrived in Swaziland. After many community conversations and visits with volunteer caregivers and children, I can relate to many of the issues captured in this report, particularly the vast differences in the quality of NCP structures, varying levels of community engagement and ownership, and divergent perceptions of stakeholders. I have also encountered and been challenged by the paucity of written accounts on this subject.

Concerned about the lack of a roadmap to guide the rapid expansion of the NCPs, UNICEF sponsored a visioning exercise in 2008. With the assistance of Mark Loudon, a multi-sectoral team produced a strategic document informed by the experiences of NCPs. In 2011, UNICEF invited Mark for a return visit to Swaziland to write the story of NCPs and help fill the information gap. Hence this report. I wish to commend Mark for painstakingly piecing together a compelling story – the story of an epidemic triggering compassion and response to make things better for children. I also wish to extend my gratitude to everyone who shared their insights and observations.

The issue of NCP ownership deserves a few comments because it is a recurring theme in the report and in development efforts. Some people postulate that external aid undermined communities' ownership of NCPs. This theory cannot be dismissed. Nor can it be the only explanation for the current state of affairs. The 2006 study of NCPs commissioned by UNICEF cited community disputes, lack of food, and poor structures as the major reasons for NCPs becoming non-functional. The report stated that NCPs in Manzini and Shiselweni fared better than those in other regions while, for unexplained reasons, those established in 2003 seemed to enjoy greater community support than those established in 2004 or 2005. These observations pre-date the release of money from the Global Fund to finance capital projects and cover stipends for caregivers.

As described in this report, the early and rapid expansion of the NCP initiative affected its implementation. By 2008, NCPs had become a household name,

evolving from a small-scale and community-run activity to a national intervention reaching more than 50,000 children and receiving substantial external inputs – money, supplies, training, and infrastructure. Today NCPs cater for more children than primary schools take each year under Free Primary Education. With this expansion, the affairs of NCPs have become more complex, with stakeholders having competing expectations, communities with differing expectations and levels of ownership, external partners demanding varying accountabilities, caregivers wishing for monetary and non-monetary incentives, and parliamentarians aspiring to be conduits of external aid (money for capital projects, food) to their communities.

Notwithstanding the important challenges identified, it is encouraging and important to note that the report cites broad agreement on the overall positive contribution of NCPs and widespread optimism that the challenges can be surmounted. Few interventions, if any, have galvanized the national response to the HIV crisis as have the NCPs. None rival the selfless devotion of community members in the care of children adversely affected by the HIV epidemic. As stated by one of the informants, NCPs are a 'national treasure'. They deserve serious attention and support, even if times are hard due to the financial crisis. This report provides welcome information on the NCP initiative and ideas that can animate and contribute to future deliberations and action.

Jama Gulaid, UNICEF Representative, February 2012

CONTEXT ¹

Swaziland is a small land-locked nation of a million people, covering less than 20,000 square kilometres, bordering on South Africa and Mozambique.

The purpose of this report is not to catalogue the many challenges faced by this small nation, but to describe a home-grown solution to the greatest of them – the raising of their children. However, to understand the significance of this intervention, it is important to consider the context.

There's no way to avoid saying that Swaziland is in deep trouble. Recurrent drought and the deepening crisis caused by the world's worst HIV epidemic has recently been followed by a sudden and dramatic fall in income for the country's largest employer, and ultimate duty-bearer for the nation's children, the government.

Life expectancy in the Kingdom has declined from 60.7 years in 1998 to 45.3 years in 2007, and population growth declined to less than 1 per cent per annum. The crude death rate has increased from 10/1000 in 1990 to 21/1000 in 2007 – a level usually seen only in conflicts or natural disasters. The WHO estimated that, in 2006, 64 per cent of all deaths were due to AIDS.

The economy has deteriorated from an annual growth of around eight per cent in the 1980s to around 3.5 per cent between 1991-2008. Despite the nation's 'middle income' status, 63 per cent of the population live below the poverty line and 37 per cent in extreme poverty. Rural populations are even worse off, with 75 per cent living in poverty.

At the apex of Swaziland's government is the King, His Majesty Mswati III, who appoints ministers and 10 Members of Parliament, while 55 Members are elected, one for each constituency or Inkundhla. The King is guided by the body of Chiefs and by the Queen Mother, who is seen as the custodian of cultural matters and also as gogo or grandmother to the nation's children.

Swaziland's government was forced to reduce its 2010 budget by 14 per cent following a 62 per cent reduction in their main source of revenue, the Southern African Customs Union, and has committed to voluntary retrenchment of

¹ This section draws on a number of sources including UNICEF's Country Programme Action Plan 2011-2015, the Complementary Country Analysis: Kingdom of Swaziland. UN Country Team, April 2010, and the Global Fund 'report card' on Round 7.

7,000 civil servants. Official unemployment already stood at 28 per cent of the economically active population.

Around 180,000 Swazis, or 26 per cent of the adult population, are living with HIV – the world's highest prevalence. Half of all women aged 25-29 and 45 per cent of men aged 35-39 are infected. However great progress has been made in combating the infection of babies, and in curbing AIDS-related mortality, through an aggressive antiretroviral treatment programme.

The epidemic and drought have had a significant impact on household food security. There has been an estimated 44 per cent reduction in the area of land cultivated, 54 per cent reduction in maize production, and 31 per cent diversion of labour to care for the sick. The poor are net buyers of food, and are therefore particularly vulnerable to food price shocks.

Nearly 80 per cent of Swazis live in rural areas where they are dependent on agriculture, with maize being the most important crop. However the production of maize in 2009 – the best in five years – was around 70,000 metric tons, while domestic consumption is 161,800 metric tons. The country also consumes significant amounts of rice and wheat which are imported from South Africa.

Although the majority of households in Swaziland consider agriculture to be their livelihood, in reality they produce only 21 per cent of the food consumed in rural areas. The bulk of their food comes from cash purchases and, to a lesser extent, from gifts and food assistance.

There are signs that HIV prevalence among pregnant women attending antenatal clinics is stabilising at around 42 per cent. However, unlike other high-prevalence countries in the region, the national response has yet to generate an actual reversal in epidemiological trends.

In 2007 the number of orphaned and vulnerable children (OVC) was estimated to be around 130,000, and the numbers were growing. A vulnerability assessment conducted in 2006 found that 43 per cent of Swazi households were hosting orphans.

The burden of caring for OVC is borne primarily by women, often by ageing or ailing grandmothers. However, given the scale of the problem, relatives are often unable to care for these children, which has led to a rising number of child-headed households.

INTRODUCTION

The challenges faced by Swaziland may not be unique, but they certainly are extreme. One of these challenges – perhaps the most important of them all – is that an alarming proportion of Swazi children are growing up in highly deprived conditions.

It is often said that the way in which children are raised makes the difference between them becoming an asset or a burden to their country when they reach adulthood. Without some kind of intervention, many of these children will not become productive, responsible Swazi citizens – they will be more prone to disease and early death; they will be less likely to acquire the knowledge and skills to support themselves and contribute to the economy; and, most worryingly, many will not have the insights they need to be good parents to their own children.

In other words, a generation of deprived children threatens the future of the nation for generations to come.

Fortunately, this is not news to the people of Swaziland. They saw the problem, and they came up with a solution, which they call Neighbourhood Care Points (NCPs).

Swaziland has around 100,000 children aged 3-5. Of these, some 50,000 are being fed and cared for in Neighbourhood Care Points., This means about half of the next generation of Swazis are being fed and cared for by volunteers at their local NCP.

NCPs are an inspiring example of how 'less is more'. At their most basic, these centres consist of a handful of volunteers who feed and supervise a group of children. Originally the food came from their own homes and gardens, and the 'point' at which they delivered care was often no more than a spot under a tree.

Simple as this model is, it produces an extraordinary range of benefits. Children who would otherwise be sitting at home, hungry and alone, now get a regular meal, are able to play with other kids, and have access to an adult who guides and listens to them.

² Based on data from http://www.unicef.org/infobycountry/swaziland_statistics.html

³ UNICEF Swaziland Annual Report, 2010

⁴ Presentation by NERCHA at NCP stakeholders' meeting, 15 June 2011

By attending an NCP, children from deprived homes can be found, counted, assessed and cared for. By being placed in the care of volunteers who are motivated purely by their love and concern for children, they are more likely to be guided in the social practices and traditions of their people, and protected from abuse and exploitation.

Of course community volunteers are not the only ones who are deeply concerned about children from impoverished households. The Government of Swaziland was quick to understand the significance of the NCPs, and to encourage a flood of support from NGOs and donors.

The result is that very few NCPs are still located under trees, and most get a regular supply of food from international donors. At time of writing (mid-2011) more than 1,500 NCPs had been mapped, and funding secured to supply food to nearly all of them for the next three years.

Naturally, it hasn't been easy to get to this point, and very significant challenges still lie ahead. In fact some of these challenges are so serious they could result in the large-scale closure of NCPs, with disastrous consequences for the children, and the future of Swaziland.

Continuing economic decline means very few communities are able to support their NCPs with food, and international donors such as the Global Fund and the World Food Programme are facing unprecedented financial constraints of their own. Volunteer fatigue is taking its toll on caregivers, many of whom struggle to put food on their own tables, and who often lack the support of communities, who may see NCPs as the responsibility of NGOs or government rather than their own initiative.

This report tells the story of the NCPs from the beginning, including their achievements and challenges, through the eyes of those who have been – and in many cases still are – involved. Not only do these people describe their work but they share their pride, their concerns, and their ideas.

The goal of this report is to preserve these experiences and ideas, so they are not lost as people move on. Hopefully, these insights will be used by others to strengthen NCPs and, by implication, the future of Swaziland. The paper concludes with a few observations and recommendations which, hopefully, may prove useful to stakeholders in their discussions.

CHAPTER 1 – THE FIRST FIVE YEARS⁵

Every five years UNICEF reviews its goals and its relationship with government, and reflects this in a Country Programme of Cooperation which is signed by both parties. While developing the 2001-2006 Country Programme, UNICEF learned that nearly a third of children in one inkundla were being raised in circumstances of vulnerability due to orphaning or abandonment. Their study found that, while parental deaths used to be mainly due to accidents, over the past five years they had overwhelmingly been due to illness.

UNICEF's response was to propose a programme called Community Action for Child Rights (CACR), a learn-as-you-go approach with communities to discover how best to respond to HIV and AIDS. As the Country Programme took shape, government identified the Office of the Deputy Prime Minister, and specifically the Women in Development section, as the formal partner for the CACR programme.

The 2001-2006 Country Programme was signed by government and UNICEF in December 2000, and the CACR component was launched at an initiation workshop in February 2001. An orientation exercise set out to persuade participants that CACR would be different from the usual development projects:

- The focus would be on community action – nothing requiring outside money or approval, just what communities could do NOW for their children, using their own resources;
- Appreciative Inquiry would be used to encourage communities to look at their successes in raising children, and how to strengthen and expand those best practices;
- The underlying philosophy would be to make sure communities understood that protecting and nurturing their children was their own responsibility.

Appreciative Inquiry was new to Swaziland. UNICEF regional communication officer, Neil Ford, came to Swaziland to train UNICEF and their partners in its use. He had used the technique previously with Native American communities in Canada. The method takes a fundamentally different approach from the usual surveys that look at problems through the eyes of an outsider. Instead, Appreciative Inquiry uses community members as researchers, looking into practices their people have used, or are currently using, to successfully

address their problems.

The benefit of this methodology is that, at the end of the exercise, the insiders are the experts, able to provide answers based on approaches that have a track record of success in their own communities. This fundamentally changes the relationship between insiders and outsiders, with insiders seen as the 'owners', and outsiders as the 'partners', instead of the other way around.

In Swaziland, as in Canada, the inquiry was conducted by the youth, who not only knocked on doors to find out the problems, but interacted with their elders to find solutions. This produced answers to serious social issues, and empowered young people to become caring members of society, and agents for positive change. By looking at the best aspects of traditional customs and institutions, Appreciative Inquiry raised awareness and built solidarity and community engagement.

Participants at the initiation workshop spent two days in communities preparing for the Appreciative Inquiry exercise. Vierah Hlatshwayo, a senior official in the Department of Social Development, remembers that the participants formed teams which went to Mpulutzi and Manzini, where they asked questions such as: what was happening to children without one or both parents, or when their teacher fell ill, or when they were left alone at home?

As a result of what they learned, they formed a Steering Committee which set the CACR project goals for the first year. 'Our first goal was to develop community action plans for children in four chiefdoms, working with all the community role-players including leaders, churches, teachers, rural health motivators, and young people themselves,' she said.

The community work started with orientation of community leaders, and the selection and training of youth to carry out the Inquiry. The communities identified five major categories of children to be investigated: those unable to enrol in school; those caring for ill parents; those in child-headed households; those unable to access food; and those subjected to physical or sexual abuse.

From information to action

The head of the Women in Development section in the Office of the Deputy Prime Minister, Jabu Dlamini, recalls that the findings of the Appreciative Inquiry exercise were captured in a report which was presented to

⁵ This section draws on Child Protection and AIDS: Lessons Learned from Swaziland's Human Rights Approach to Programming. Alan Brody, UNICEF Innocenti Research Centre, Florence, Italy. 5 September, 2006

communities. 'One finding was that schools were empty, because girls were looking after sick and dying parents, and because families were putting resources on caring for the sick and dying. Children were not in school because of the stigma [attached to HIV/AIDS],' she said.

The initial phase of Appreciative Inquiry was followed by a community-mapping exercise, using Participatory Rural Appraisal techniques, to establish exactly how many families, and how many children, were affected. 'That's when we realised there were child-headed households, it came out in those mapping exercises.' The mapping also included the services available to communities, and they were surprised to find many community members were unaware of these services.

'Everything came after that. The NCPs, kaGogo Centres, lihlombe lekukhalela, all were started around that time. Everything came out of the Community Action for Child Rights programme.'

As a result of the exercise:

- community groups started fund-raising initiatives and income-generating projects to pay school fees for out-of-school children;
- communities became aware of children living alone, which led to initiatives to contact extended family members, and to reduce the isolation felt by the children;
- leaders in most communities allocated land so their communities could grow food for vulnerable children; the CACR provided seed and in some cases fencing;
- child abuse, especially sexual abuse within families, was identified by the youth as a significant problem;
- young people involved in the Appreciative Inquiry often started income-generating projects, pledging part of the proceeds to support vulnerable children.

When leaders and communities fully understood what was happening to their children they were deeply shaken, and demanded a much more rapid implementation and expansion of the programme. As a result the CACR initiatives were expanded from four to 18 chiefdoms by the end of 2001.

Work-plans developed in early 2002 proposed a continuation of these learn-as-you-go activities. At the same time UNICEF's capacity was growing as

⁶ KaGogo Centres and lihlombe lekukhalela (shoulders to cry on) are discussed later in the report.

significant new funding came on stream from mid-2001, with available funding rising from less than US\$1 million to more than US\$2.5 million. These

A shoulder to cry on

Phindile had been running her own pre-school since 1988, but she abandoned it to devote herself fully to the new place for orphans and vulnerable children in Lutsebine. She started by bathing the children and teaching them.

When she told the Chief that four of the children had venereal disease, he said they needed another group to look after such children. 'That is when the *lihlombe lekukhalela* were started. It was named by the youth, who had done the lubhaliso and were having workshops at the time.'

Tobhi explained that when Phindile took her plea regarding abused children to the Chief 'it connected' because it confirmed the findings of the Appreciative Inquiry by the youth. A record of feedback from the youth describes how the girls were conspicuously silent. It was only when the boys and girls were separated that the girls spoke up, and proposed the name *lihlombe lekukhalela*, a siSwati expression meaning 'shoulder to cry on'. Phindile said the NCPs were supported by local leaders. 'They found fields to plough for these children. We had tanks where we had maize. We were always having food, because they were giving out food for us to prepare for these children.'

The wife of the UNICEF Representative in neighbouring Mozambique, who herself came from that region of Swaziland, contributed building materials to construct a permanent shelter for the Lutsebine 'day care centre'. A few months later the community held an official launching ceremony, to which the senior wife of the King, Inkhosikati LaMatsebula, was invited. Phindile recalls that it was from that time that they started referring to the centre as a Neighbourhood Care Point.

Inkhosikati LaMatsebula donated funds to help cover school fees, so children at their NCP could be enrolled in school. Many of the children skipped grades, because of their age and because of the pre-schooling they received at the NCP. Not long thereafter, His Majesty King Mswati III announced a 16-million emalangeni education fund for OVC which, Phindile says, made it much easier to send their children to school.

By now the Lutsebine community had a network of volunteers working together – caregivers at the NCPs, *lihlombe lekukhalela* looking after abused

children, and a third group of home-based caregivers, called *banakekeli*, looking after the children at home. Others were helping out, too. One woman

⁷ Child Protection and AIDS: Lessons Learned from Swaziland's Human Rights Approach to Programming. Alan Brody, UNICEF Innocenti Research Centre, Florence, Italy. 5 September, 2006. According to this memoire, the girls reported back after their group-work as follows: 'It doesn't happen the way they [the boys] are saying. It's not a sudden rape by strangers. It is happening in our homes, it starts with a kind of pressure a cousin or uncle puts on girls, as they are growing up. They start watching, then they start to comment on our bodies. They say, "your breasts are growing beautiful, your body is now very beautiful...". And they start touching, in small ways first. They may take some time like that, and start giving small presents, before one day they get a small girl someplace alone, where they do something to her. It is not strangers, it is people we know. Some of them are in this meeting...'

Box: Making them visible

NCPs not only make orphans and vulnerable children visible to their neighbours and community leaders, but also to regional and national leaders, and to the international community. Even though, in 2003, most NCPs had only rudimentary shelter, children were ragged and cold during the winter, their caretakers needed training, and monitoring systems were weak, UNICEF used to take donors and media to see them as they were. Former Representative Alan Brody described a handing-over ceremony at an NCP, attended by the newly appointed Deputy Prime Minister:

As part of our strategy of sharing experiences across communities, the CACR programme took community leaders from one region to see what was being done in their neighbouring regions. One group of leaders, going from a poor but food-secure community in western Shiselweni visited an extremely poor NCP in drought-stricken Lubombo. Their visit happened to take place when logistics problems prevented delivery of food to the NCP.

The visiting community leaders returned home and took up a collection in their own community, asking each household to contribute a tin of maize. In this way they collected more than a ton of maize, to give to another community which was even more needy than they were.

By coincidence, it turned out the community making the donation was the very community the Deputy Prime Minister came from, and which he had represented in the House of Parliament some years before. That day, meeting humble people from his community who themselves had so little, but who had gone out of their way to collect food to give to others in even greater need, he spoke eloquently, and with some tears in his eyes, of feeling humbled himself in the presence of this spirit.

No advocacy from UNICEF or others, no emergency appeal, no UN or World Bank country assessment, could speak so eloquently of the OVC problem as did those children, simply by being in that place on that day – almost 100 of them, playing, laughing, enjoying a meal, under the

guidance of those women who filled a place in their lives left empty by absent mothers.

- By early 2005, WFP had sorted out most of the difficulties involved in ~~steady provision of food to established NCPs.~~
- Monthly meetings of government, UN and NGO partners were increasingly effective in coordinating the NCP initiative.

By the end of 2005, donors were supporting 33,000 children in 415 NCPs. Even more had been started by communities and were seeking support.

CHAPTER 2 – THE SECOND FIVE YEARS

The following year, 2006, was a very busy year with the creation by government of the National Children's Coordination Unit (NCCU) and the Ministry of Regional Development and Youth Affairs, later re-named the Ministry of Tinkhundla Administration and Development (MTAD), both of which were to play a major role in NCPs.

A new National Plan of Action for OVC (2006-2010) declared that NCPs would be established in every community by 2010, which helped to mobilise donors including the Global Fund, National Committees for UNICEF and the private sector. UNICEF itself saw senior staff turnover; the launch of a new Country Programme, and the commissioning of an assessment of the NCP initiative.

The 2006 assessment sought, among other things, to determine the functionality of NCPs established with ECHO funding, and to measure the results in terms of the health, nutrition, access to education and psychological well-being of the children they served. It found that three out of four NCPs were 'well functioning'— open five or more days a week and offering services other than food provision.

The report found that the role played by caregivers could not be overemphasised. 'Working under difficult conditions in most cases, and without pay (except for the food rations received by some of them), they strive to provide daily meals for the OVC, basic education, and other care-related services.'

However, the assessment found that community support for the NCPs was generally poor. 'This not only places a burden on the caregivers, but also raises the more fundamental question of the viability and sustainability of the NCP project if levels of support do not improve.' A widespread lack of knowledge contributed to this poor support, as communities tended to view NCPs as something provided by outsiders.

However, despite the problems that NCPs faced, the study found they were by and large effective in providing care and support to vulnerable children. OVC in communities with NCPs tended to fare better in terms of welfare than their counterparts elsewhere, having better access to food, health care, education and overall care and support.

The functionality of NCPs depended on various factors including a regular

supply of food and other essential materials; involvement of local leaders; community support; and the establishment of community-based management and monitoring structures.

Recommendations focused on training caregivers, raising awareness among community leaders, and collecting reliable data on the centres. The assessment also recommended that caregivers should be supported both materially – for example through the WFP's food-for-work programme or caregiver associations (savings-and-loans schemes) – and by empowering caregivers to voice their challenges to community leaders.

In the meanwhile the NCP initiative continued to grow. NCPs supported by UNICEF increased from 438 to 625, reaching more than 30,000 children daily. Child Health Days at 438 of these centres reached more than 25,000 children, while more than 1,600 caregivers from 337 NCPs were trained on immunisation, diarrhoea and malnutrition.

UNICEF supported government to hold quarterly Child Protection network meetings, with an average of 93 partners attending, and monthly interagency NCP coordination meetings with implementing partners.

More drought!

According to the Country Representative, Jama Gulaid, 2007 'began with a spark of hope in the announcement of a slight decline in the HIV prevalence rate, but that hope quickly dissolved into an emergency state of drought, the worst in more than a decade.'

More than 400,000 people, nearly half of the population, required food aid and, in June, the government declared a national disaster. As drought conditions persisted, Swaziland fell victim to forest fires that inflicted severe damage on the forestry industry, one of the pillars of the national economy. The twin disasters left widespread hunger and thousands of job losses in their wake.

Meanwhile, major improvements in data availability took place, including the country's first Demographic Health Survey (DHS); a national population and housing census; and the first national survey of violence against children.

There had also been a dramatic turnaround in the public response to HIV/AIDS, with the proportion of HIV positive women being tested for HIV increasing from 15 per cent in 2004 to 70 per cent in the first eight months of

2007. HIV-positive women receiving treatment increased from 28 per cent to 87 per cent during the same period.

The 2007 target was to strengthen the existing 625 NCPs in the country and facilitate the establishment of 200 new NCPs. However, in view of the recommendations from the previous year's NCP Assessment, work focused on community mobilization, training and consolidation of existing NCPs to improve quality of services. As a result, only 40 new NCPs were established.

Nevertheless, the network of NCPs continued to support large numbers of children. Child Health Days reached more than 38,000 with a package of high-impact interventions such as Vitamin A, deworming tablets and growth monitoring; a birth registration campaign reached 24,333 with no-fee birth certificates, and 8,000 children were linked to formal primary schooling with the help of NCP caregivers.

In line with the increase in NCPs, there was an increase in the number of trained community and peer Child Protectors. In total, 6,461 caregivers and 5,500 community members were updated on how to manage NCPs, or were trained on early childhood development and psychosocial support.

Toward the end of 2007, the Regional Hunger and Vulnerability Programme published a case study on NCPs as part of their Regional Evidence Building Agenda (REBA). The study found the serving of cooked meals was the most common and important activity at NCPs. When there was no food at the NCP, it usually closed down until food was delivered. They reported that most of the food was donated by the World Food Programme, with very little contributed by communities. Poverty was the main reason why NCPs depended on externally donated food, but there was also a tendency for some communities to view NCPs as structures from outside, and not their own responsibility.

The study noted that the National Plan of Action for OVC stipulated that an increasing proportion of their food needs should be met from NCP gardens, chiefs' fields and other land, even though efforts to supply food from fields set aside by communities had shown little progress to date. Indeed, other REBA case studies found that farming initiatives were the weakest OVC policy responses. 'It would seem sensible to be realistic about the future role demanded of WFP in NCP expansion, since the consistent daily provision of meals is undoubtedly the cement that holds together the broadly positive features of NCP experience so far.'

The case study also pointed out that the NCP programme depended heavily on caregivers, some of whom received food-for-work packages as an

incentive – but these packages had created tensions in some communities, with some people agitating to replace caregivers in order to benefit themselves.

'Community support to NCPs is not as robust as the rhetoric of their origins in traditional cultural norms typically suggest: in many instances caregivers were found to undertake practically all the responsibilities in their construction, maintenance and operation, with little assistance and even suspicion and jealousy on the part of other members of their communities.'

A new vision

By 2008, HIV accounted for half of all child deaths and 60 per cent of hospital admissions in Swaziland. HIV is closely associated with tuberculosis, which had increased 400-fold over the previous 15 years. AIDS contributed to a decline in the life expectancy rate and, for the first time, a shrinking of the population.

Within this challenging environment, UNICEF Swaziland continued to focus on NCPs as convergence points for services. Along with its implementing partners, UNICEF provided ongoing support to 962 existing NCPs with approximately 50,000 children, and supporting the establishment of an additional 297 new NCPs and social centres,⁹ and some 2,500 caregivers were trained.

Despite these achievements, the lack of a well-defined vision and strategy for the NCP initiative at national level was seen as a significant constraint to future growth and sustainability. To address this need, UNICEF supported the NCCU to conduct a re-visioning exercise in April 2008 at Piggs Peak. Participants representing a broad cross-section of stakeholders, including communities, government, local and international NGOs, donors and the UN, agreed that in future:

"...all NCPs will not only provide care services but will also mainstream development activities. They will be open to all children who need them – not just OVC – and will offer high-quality, full-spectrum services, not just emergency/survival interventions, to prepare children for schooling and ultimately for a productive adulthood".¹⁰

The group resolved to develop a detailed strategic plan which, in turn, led to 15

⁸ UNICEF Annual Report, 2008

months of consultations involving children, communities, senior government officials, field and technical officers, NGO directors, heads of UN agencies and donors.

The resulting draft National Strategic Plan for the Neighbourhood Care Points (2010-2014) draws heavily on the lessons learned to date, and builds on what communities did, and continue to do, without losing sight of their values and sacrifices.

The plan envisions NCPs as hubs for the provision of a holistic package of services to all children in Swaziland, with a special emphasis on early childhood care and development (ECCD). The ideal package of services includes food and nutrition; water, sanitation and hygiene; early learning, play and recreation; links to formal education; provision of basic health care; child protection and life-skills development; and psycho-social support (PSS).

The strategic goals include the provision of permanent and well-equipped structures; effective management and coordination; community ownership to ensure sustainability; children's participation; resource mobilisation; monitoring and evaluation systems; and the collection of evidence to inform policy and programming.

An implementation plan, under development at time of writing, will define the responsibilities and tasks of all role-players. Provision will be made to monitor progress and evaluate results, so that adjustments can be made as the plan unfolds.

Global downturn

The global economic downturn began to impact Swazi households in 2009, as seen in rising factory and business closures and retrenchments. Nearly two thirds of the population was living below the poverty index (\$1.25 a day) and a quarter of the population required food assistance.

Various studies supported by UNICEF found one-in-four children could not access clean drinking water, while more than two-in-10 did not have access to proper toilets. A population-based study revealed alarmingly high levels of abuse experienced by female children. In terms of education, only 30 per cent

⁹ Social Centres are the urban equivalent of NCPs. They are described later in the report.

¹⁰ Draft report "Children in the context of HIV/AIDS in Swaziland – which way forward?" Mark Loudon, April 2008.

of entrants were finishing 10 years of primary school.

By 2009, 625 existing NCPs were caring for approximately 38,000 children, while 142 new NCPs were reaching another 6,000 children. The number of children in the centres began to decline somewhat as government subsidies allowed more children to enrol in primary schools.

In urban areas, UNICEF supported refurbishing 10 social centres in seven towns and worked with the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL) to provide advocacy, protection, promotion and realisation of children's rights for children registered in 36 social centres (see box below).

UNICEF initiated pilot activities to model family- and community-centred approaches to caring for children at NCPs. In this pilot programme, 150 caregivers conduct family visits to child-headed households and mobilise communities to promote ECCD and PSS. The caregivers facilitate community-level PSS camps for children leading to the formation of peer clubs.

The new NCP strategy helped leverage resources for children and enhanced partnership between government and developmental partners, including the Global Fund, EU, USAID-PEPFAR, UN, civil society groups and private donors. PEPFAR's budget for HIV/AIDS in Swaziland increased from US \$250,000 in 2003 to approximately \$28 million in 2009.

The Deputy Prime Minister emerged as a champion for children's issues, contributing funds to construct latrines at NCPs and opening the first NCP built under the new strategy.

Unfortunately approval of legislation was slow and capacity weak within the Department of Social Welfare. Consultations on the new NCP strategy were delayed to ensure all stakeholders were consulted, which impacted on the construction of new NCPs. At community level, weak partner capacity, especially in monitoring and evaluation, affected timely service delivery. Fatigue among community volunteers in the face of growing poverty, food insecurity and HIV/AIDS presented a major challenge to the programme.

At the time of the NCP Verification Exercise (November 2008) there were 887 NCPs across the country serving an estimated 50,000 children. More recent data from NERCHA suggests the number of NCPs by mid-2011 could exceed 1,500.

Box: NCPs in urban areas

Of approximately 1,500 NCPs across Swaziland, 44 have been established in 12 towns and cities. In urban areas they are referred to as 'social centres' and fall under the administration of AMICAALL – the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa.

AMICAALL's impact mitigation manager Fikile Mashaba says these social centres have their own set of challenges. She points out that, unlike rural people, urban residents face expenses like rent, water and electricity bills that must be paid every month, which makes it hard to attract unpaid volunteers. In addition city people pay rates, and so resist the idea of contributing further to community interventions like their rural counterparts do, through door-to-door collections.

AMICAALL were appointed a sub-recipient of the Global Fund to build 40 social centres, and have succeeded in building 37 – some with additional support from UNICEF. They also support another seven social centres started by communities.

Early childhood care and development (ECCD) is central to the AMICAALL model, with trained ECCD teachers receiving a monthly stipend from the Global Fund.

A visit to a social centre in Manzini showed an institution with two sides – well-equipped classrooms with paid teachers and a waiting list of children, while outside, unpaid caregivers prepared food under an open shelter, for any child that needed it.

AMICAALL were hoping they could persuade wage-earners to volunteer before or after they went to their places of employment but, instead, they got people who were struggling themselves. 'When a person comes in looking for work, they usually say "Give me anything, I need the money", but a year later they start protesting, they are not getting the pay they deserve,' said Fikile.

To support them, AMICAALL tried to set up income-supporting projects but encountered difficulties, even with the savings-and-loans model which works so well in a rural setting (see later). City-dwellers struggle to meet their financial commitments while contributing to savings schemes and servicing loans, and they found it hard to identify viable income-generating activities.

Fikile said the key to survival in an urban setting was to secure the support of the town council. Although their social centres have enjoyed support and funding from several councils, this had not always been consistent as the municipalities face their own financial crises.

'We were hoping municipalities or communities would understand these centres are benefiting them, and our centres need their attention. When they draw up their budget, we want them to include issues like HIV/AIDS, because then we are sure the social centres will be catered for.'

She pointed out that politicians had access to Regional Development Funds. 'To me it's like they don't see how they can use [those funds] to sustain the NCP initiative. The resources are there but we have to reposition ourselves and see how can we complement one another.'

Fikile said she was concerned to hear Members of Parliament on the radio describing NCPs as an NGO initiative to help Swazi children. 'Now they seem to be asking, why did the NGOs start the NCPs if they have not planned how to sustain them?'

However this attitude appears to be changing – at a meeting of the Children's Portfolio Committee on 15 June 2011, the Minister of Tinkhundla Administration and Development, Prince Gcokoma, reminded members not to refer to NCPs as 'their' initiative, but as 'ours'.

NERCHA and the Global Fund ¹¹

The National Emergency Response Council on HIV and AIDS (NERCHA) was established by the government in the second half of 2002 to coordinate the national response to the epidemic, and was named as the Principal Recipient for funding from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

GFATM Round 2 funding, approved in 2002 and distributed from 2003-2008, established *kaGogo* (grandmother) centres across the country to coordinate the response to HIV/AIDS. Funds from Round 4, which became available in 2005, included school and nutritional support for children and saw 21,408 OVC enrolled and maintained in formal schools; 59,432 vulnerable children receiving educational support; and 34,815 vulnerable people receiving food support. These activities far exceeded the targets that NERCHA had set themselves.

However, some elements of Round 4 funding were delayed, and were later

consolidated with Round 7 funding in January 2009. Round 7 provided funds for building permanent structures for NCPs, paying stipends to caregivers, and providing food and psychosocial support for their children. Unfortunately each of these elements was plagued by problems of delivery and measurement.

NERCHA's plan was to increase the number of NCPs, which in 2007 stood at 660, caring for around 40,000 children, to a total of 2,000. By the end of 2010 they had succeeded in building 222 permanent structures.

NERCHA conducted an internal audit of their NCP-construction programme in July 2010 and in October 2011 the Office of the Inspector General (OIG) of the Global Fund published their own audit report, reviewing grants channelled through NERCHA including those for the construction of NCPs and the delivery of food.

The audits found that modern methods of costing, certification and planning had not been followed in the building of NCPs, and uncovered anomalies in the management of resources such as food and building materials, and in the monitoring and supervision of these programmes. The OIG audit recommended that a number of agencies be called upon to refund moneys which had not been properly accounted for.

NERCHA's impact mitigation coordinator, Nozipho Mkhathshwa, said formal construction procedures were difficult to enforce in communities where informal systems had been in place for so long. Chiefs who were accustomed to allocating land for NCPs were now obliged to provide formal letters of commitment before construction could start. Together with rising costs and declining budgets, NERCHA were now expecting to build only 100 more NCPs over the next three years.

In addition, Nozipho said the long list of attributes used to define a 'functional' NCP – developed as part of the visioning exercise – had proved to be unrealistic, so GFATM reporting would in future be based on just two properties: whether the NCP had a caregiver and food.

Stipends

A second major element of the Round 7 funding, carried forward from Round 4, was the provision of stipends to caregivers, but this proved even more problematic than the construction of NCPs.

From the outset UNICEF, NERCHA and others opposed direct payment of

caregivers on the grounds that it would undermine the spirit of concern and community cooperation which underpinned the NCP initiative. In addition, a whole range of voluntary service work being done in Swaziland could be put at risk if some types of voluntary work were monetised.

However, UNICEF's Representative at the time Alan Brody noted that, no matter how strong caregivers' motivation, volunteer fatigue was bound to set in eventually. UN Special Envoy for HIV and AIDS Stephen Lewis came to Swaziland in March 2004, and visited an NCP where two women had been working for a year, cooking five days a week for nearly 100 children, without payment. What Lewis saw, however, was not an example of success in preserving the rights of children, but a failure in protecting women from exploitation.

Lewis raised his concerns about payment of these women with the director of NERCHA, Derek von Wissell, and encouraged him to incorporate a proposal for caregiver remuneration into their next Global Fund proposal.

Derek von Wissell said NERCHA initially asked the Global Fund for money to support savings-and-loans schemes, which had been successfully piloted by UNICEF in eight communities. The idea was to take this model, inject capital, then lend the money out to even more people. In each of these schemes there was an 'orphan box' that contributed to caring for children. There were already about 80 of these schemes operating successfully.

However, the Global Fund turned down the model, and NERCHA was obliged to go back to what Derek called 'the World Vision model' which was a combination of cash stipends and savings-and-loans schemes. World Vision was appointed as a sub-recipient to pay caregivers R200 a month for three years.

Sibongile Sigudla, humanitarian emergency manager and acting NCP manager at World Vision remembers the time well. She said food and money were both sensitive issues in Swaziland, and World Vision was appointed to distribute both on a massive scale.

¹¹ This section draws on interviews with NERCHA and a review of documents posted at the Global Fund website: <http://www.theglobalfund.org/en/>

¹² At the same time UNICEF were building permanent structures with funds from the Key Club International – Kiwanis, completing 135 NCPs by April 2011 and equipping these and others with ECCD and PSS kits, furniture and reading materials using funds from the Netherlands and PEPFAR

Her colleague, regional economic development specialist Thuli Chapa, said they worked for a long time on proposals to support caregivers, exploring various ideas including savings-and-loans schemes, income generating activities, and stipends.

'When that [Global Fund] document was finalised, the target was divided into two – to give stipends ... to 6,220 caregivers, which was five per NCP, and to establish 1,800 savings-and-loans associations of ten members each, which makes 18,000 members in the 55 *tinkhundla*. Because World Vision wasn't engaged in all 55 *tinkhundla* it meant we needed to partner with other organisations. In urban areas it was AMICAALL, and in rural areas we worked with Save the Children, MTAD, ACAT, Hand in Hand and others – there were 11 organisations in all.'

However, when communities were asked to nominate five women to receive the stipend, many existing caregivers found themselves promptly 'retired'. Part of the reason was a requirement that recipients should have a certain level of schooling, but this also meant that, in many cases, people who had no particular concern for vulnerable children were now nominated to care for them.

Up to that point, most volunteers worked on a rotation basis, to spread the burden of care to a wider group, but now many of them stepped back, saying the work should be done by those who were paid to do it.

Attempts to develop an accurate database of caregivers, and to devise a cost-effective and secure method to transfer the money to them, turned into massive exercises filled with setbacks. Nevertheless the development of the database, in particular, was pursued with great energy and enthusiasm by a handful of people at World Vision and NERCHA – among them Sibongile, Thuli and Nozzipho – who regard it as one of their greatest achievements.

'Initially this project was supposed to be 36 months, but then it came down to 12 months,' said Thuli. 'We needed six to 12 months to come up with the proper infrastructure, but now we were expected to receive the money and distribute it in the same month. It created a lot of problems. Instead of paying 12 monthly amounts, it came down to only five months because we paid, we stopped, we paid, we stopped.'

In fact, most of the caregivers who received stipends at all received them for only three or four months, and some even less. Finally the Global Fund stepped in and suspended the caregivers compensation programme, instructing that the remaining funds should be returned to them.

One element of the programme exceeded expectations, however – the savings-and-loans schemes – with World Vision supporting 1,970 groups by December 2010. 'That one had no stories, it was a clear success,' said Thuli. 'The only money we spent was on training, travelling, fuel, and cash boxes.' Most of those savings-and-loans schemes are believed to be still operating, and generating funds both for the caregivers and the children they care for. Today it is impossible to find anyone who was in favour of the stipends except, perhaps, those who hoped to receive them. But most of those women have disappeared, once more entrusting the vulnerable children of their communities to the gogos who stepped forward when there were no promises of money.

Food

The World Food Programme (WFP) initiated emergency food-aid around 2002/2003 in the lowveld, the area worst affected by the drought, but their programme expanded until they were distributing food in all four regions of Swaziland as the country found itself caught up in a vicious cycle of declining production and household income, rising costs of imported food, and the disintegration of families and institutions as a result of AIDS. Then, in 2006/7, Swaziland suffered one of the worst crop failures in recent history, forcing an estimated 40 per cent of the population to turn to food aid for survival.¹²

According to World Vision's food aid resources manager Fikru Gebeyehu, between June 2009 and February 2010 his organisation fed 14,200 children, using money from the Global Fund as well as their own resources.

In July 2010 the WFP scaled down their operation, both because of funding constraints and because the Global Fund had approved funding for food distribution through World Vision. At time of writing the WFP continued to support 265 NCPs in the lowveld.

From September 2010 to date, World Vision have been feeding 40,000 OVC in 1,233 NCPs in all four regions. According to Fikru they hope to reach 66,000 children during Phase 2 of the Global Fund's Round 7 funding. NERCHA confirmed that funding has been approved in Phase 2 to supply food to 1,243 NCPs for the next three years.

Unfortunately, according to World Vision's Sibongile Sigudla, as soon as people saw the food coming they started NCPs, even under trees. 'But it's not automatic that when you bring children together you will get support. We must

do an assessment, and write a proposal, and then the person who has started something under a tree will complain to their Member of Parliament that World Vision is not giving me food – as if the food is just sitting there.’

World Vision deliver a 2-month supply of food to each NCP, including maize meal, pulses, corn-soy blend and oil, sufficient for two meals a day. Fikru estimates the value of their monthly food supply at around US\$200,000. They also deliver clothes, shoes, toys, psychosocial supplies and education materials.

In addition to the children, many caregivers themselves depend on the food they receive through World Vision or the WFP. Many of these women come from, or head, impoverished families. World Vision support the caregivers when they can with gifts-in-kind such as shoes and soap.

The community perspective

The impact on communities of donated food, NCP buildings and stipends for caregivers was profound.

Phindile Magagula remembers that when food-aid came to Lutsebine, caregivers were told to change what they were doing. Until then, they had been giving breakfast to needy children before they went on to school, and then lunch – and help with homework – when the children were on their way home. But she said the NGO distributing food then insisted that school-going children should not eat at NCPs. This, in turn, led to a change in the attitude of community members who had been supporting NCPs. 'People were saying no, we won't touch it, because those people are chasing us away from that NCP. It meant that now it was not community owned, it was NGO owned.'

Asked whether the NCPs in Lutsebine would close down if the NGO withdrew their food, Phindile's answer was immediate and emphatic. 'Never! We will start where we ended. We will say, go! We will start our thing now!'

In Lutsebine the monthly stipends came only twice. Phindile said that nobody explained what was happening. 'It gave us problems. We went to the post office but we didn't find money. We got it twice. But as people were hearing that caregivers were going to be paid, they started opening many NCPs. Then they started coming to Lutsebine, asking what is happening? Where is the money?'

¹³ Children and Women in Swaziland: Situation Analysis 2008

Some children who were attending established NCPs went to the new centres instead. 'But now they are coming back again!'

Ten years on

The launch of UNICEF's 2011-2015 Country Programme provided an opportunity to take stock of the NCP initiative which, as described above, had its beginnings ten years earlier. By this time Swaziland had around 1,500 NCPs, reaching some 50,000 children, of which UNICEF was directly supporting more than 700.

Over the past few years free primary education had been introduced, covering children in the first and second grades, and was due to be scaled up until primary education was free for all children by 2015. The Ministry of Education and Training had developed their first policy on ECCD, and the NCCU spearheaded the National Plan of Action for OVC, which had since been reviewed and revised.

The new vision and strategy on NCPs (described above) had been developed, aimed at converting NCPs into ECCD centres offering comprehensive and standardised services for vulnerable children, including psychosocial support, protection, early learning, health care and nutrition.

Community-based monitoring had been launched through the KaGogo centres and, with the support of UNICEF and others, Swaziland documented child poverty, the situation of child-headed households, reasons for high school-dropout rates and the epidemiology of violence against children and young women.

Advocacy and communication initiatives had made Members of Parliament aware of pending legislation and protocols, while the Parliamentary Portfolio Committee on Children was informed on children's issues, and journalists were trained in children's rights and child-sensitive reporting.

Efforts to mobilise resources for children from the major contributors (government, the Global Fund and PEPFAR) had encouraging results, based on UNICEF's capacity to pilot innovative interventions such as the delivery of basic services through NCPs, thus creating an evidence base to encourage government and donor investment. As a result NERCHA channelled funds for the upgrading of 84 per cent of NCPs; the WFP assisted with feeding; and PEPFAR supported service delivery at 200 NCPs.

Thanks in part to the NCP initiative, over the next five years UNICEF looks forward to:

- Increased rates of enrolment in primary school, from 93 per cent in 2007 to 100 per cent by 2015, and increased rates of completion from 44 per cent in 2007 to 70 per cent by 2015;
- At least 90 per cent of children and young people, especially adolescents, having adequate gender, livelihood and life skills for HIV prevention and to support the transition to adulthood;
- Increased access of children under the age of nine, particularly the most vulnerable, to a holistic package of ECCD services, reflecting the new realities resulting from HIV/AIDS;
- Strengthened legislation, enforcement, protection and response to women and children exposed to violence, exploitation and abuse;
- Strengthened child-sensitive social protection programmes for vulnerable children and families, including those infected or affected by HIV.

In this ambitious plan, UNICEF has located NCPs as the convergence point for the delivery of services to vulnerable children, including early learning, health, protection, psychosocial support, birth registration and more.

CHAPTER 3 – THE ISSUES

Loss of ownership

It is impossible to pin down a date when communities began to feel they lost 'ownership' of the NCP initiative to outsiders. It's also impossible to say exactly who took away that ownership, because each community had a different experience, with a different set of outsiders.

What is clear, however, is that nearly all of the respondents interviewed for this report consider this loss of ownership to be the greatest challenge to the continued existence and successful operation of the NCPs, so it is important to understand it.

Jabu Dlamini said that, before the big donors got involved, communities were building their own NCPs, which reinforced their sense of ownership. But then both UNICEF and NERCHA began to channel funds through NGOs, and 'the communities folded their arms and looked at people doing the work for them.'

'There was so much money [available] to construct the NCPs, so much competition among us as practitioners, in terms of constructing and also running the NCPs. We could not agree on the structure of an NCP, so then communities were even more confused

Finally, the payment of stipends to caregivers 'killed the whole spirit,' she said.

Vierah Hlatshwayo also recalled the beginning of the NCP initiative. 'Initially it was community action for child's rights. It was specifically for empowering the communities with the knowledge, the skills, so they could take care of themselves and take care of their children.'

But the injection of money changed all that. 'It was a gateway for them to divert from whatever they were doing, because all the NGOs are busy with children's issues now, they are busy with disaster. And now the caregivers want to know who is going to pay them, because the caregivers working for [another] NGO, they are getting paid.'

She said if, instead of paying stipends, caregivers had been motivated to work on their income-generating activities, things may have been different. 'Whilst they are there cooking they could be making some bits for sale. Or we could be having backyard gardens, where caregivers have their own plots to grow

vegetables, to take back home.

It has lost its meaning. But nothing is lost. We can still find a way, we shouldn't give up.'

Tobhi Dlamini said another problem emerged when communities were told their NCPs should be run by only five caregivers. 'That spoiled everything. People fetch firewood, go and plough, look after vegetables, play with children, go and see abused children, fetch water. You will find that NCP is looked after by maybe 15 women.' However, after the introduction of stipends for five caregivers, members of the community stood back saying 'let them do it – we'll be watching.'

She remembers when Stephen Lewis visited the NCPs. 'I was stationed in Manzini, and we took him to Esibuyeni. Those women told him straight, we don't want to get salaries – we want you to strengthen our activities. They were having this sustainable livelihood [project] where they were saving money. When I heard they are fighting because [some] are paid, others are not paid, then I thought, this thing is messed up now.'

Resilience

But there are cases where communities have seen stipends for caregivers come and go, and food-aid starting and stopping, and yet have continued to care for vulnerable children at their NCPs without interruption.

One such community is Banganoma in Shiselweni. Community indvuna (head man) Siphso Dlodlu said the community development officer in their region told them about the plight of vulnerable children and organised a 'study tour' to see the NCP in Lutsebine. 'When we were there we realised we were not doing the right thing at home. We also had children who were needy.'

Upon their return they called the community together to share what they had learned in Lutsebine. 'We saw that our children were being used for lots of things, including exploitation. We realised we needed to do something as a community.'

They decided they would all contribute something to help the children. Some contributed food, while others came to his house to cook for the children. They agreed four women would come each day on rotation, while men would be responsible for collecting firewood.

'The big question was – which children should get the food? Then we decided,

no, we will not choose, we will have all the children, those who are in school and those who are not. All the children can eat here.'

Crucially, the community made it an obligation for every member to be involved. 'We told them uyezwa na – the King has called. Once you say uyezwa na, everyone should pick up...'

And the community responded, building four NCPs with money they raised from the government's Micro Projects initiative, and ploughing fields to grow food for the children.

Dludlu said things went smoothly until the NGO working in their area said they wanted the names of five caregivers who would receive monthly stipends. 'As a community we didn't take kindly to that – we knew it was going to divide us. If there are those who are getting paid, why should [the rest of us] support it?'

Faced with this challenge they decided, as a community, that the money would be pooled and used to sustain the NCPs, rather than given to five caregivers. 'There were difficulties with some caregivers,' Dludlu recalled, 'but we eventually won that battle.'

He said when the women went to the post office to collect their stipends, they came back and said: 'Here is the money. They did not say the money is mine, they said it's for us.' The community decided to give caregivers a small proportion of the stipend to buy soap, but most of the money went to the NCPs, because children were their priority.

Banganoma was also given seed and fertiliser for their indlunkhulu fields but this, too, stopped. However they continued to cultivate the fields to grow maize and beans, in order to safeguard against interruptions in food-aid. The communal food is still supplemented by donations of relish and salt by members of the community.

Asked how they had sustained their enthusiasm and commitment to the project throughout, Dludlu repeated the royal injunction: uyezwa na. It was clear that this understanding – that they had been called by the King to care for the children – together with their willingness to meet and resolve challenges as a community, sustained them while other NCPs floundered.

Another community that survived all the challenges thrown at them since they established their first NCP in 2002 is Ludzeludze in Esibuyene. As in Banganoma, the spark which lit the fire came from their community development officer, who told them about the NCP initiatives starting

elsewhere. A group of 16 caregivers, sitting in the sun outside the Emphakathini NCP, told how, when they realised there were children in need

teachers had to be trained to a certain level. 'In some NCPs the caregivers alternate, but if you want them to be of a certain level then you have to pay them to be there every day.'

However, according to Derek, even if NCPs could not sustain their ECCD service, they would still play a vital role as centres for immunisation, birth-registration and data collection. 'And we can still provide scientifically stimulating toys, after all that's what UNICEF did with their school in a box.'

Psychosocial support

The 'first caregiver' Phindile Magagula, has no difficulty defining psychosocial support. 'It means the welfare of the child. It's not that, as a parent, you just get this child – you must value that child. It's very essential for everybody to know.'

The draft NCP Strategic Plan states that, by their very nature, NCPs provide psychosocial support (PSS) to vulnerable children. The presence of a concerned caregiver, the provision of food, and the opportunity to play and socialise with their peers are all key components of PSS:

It is only in a minority of cases that specialised interventions are needed, beyond the loving care of an attentive and accepting adult and the companionship of other children. However, the likelihood that children in NCPs may need such interventions is higher than in the general population, and caregivers should be trained to recognise the signs that a child may need such services, and to make sure they get the help they need.

Simultaneously, attention must be given to the emotional well-being of the caregivers themselves, who are expected to offer unconditional love and support to children whose home conditions are often extremely upsetting. They are deserving of the respect and support of the communities, including practical assistance and opportunities to take breaks.

PSS specialist at the National Children's Coordinating Unit (NCCU), Khosi Mabuza, says that until 2006 very little attention was given to children's emotional wellbeing. 'Parenting skills were not reaching out to children.'

Since then, however, a concerted effort has been made to ensure that caregivers in NCPs have a similar understanding to Phindile's, and know how to recognise the symptoms of emotional distress, and to whom they can refer

such children if necessary.

CHAPTER 4 – THE FUTURE

Restoring community ownership

All of the stakeholders interviewed for this report were asked how they see the way forward. As the interviews progressed, the question increasingly focused on the key issue of how to re-establish community ownership. And in the end, everyone gave the same answer: we have to go back to the communities.

Phindile said communities had to be mobilised again, and mobilised regularly. It was essential, she said, to involve the traditional leaders. 'We used to mobilise and hold workshops, then we just left them. We have to revive it again, not just hold workshops and leave it like that. The whole spirit is vanishing, little by little. UNICEF must come again and revive the spirit that is fading.'

Sipho Dlodlu from Banganoma said he had a dream of going to other communities to raise awareness of children's needs, and of the importance of taking care of those children. However his status as an indvuna meant he couldn't talk to the Chiefs, whom he saw as the key to the effective mobilisation of their communities. He was hoping to see the establishment of a forum where people like himself could share their experiences and help each other. However, it was essential to meet the Chiefs and the Inner Councils first, before holding those meetings.

Jabu Dlamini said many communities had NCP buildings that were not being used. 'We built those structures without involving them, so there's a need to go back. The structures are there, the children are there, [but] every day they are deprived [of the services of NCPs].' She was emphatic that regaining community ownership was something that could only be done by Swazis. 'Let the development partners step aside. The minute communities see the NERCHA car, they see money.'

Vierah Hlatshwayo said service providers should mobilise communities to find out where things had gone wrong. 'What has made the NCPs to be white elephants now? Because they have issues that need to be ironed out.' The next step would be to sit down with them 'to decide on the best way to revive the country dream to ensure that children are provided with proper care, with protection, so they enjoy their rights to the fullest.'

She pointed to the dangers of dependency. 'Government has been pumping

out money to provide fertiliser and seeds – what's happened to that? As we speak, a majority of people are benefiting from the disaster fund, whereas it's a long time since we had a drought. Some areas have been able to plough, while some people are still folding their arms. As government, we need to uproot that mind. Receiving, receiving, receiving.

'People have been flocking to the Department of Social Welfare, saying children are hungry, DPM [Deputy Prime Minister], we have nothing to feed them at the NCPs, what do we do? As a country we don't have government fields for such purposes. That is why the communities have to be mobilised to be self-reliant. So we just need to change their will a bit, go back to the drawing board, and start afresh. Nothing is lost.'

The director of NERCHA, Derek von Wissell, recalls the original concept of the NCPs as simply a place to gather children, feed them, engage them with song, dance and stories, and allow them to play and socialise together. 'The trouble was that as soon as people understood the potential, then everybody wanted to do everything. Then it was going to be an ECCD centre, then it was going to be a pre-school, then it was going to be a clinic – it's going to be everything. The whole thing exploded.'

He describes the move away from the notion of communities helping themselves, to a formal government programme, as 'a big transformation, and a big problem. The idea was to assist communities to do their own thing. Now they've moved it the other way around by formalising it. And the problem now is that the ownership [by the community] is not as strong as it was.'

'If you look at Lutsebine they owned it, and they still own it. [But you also] have structures which Members of Parliament say are only good for the goats in the middle of the day. It's theirs! It's their structure, a community facility, but they see it as a goat shelter. And that is the tragedy of it – where ownership was never accepted, or explained.'

Derek describes how performance-based funding, such as the grant from the Global Fund, obliges implementers to rush into a community, ask whether they want an NCP, where to put it, then build it and rush off again. 'Then nobody knows what to do with it! Community development work takes time, you have to sit down, be patient, persuade all the elders and the old people that this is what they actually want. And to us it just took too much time.'

But he added that, despite the challenges, even if only 60 per cent of the NCPs were working it meant that 60 per cent of children were eating – 'and the other ones can be fixed.'

Coordination

NCPs became the responsibility of the Ministry of Tinkhundla Administration and Development (MTAD) late in 2010.

According to Loretta Mkhonta in the National Children's Coordinating Unit (NCCU), until then there was a tendency within government to see NCPs as an NGO programme. This changed after the World Food Programme made the decision to scale down their operation in July 2010 which, she says, came as a shock to government, forcing them to sit back and take stock.

The official responsible for the NCP programme in MTAD is Dambuzo Ntshalintshali. He says their main concern is the sustainability of NCPs. 'The biggest challenge we are facing is the capacity of communities to mobilise and ensure the availability of food.' Fortunately the Global Fund grant meant they had three years to prepare government to take over this responsibility.

Those communities where NCPs were able to function without external food-aid were those where traditional structures were ensuring the supply of food from communal lands. 'I think one of the key things we can do is re-mobilise the Chiefs and traditional structures,' he says.

Dambuzo echoed the sentiments of indvuna Siphon Dlodlu from Banganoma regarding the power of the Royal injunction, 'uyezwe na,' to motivate communities. He quoted a senior Chief, who is also a Member of Parliament, telling a recent meeting of the Children's Portfolio Committee: 'We Chiefs understand that we only implement projects and activities after a command from His Majesty. Once he says something we must do it.'

However, in Swazi tradition, when the Chiefs gather together they 'become the King'. This understanding is fundamental to Swazi nationhood. If the Chiefs support a programme, such as the NCPs, it will be sustained. 'Once the Chiefs own it, we'll never have a problem,' Dambuzo said.

Another key understanding is the role of Her Majesty the Queen Mother. In Swazi tradition gogos, or grandmothers, become responsible for children who have no parents. 'Gogos know where to mobilise resources, and who to talk to, to ensure this child grows like all other children.' The top gogo is, of course, the Queen Mother, and she has powers rivalled only by those of the King. With the active support of both the King and the Queen Mother, the survival of the NCP initiative would be assured.

UNICEF programme officer Khetho Dlamini suggested a three-pronged action plan to ensure the sustainability of the NCP initiative, focusing on Parliamentarians, traditional leaders, and effective coordination structures.

Considerable work had already been done to mobilise Parliamentarians. As for the Chiefs, the fact that the NCPs were now the responsibility of MTAD was a major advantage, since this ministry was responsible for the Chiefs, and for the Regional Administrators and Regional Secretaries who were able to convene meetings with them.

Khetho pointed out that Jabu Dlamini, who played a key role in establishing the NCPs, was now the Regional Secretary for the Hhohho region, while the Regional Secretary for Lubombo, Eric Maziya was a former Director in the Department of Social Welfare. 'So already we have two people whose entire professional lives have been around children.'

Coordination implied effective communications among government ministries and NGOs: areas that had not been strong in the past. But there were valuable new assets – the NCCU had a mandate to coordinate between ministries, and both the Deputy Prime Minister and the Minister of Tinkhundla Administration and Development were deeply committed to the NCP initiative.

The Deputy Prime Minister, in particular, held an important position in government, which Dambuzza described as 'a hands-on ambassador for children,' while Loretta described him as 'the minister for the marginalised, the voice of the voiceless.' In the context of NCPs, the DPM's position was especially powerful because he could call together Ministers and senior officials, as well as Chiefs.

In terms of coordination between government and civil society there were also assets that could be used more effectively such as the eSicojeni (Spring) Foundation, which was a forum for chief executives, including people from both business and the development sectors including UNICEF, WFP and World Vision, who were actively involved in initiatives to alleviate hunger among children.

In March 2010, the His Majesty the King for the first time launched an NCP at Nkoyoyo in Mbabane. eSicojeni donated building material, while the communities provided land, food for the children, and volunteers caregivers. This event not only demonstrated the commitment of the King to the NCP project, but also the potential for public/private/community partnerships to support it.

Information

Along with money, information is the life-blood of all development work. Having accurate information, making sure everyone has access to it, and that they are able to use that information effectively, are the keys to success.

Information is also, quite clearly, one of the great weaknesses of the NCP initiative.

Gathering information for this report proved to be extremely difficult, with none of the obvious sources in government or among the development partners able to turn to a comprehensive library of historical documents or a database of current information.

Although there have been several evaluations of the NCPs over the years, not all of those reports are readily accessible and in any event they become out-of-date very quickly.

At the same time many organisations have a considerable amount of data on those NCPs that they support directly, but this information is not consolidated and made accessible to anyone who needs it. What is urgently needed is a surveillance system that provides accurate, current and accessible information, showing for example:

- What kind of buildings (if any) each NCP occupies, whether they have access to safe water and sanitation, to their own vegetable gardens or to produce from indlunkhulu fields...
- What services each NCP offers, how many caregivers and other staff work there, how many are paid, what is their level of education and training...
- How many children attend every NCP each day of the week, their ages, gender, health status, family status, how regularly each child attends, how far they walk to get there...
- How many meals are served each day, what do meals consist of, who eats there, who takes food home, where do all the elements of the meals come from...
- What is the situation of each NCP with respect to governance and support in their community, from NGOs and government, what gaps are there, what are their needs and plans...

NERCHA, a quasi-government institution, is the link that connects government with donors and NGOs, in relation to NCPs. However it appears from their Global Fund 'scorecard' and from their own comments that securing accurate, detailed and timely information has been a major challenge.

Impact mitigation coordinator Nozipho Mkhathshwa said she has invested a lot of time in developing a questionnaire to be filled in by NCPs, which would provide all of this information and more, and NERCHA have an expert who is creating a computer database to manage the data and make them accessible.

UNICEF child protection specialist Clara Dube said it was vital that any data-collection tool was endorsed by NCP network partners to ensure ownership, and that data collection was not seen as something imposed on communities.

The inescapable conclusion is that the NCP initiative is trapped between a lack of project coordination, which makes it impossible to collect information, and a lack of information which makes it impossible to coordinate effectively. Without coordination and information, both donors and communities will continue to be unhappy with the work that is being done.

Sustainability

The common feature among those communities that succeeded in feeding and caring for children, even when external resources failed, was that they worked as a collective. In practical terms this means they had the active involvement of their Chief and Inner Council, or at least their tacit support.

However, with or without the support of community leaders, it seems that more sophisticated services like ECCD are 'sustainable' only for as long as they are supported by an external funder, whether it is government or a donor. Of course it is possible to offer ECCD to children whose parents are able to pay for it, but this has little relevance to NCPs.

To some extent money may be raised to pay for such services through income-generating activities like running tuck-shops, selling agricultural produce, or savings-and-loans schemes. However, in impoverished communities the amount of money that can be raised in this way is unlikely to reach the level of self-sufficiency due to the limited purchasing power of community members. Trade does not create wealth, it only redistributes it. Also, there's a danger that trade can distract people from looking after children or, worse, encourage them to exploit children for their labour.

But, in the midst of the global economic recession, it is significant that donors like the Global Fund, PEPFAR and others are continuing to support initiatives like NCPs in Swaziland. Indeed, the difficulties associated with sustaining donor funding for NCPs have not come from the donors, but from departments and agencies inside Swaziland that have failed to delegate and accept responsibilities, to set appropriate goals, to employ suitably skilled people, to measure their work, and above all to communicate properly with the communities they are trying to serve.

This criticism is not levelled against any single organisation – it is hard to think of any that is not guilty of some or all of these sins. Even former UNICEF Representative Alan Brody conceded that a great deal more could have been achieved in the early days if there had been a better working relationship between UNICEF and NERCHA.

But, paradoxically, this is all good news:

- It's good news that, thanks to a great deal of hard work, Swaziland has built up a huge pool of NCP buildings, of caregivers, of training, of food distribution, of policies, and of knowledge.
- It's good news because we can choose not to repeat our mistakes – but to learn from them instead.
- And it's good news that donors are committed to NCPs – the secret is learning to use those funds in such a way that communities do not become dependent or alienated, but are engaged and empowered.

The question, therefore, seems not to be so much 'can we survive without donors?' as 'can we learn to work better with donors?'

Certainly there is confusion and concern in communities. There is disillusionment and exhaustion among key people. There is doubt about who should be doing what. But nobody questions the value of NCPs. In other words, the end-goal is not in question – merely the best route to reach it.

CHAPTER 5 – RECOMMENDATIONS

Information

As mentioned earlier, information is the life-blood of development. It is vital to have someone who can provide any information on NCPs, to anyone who needs it, whether this is for governance purposes, fundraising, research, advocacy or whatever. This is not an abstract concern – it directly influences stakeholders' ability to plan, raise funds, implement and report effectively, both as individual organisations and collectively.

The data-collection tool under development by NERCHA – or one like it – needs to be endorsed by all stakeholders and implemented as a matter of urgency. They are urged to keep their methods simple, so data collection can be done by any literate person at an NCP; data can be sent easily and reliably to the point of capture, and capture is done by people who can be easily trained, supervised and replaced if necessary. The resulting information must be in the public domain, and accessible online.

It is essential, too, to establish a library of information on NCPs – perhaps along with other HIV- or development-related information. It would make sense to link this to NERCHA's data-collection function, either directly (by locating a library at NERCHA) or indirectly (housing the library at the NCCU, say, but ensuring the librarian can access the NERCHA database).

Community ownership

In the short term, communities – particularly caregivers – need to have their questions answered. Inkhundla- or regional-level meetings sound like a good way to do this. However, it is vital that the situation is not made worse by giving them incorrect information, so it is important that all the key institutional role-players – NCCU, MTAD, NERCHA, NGOs, UN and donors – are represented at those meetings.

Feedback from the people who attend these meetings should provide insights as to the best way to restore community ownership. This will certainly involve some form of community mobilisation, and ongoing engagement with Chiefs and Inner Councils.

Consideration should be given to a repeat of the Appreciative Inquiry exercise

of ten years ago. This would not only be a powerful vehicle to re-engage communities, but would provide valuable data while empowering a nation-wide cadre of young people with insights into community traditions, social challenges and HIV/AIDS.

It is evident that Chiefs play a key role – perhaps THE key role – in sustaining the core operation of NCPs, namely the provision of food and voluntary labour. It is recognised that the whole issue of interacting with Chiefs is complex, but there seems to be no question that explicit support from the Royal household, ideally both His Majesty King Mswati III and Her Majesty the Queen Mother, would go a long way to generating this kind of long-term commitment.

This could perhaps be initiated through 'champions' among the cadre of senior Chiefs. With or without specific endorsement from the King and Queen Mother, 'champions' could communicate with their peers on the importance of NCPs to the future of Swaziland, and to the enormously important roles which Chiefs must play if the NCPs are to be sustained.

Parliamentary structures obviously play a key role, and it is gratifying to see that considerable effort has already gone into issues of advocacy and policy development.

Responsibility for the administration of NCPs has been placed within MTAD. Some stakeholders inside or outside government may have reservations about this (or, indeed, any other) Ministry assuming this role. It is important for them to consider that failing to support whoever has been nominated to play this role is no longer a matter of politics; it has direct implications for the future of Swaziland. This is the time to pull together, for the children's sake.

Sustainability

When one is talking about the core operation of feeding and caring for children, community ownership and sustainability are the same thing. If food supply is seen as depending on the WFP or World Vision; or if the willingness of caregivers to look after children depends on stipends, then NCPs may close down when those inputs are withdrawn. The communities that sustained their operations through interruptions of both food-aid and stipends are those that regarded those external inputs as welcome, but temporary. They are the ones that 'own' their NCPs.

It must be emphasised that the author is not suggesting that communities should turn down food aid – just that they should be very aware that it is

temporary, and that they should be actively preparing for a time when this food no longer arrives. It seems possible that time may come in 2014, when Round 7 of the Global Fund expires.

However there is no getting away from the fact that building and maintaining permanent structures, providing safe water supplies and sanitation, offering accredited ECCD instruction, training caregivers in PSS, maintaining a robust database, or even holding coordination meetings, all take money. It is also likely that, for the foreseeable future, government will depend on donors for most of this money.

This does not mean that money-driven activities are not important, or that they should not be pursued. It simply means they need to be seen in a different light, both by communities and by government and their partners. It also means that care must be taken to ensure that if the money-driven activities fail, this will not interfere with the core services of feeding and caring.

As discussed earlier, it is highly unlikely that donors will simply disappear. It is far more likely that grants will not be approved because they have not been properly motivated, or will be withdrawn because they have not been properly used or accounted for. The sustainability of the 'money-driven' components, therefore, lies in Swaziland's ability to do these things well – and that, in turn, depends on strong leadership, good data, good communication, and good coordination.

Management

At time of writing, it could be argued that nobody was 'managing' the NCPs, in the sense that nobody was telling others what to do. NERCHA probably come closest, simply because they control the flow of food and money (through other agencies) to almost all NCPs.

However MTAD have been designated to administer NCPs, and the NCCU is responsible for inter-Ministerial coordination.

The point, however, is that none of these agencies is likely to take kindly to being told what to do by any of the others. They may all defer to the authority of a Cabinet Minister, or the Deputy Prime Minister, but ministers do not 'manage' projects directly.

Of course it is valid to ask whether it is necessary to have a single 'manager' of the NCPs, and the answer is probably 'no'. However, having different agencies

with complementary, and even overlapping, areas of authority is a recipe for disaster – unless they work very closely together.