

# KINGDOM OF SWAZILAND



*Bantfwana Bangumliba Loya Embili*

*FINAL COPY*

**JUNE 2009**

**KINGDOM OF SWAZILAND**



**SWAZILAND NATIONAL  
CHILDREN'S POLICY**

*Bantfwana Bangumliba Loya Embili*



*FINAL COPY*

**JUNE 2009**

## Table of Contents

	<i>Page</i>
PREFACE .....	4
ACKNOWLEDGEMENTS .....	5
CONCEPTS AND DEFINITIONS .....	6
<b>CHAPTER 1</b> .....	<b>11</b>
1.1 Introduction .....	11
1.2 Background .....	11
1.3 Poverty .....	12
1.4 The Situation of Vulnerability to Children in Swaziland .....	12
1.5 Problem Statement .....	13
<b>CHAPTER 2:</b> .....	<b>15</b>
2. CHILDREN'S POLICY FRAMEWORK .....	15
2.1 Vision .....	15
2.2 Mission .....	15
2.3 Overall Policy Goal and Objectives .....	15
<b>CHAPTER 3</b> .....	<b>17</b>
3. GUIDING PRINCIPLES OF CHILD PROTECTION .....	17
3.1 Human Rights Principles .....	17
3.2 International and National Legal Framework .....	18
3.3 Other international commitments .....	19
3.4 National Legal Framework: Existing Laws, Policies .....	20
<b>CHAPTER 4</b> .....	<b>24</b>
4. THE POLICY: ISSUES, STATEMENTS AND STRATEGIES .....	24
4.1 Education .....	24
4.3 Children with Disabilities .....	37
4.4 Care and Support .....	44
4.5 Psychosocial Support .....	47
4.6 Food Security and Nutrition .....	50
4.7 Socio-Economic Security .....	54
4.8 Child Protection and Legal Support .....	57
<b>CHAPTER 5</b> .....	<b>64</b>
5. GUIDELINES FOR IMPLEMENTATION .....	64
5.1 Institutional Framework .....	64
5.2. Other Ministries .....	67
<b>CHAPTER 6</b> .....	<b>73</b>
6. STRATEGY FORMULATION .....	73
<b>CHAPTER 7</b> .....	<b>75</b>
7. COORDINATION, MONITORING AND EVALUATION FRAMEWORK .....	75
7.1. National Coordinating Committees on Children .....	75
7.2 National Children's Coordination Mechanism .....	76
<b>References</b> .....	<b>82</b>
<b>ANNEX 1: List of Participants in the Drafting of National Children's Policy</b> .....	<b>83</b>

## FOREWORD

Children are the most treasured assets in the Kingdom of Swaziland. Consequently, the real challenge for the Government and its development partners is to improve the conditions under which all children including orphans and vulnerable children live in order to ensure that they grow up into productive citizens.

The needs of children are presently being addressed in various ways, but it is necessary to strengthen the diverse types of care in view of the impact of HIV and AIDS, which are tragically affecting the lives of children in the country. The death of parents and guardians from AIDS related sickness and diseases has led to an increase in the number of orphans and child headed households. Unfortunately, the traditional extended family which has for a long time been the safety-net for orphans and vulnerable children is under extreme strain as a result of the loss of many family breadwinners and relatives. In view of the weakening of family structures and community support mechanisms, the Government, civil society and communities must collectively place children at the centre of public policy, and devise effective ways and means of ensuring that the rights of children are met.

The National Policy on Children aims at providing policy guidelines to ensure that appropriate interventions are put in place to adequately care for and protect children in general and vulnerable children in particular. The Government's ratification of the United Nations Convention on the Rights of the Child (CRC) in 1995, and the provision for laws that accord special protection to children in the Constitution of the Kingdom of Swaziland (2005) are indications of the Government's pledge to realize the goal of protecting the rights of the child and ensuring the long-term physical and psychosocial development of children including orphans and vulnerable children. This policy is a step towards translating those pledges into action and results.

The National Policy on Children grows out of several years of collaboration of Government agencies, civil society and communities. The Policy document is, therefore, an outcome of a shared vision. This implies that government agencies, non-governmental organizations, faith-based organizations, communities and families all need to work together to provide the essential care and support to all children in accordance with this policy. I, therefore, urge all Swazis to become part of this collective endeavour so that we can together guarantee that the Kingdom's children grow up into productive citizens.



**SENATOR THEMBAN. MASUKU**  
**DEPUTY PRIME MINISTER**

## PREFACE

The National Policy on Children is a demonstration of the commitment of the Government of Swaziland and its development partners to the well-being of children. Swaziland is currently witnessing an unprecedented increase in the number of orphans and vulnerable children. This development calls for concerted efforts to guarantee that the rights and the basic needs of children are fulfilled, upheld and protected. The Deputy Prime Minister's Office jointly with other Government ministries, civil society and international partners thus formulated this policy to guide appropriate government and civil society responses in supporting the protection and well-being of all children including orphans and vulnerable children.

The Constitution of the Kingdom of Swaziland 2005 calls for Parliament to make laws that address the rights of the child to ensure that children are accorded special protection. The National Children's Policy recognises that, in addition to the rights and freedoms guaranteed in respect of the Constitution, children are also guaranteed the rights set out in the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and the Welfare of the Child (1990) and other important international and regional human rights instruments. Accordingly, the Policy is an expression of the Government's resolve for a vigorous response to children's issues, and spells out the basic programmatic framework for activities aimed at protecting and promoting the rights of all children at all levels of society. It further specifies the respective roles of government and other various stakeholders, partners, civil society communities, families and children. In this regard, its overriding goal is to provide long-term solutions to problems and challenges encountered in fulfilling the needs of children in a rapidly changing society.

The National Children's Policy is a product of the collaboration and support of a wide range of multi-sectoral stakeholders. I would, therefore, like to commend all the stakeholders and those who participated in the formulation and finalization of the Policy for their invaluable support.



**KHANGEZIWE MABUZA**  
**PRINCIPAL SECRETARY**

## ACKNOWLEDGEMENTS

The Deputy Prime Minister acknowledges all the stakeholders who participated in this national duty of producing a National Policy on Children. This includes Government institutions, Non-Governmental Organisations (NGOs), donors, and the private sector. Sincere gratitude is passed to the specific organisations attached in ANNEX 1 of the document.

## ACKNOWLEDGEMENTS

The Deputy Prime Minister acknowledges all the stakeholders who participated in this national duty of producing a National Policy on Children. This includes Government institutions, Non-Governmental Organisations (NGOs), donors, and the private sector. Sincere gratitude is passed to the specific organisations attached in ANNEX 1 of the document.

## CONCEPTS AND DEFINITIONS

**Buntfu:** It expresses a participatory humanism where each person is seen as being experienced through his or her relationships with others and theirs with him/her. This in turn recognizes and establishes their own humanity. Buntfu defines all facet of life with the values of love, compassion, care and support exhibited by the individual, immediate family, extended family and society living harmoniously with nature and the divine.

**Care-giver:** The individual who takes the responsibility for the physical, mental and emotional needs and well-being of a child.

**Child:** Any person under the age of 18 years.

**Children in need of care:** Refers to children facing various challenges and circumstances of life including, children who are abandoned, children who are denied their rights especially orphans and vulnerable children, street children, child labourers, children, who have been abused, differently-abled children, children affected by HIV / AIDS, children affected by conflicts and disasters, child political refugees, children whose families are in crisis etc.

**Children with special needs:** Children are defined as having special needs if they face barriers in attaining the highest possible standards of life. Some of the barriers may arise due to disability, poverty, HIV and AIDS to name a few.

**Children with disability:** Disability is an evolving concept and that disability results from interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (United Nations Convention on The Rights of People with Disabilities, pg 1).

**Civil Society:** Any organization outside government with a social conscious such as churches, CBO's, FBO's, NGO's, trade unions and communities.

**Community:** A group of people living in an identifiable geographical area, who share a common culture, and are, arranged in a social structure that allows them to exhibit awareness of a common identity as a group.

**Duty-bearers:** Individuals or institutions responsible for the progressive realization of specific rights. Duty-bearers acquire duties through designation, position or election. They will include the family, the community and national as well local government.

**Disability:** Substantial functional limitation of daily life activities of an individual caused by physical, sensory or mental impairment and environmental barriers.

**Discrimination:** These are acts of treating individuals or groups differently in relation to services, privileges, rights and benefits.

**Empowerment:** This is the process by which an individual acquires the knowledge, skills and capacity to improve the quality of their lives for their own benefit, their families, community and nation.

**Epidemic:** A localized outbreak of a disease within a population that is limited in location, magnitude and duration.

**Extended family:** This is a collection of a number of households or families of individuals who are related by blood and social ties and responsibilities towards one another.

**Family:** A group consisting of one or more parents and or their offspring and close relations that provide a setting for social and economic security, transmission of values, protection and affection for the family members.

**Gender:** Refers to the social relationship between women and men as opposed to biological sex differences.

**Gender equality:** Refers to equal opportunity and equal enjoyment by women and men, boys and girls to girls and boys, of rights, resources and rewards.

**Gender equity:** Means fairness and justice in the distribution of benefits and responsibilities between males and females

**Gender sensitivity:** Refers to the ability to recognize issues related to the relationship between males and females and especially the ability to recognize differences in perceptions and interests between males and females arising from their different social position and different gender roles.

**Guardian:** Any person caring for a non-biological child whose parents cannot do for one reason or the other.

**Household:** A group of people who normally live and eat together in one spatial unit and share domestic functions and activities.

**Human Rights:** These are inalienable entitlements that are agreed upon through consensus that they can be claimed by anyone based on their needs and aspirations.

**Indlovukazi:** Her Majesty the Queen Mother

**Indlunkhulu:** Senior Household at a homestead or Chief's Kraal.

**Ingwenyama:** His Majesty King Mswati 111

**Kulimisana:** Assisting each other to plough each others fields.

**Kunanisa:** Request for food with the aim of returning it at a later day.

**Marginalised:** This is a term used to refer to persons in society who are deprived of opportunities for living a respectable and reasonable life that is regarded as normal by the community to which they belong.

**Multisectoral approach:** The process of involving and bringing together all essential service providers including government, private sector, development partners, and civil society organizations such as international and national NGOs, faith-based organizations, religious institutions, cultural leaders and community-based

organizations, in order to plan on and maximize how a population is best served and provided with a comprehensive set of services.

**Orphan:** A child below the age of 18 years who has lost one or both parents.

**Pandemic:** A wide spread outbreak of a disease within a population that is extensive in location, magnitude and duration.

**Pedagogical:** refers to correct use of teaching strategies or styles of instruction.<sup>1</sup>

**Psychosocial Support:** A psychological and social service provided to an individual with a disrupted wellbeing through (physical, mental, social) internal or external forces.

**Poverty:** The inability of an individual, family or community to attain a minimum standard of living. This is evidenced by the lack of basic needs and services such as food, clothing, bedding shelter, utilities, basic health care, education etc.

**Responsibility:** The social force that binds one's obligations that result in a specific and individualized course of action.

**Social Security:** Primarily refers to a government financed income transfer system within the field of Social Welfare service concerned with social protection, or protection against socially recognized conditions including poverty, old age, and disability.<sup>2</sup>

**Stigmatisation:** This is widespread behaviour of societal attitude that renders a person or a group of people feel worthless or helpless as a result of an ailment, disability or inferior social status.

**Tigodzi:** Sub Communities

**Tindvuna Teti-Inkhundla:** *Constituencies (Tinkhundla) Headmen*

**Tinkhundla:** Constituencies

**Umphakatsi:** Chief's Kraal

**Values:** A set of ideals that are normatively shared by members of a community and are shaped by several influences including ideology, culture, history, religion and political systems.

**Vulnerability:** A state of being or likely to be in a risky situation, where a person is likely to suffer significant physical, emotional or mental harm that may result in their human rights not being fulfilled.

**Well-balanced diet:** Combination of foods that will finally provide all the nutrients needed for optimal (best) daily functioning of the human body.

---

<sup>1</sup> Wikipedia, the free encyclopedia

<sup>2</sup> Ibid

## ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retro Viral
CANGO	Coordinating Assembly of Non Governmental Organizations
CEDAW	Convention for the Elimination of All Forms of Abuse Against Women.
COMSHACC	<b>Community Multi Sectoral HIV and AIDS Coordinating Committee</b>
CBO	Community Based Organization
CRC	United Nations Convention on the Rights of the Child
DHS	Demographic Health Survey
DPM	Deputy Prime Minister
DPMO	Deputy Prime Minister's Office
EPI	<b>Expanded Programme on Immunization</b>
ESRA	Economic and Social Reform Agenda
FBO	Faith Based Organization
GOVT	Government
GDP	Gross Domestic Product
HIV	Human Immune Virus
ILO	International Labour Organization
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MOA	Ministry of Agriculture
MOEPD	Ministry of Economic Planning and Development
MOF	Ministry of Finance
MOH	Ministry of Health
MOJ	Ministry of Justice and Constitutional Affairs
MOTA&D	Ministry of Tinkhundla Administration and Development
NERCHA	National Emergency Response Council on HIV and AIDS
NDS	National Development Strategy
NPA	National Plan of Action
NCCU	National Children's Coordination Unit
NGOs	Non Governmental Organizations
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care Strategy
PMCT	Prevention of mother to child transmission
PRSAP	Poverty Reduction Strategy and Action Plan
PSS	Psychosocial Support
REMSHACC	Regional Multisectoral HIV and AIDS Coordinating Committee
SACRO	Swaziland Association of Crime Prevention and Rehabilitation of Offenders
SPVCO	Social Protection of Orphans and Vulnerable Children and Orphans

<b>TWG</b>	Technical Working Groups
<b>TIMSCHACC</b>	Tinkhundla Multisectoral HIV and AIDS Coordinating Committee
<b>UNAIDS</b>	Joint United Nations Programme on AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNGASS</b>	United Nations General Assembly Special Session on HIV and AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>VAC</b>	Vulnerability Assessment Committee
<b>WFC</b>	World Fit for Children
<b>WFCL</b>	Worst Forms of Child Labour
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organisation

## **CHAPTER 1**

### **1.1 Introduction**

Children are the greatest resource; they are Swaziland's future. Yet social and economic indicators of household welfare reveal serious disparities in their access to social and economic services and also confirm fundamental inequalities to the support and care they receive. A significant number of children are increasingly unable to take advantage of interventions meant to improve their quality of life, notwithstanding the existence of laws, policies, and programmes formulated for this purpose.

Swaziland does not have a comprehensive legislation, policy or strategy for addressing the rights and needs of children including Orphans and vulnerable children. Current programmes are guided by the National Plan of Action for Children (NPA) and the Social Protection of Orphans and Vulnerable Project (SPVCO). In addition to the legal and policy gaps, there is currently a big gap between the international children's rights framework and national laws. Consequently, there is no comprehensive framework in place to respond to the issues faced by children. Furthermore, the recognition of the rights of children is not translated into interventions in a comprehensive and co-ordinated manner. The absence of a conducive environment that enables all children to enjoy their rights and basic needs, participation and protection from all forms of abuse and neglect are some of the problems that need to be addressed as a matter of urgency.

Broadly this policy is for all children in Swaziland. However, it places special emphasis on the vulnerable categories of children including: children who are made vulnerable by HIV and AIDS- especially double, maternal orphans, children who are parents or caretakers of other children, children living in child-headed households, the homeless and unaccompanied children; children with special needs with particular attention to the girl child and children of parents with physical, psychological and sensory impairments; children with disabilities; children subjected to all forms of abuse and neglect particularly sexual abuse and exploitation, physical violence and abuse, emotional, psychological abuse and neglect; children subjected to worst forms of child labour in both formal and informal sectors; young offenders; children living in the streets; abandoned children; children in need of maintenance; and children living in difficult circumstances.

### **1.2 Background**

Swaziland is a landlocked country situated between South Africa and Mozambique. It covers an area of 17,364 square kilometers. Arable land is only 11% of the total area, and the remainder is made up of permanent pasture, forests and woodlands. The country is divided into four agro-ecological zones: highveld, middleveld, lowveld, and Lubombo plateau; and four administrative regions: Hhohho, Manzini, Shiselweni and Lubombo. It has an estimated population of about 1,018,000 (1999), with a density of about 58.6 people per square kilometer.

In present day Swaziland, the administrative centres have a potential to become economic growth points and are being developed as centres of local government administration under the Decentralization Policy. The legal system is a mixture of the Roman-Dutch Common Law and Swazi Law and Custom. Although Swaziland is

classified as a middle income country, there are wide disparities between the poor and the wealthy, with 69% of the population living below the poverty line. The economy is dependent on manufacturing and agriculture. The closure of some manufacturing companies and textile industries in the recent years, combined with the retrenchment of mine workers in South Africa, is significantly affecting household incomes. Income distribution is very unequal in both rural and urban areas.

### **1.3 Poverty**

Currently, the trend illustrates that poverty and hunger are on the increase in Swaziland in both rural and urban areas, with people living on food aid increasing from 210,000 in 2005/06 to more than 400,000 in 2006/07. The World Food Programme (WFP) Crop and Food Supply Assessment Mission to Swaziland (2007) observed that 21% of the nation's households are food insecure while 69% are living below the poverty line, based on an approach that measures a household's capacity to access food (purchase power), dietary diversity and production levels. According to Swazi Vulnerability Assessment Committee (VAC) (2006), approximately 40% of the poor were not accessing sufficient food, with a further 40% receiving food aid. The poor performance of the agricultural sector has been the main contributing factor to the prevailing economic status as well as the persistent long dry spells; poor market prices; changing global trading regimes, high production cost; high unemployment rate; and HIV and AIDS.

### **1.4 The Situation of Vulnerability to Children in Swaziland**

The HIV and AIDS pandemic has affected millions of children and is placing increasing numbers at risk. The rapid increase in the numbers of deaths of parents coupled with the high prevalence of poverty has greatly prevented many children from enjoying their basic human rights and services. A recent study on the HIV prevalence rate in Swaziland shows that among women attending antenatal care, as measured by sentinel surveillance the prevalence rate has raised from 3.9% in 1992 to 39.2% in 2006,<sup>3</sup> making it the highest recorded HIV prevalence in the world. UNAIDS (2006) estimates that there are currently 220,000 people living with HIV and AIDS in the country. This has led to an increase in the need for care and support services. Reports indicate that approximately 16,000 people die as a result of HIV and AIDS each year – nearly 45 people a day.<sup>4</sup> Government estimates that 130,000 children, or 31.3% of all children in the country, are orphaned or vulnerable. This number is expected to grow to 200,000 by 2010.

Out of an estimate 950,000 people in Swaziland, children account for about 54% of the total population while those of the ages 0-15 account for 44%. Of these numbers, about 69% live below the poverty line and most of them are affected by HIV and AIDS. One of the most visible effects of HIV in the country is the growing number of Orphans and Vulnerable Children (OVC). At present, the burden of caring for the large numbers of young children without parents falls on the elderly. There is an increase in the number of “child-headed households” as shown by results from the Demographic and Health Survey (SDHS), which approximates that a third of children do not live with either parent. Furthermore, there has been a weakening of the extended family and traditional

---

<sup>3</sup> 10<sup>th</sup> Sentinel Surveillance

<sup>4</sup> The Swazi Observer 19 June, 2007

community structure which has impacted negatively on the care and support of children.

Furthermore, it is projected that the number of children in child headed households will increase as a consequence of the high rates of HIV infections among the adult population. Such households will have the disadvantage of not having an adult to provide guidance and ensure protection for the children. Another study by the Swaziland Association of Crime Prevention and Rehabilitation of Offenders (SACRO) found out that the number of street children was rising particularly in the cities of Manzini and Mbabane. The report noted that these children move to the streets primarily because of socio-economic hardships experienced by their families. All of these factors highlighted above depict the challenges that are faced by the children. Clearly, the enjoyment of basic rights, services, protection from all forms of abuse and their overall well-being is greatly compromised.

### **1.5 Problem Statement**

The full protection of children's rights requires systematic action by government and protective mechanisms and practices by all those who have an impact and responsibility for children. Over the years, the Government and its partners have made efforts to put in place programmes to improve the welfare of children e.g. the National Plan of Action for Orphans and Vulnerable Children (NPA) and the Social Protection for Orphans and Vulnerable Children (SPVCO). However, the absence of an integrated and comprehensive framework for the protection of the rights of children has remained a hindrance to the full implementation of programmes and interventions aimed at addressing the needs of all children including orphans and vulnerable children. These include:

- a) Lack of a comprehensive legal framework.
- b) Failure to adequately enforce existing laws and conventions.
- c) Problems of access to property and inheritance.
- d) Lack of resources for programmes targeting children.
- e) Problems with identification of priority issues and setting achievable goals and objectives.
- f) Flaws with coordination mechanisms among Government agencies and civil society organisations in respect of orphans and vulnerable children.
- g) Understaffing of social affairs units at all levels, ranging from central to decentralised levels.
- h) Limited geographical outreach of many programmes and consequent failure to cover remote and hard to reach areas.
- i) Limited access to basic services including education, health and rehabilitation services.
- j) Breakdown of traditional social systems and values.
- k) Change of values towards materialism and individualism.
- l) Family conflicts.
- m) Absence of family support and/or family life.
- n) Rising numbers of vulnerable children due to HIV and AIDS and other causes such as abandoned children.
- o) Inadequacy of shelter for orphans and vulnerable children.
- p) Loss of opportunities in education and other areas as a result of poverty and of children having to assume the load of early responsibility.

- q) Marginalization and stigmatization.
- r) Cultural taboos concerning sexuality.
- s) Sexual abuse and exploitation.
- t) Lack of psycho-social support and counseling services.

The above issues indicate a need for a Multi-Sectoral National Children's Policy that will serve as an instrument for protecting the child and guiding in a coordinated manner all stakeholders related to the child's development. The government, civil society, private sector, donors, and community will be expected to design appropriate programmes which are in line with the national policy.

### **1.6 The Policy Formulation Process**

The Policy formulation process comprised of a wide range of stakeholders from government, non-governmental organizations, civil society, private sector, donors and communities including children. The process started in 2003 in the Ministry of Health and was taken over by the National Children's Coordination Unit in 2008. The National Children's Coordination Unit gathered information through workshops, meetings, task teams and working groups from a wide section of stakeholders thus ensuring that all key players were consulted and contributed to the process. Participants in the policy formulation included all stakeholders with an interest in the children's rights, child service delivery and care and protection programmes.

The Policy was also presented and reviewed by the Child Protection Network which has a membership of over 300 organisations. The Policy was also presented to various hierarchical levels including Principal Secretaries and Directors in Government and non-governmental organisations.

## **CHAPTER 2:**

### **2. CHILDREN'S POLICY FRAMEWORK**

#### **2.1 Vision**

The vision is to have all children regardless of sex, age, life circumstances, health, disability, stage of development, capacity to learn or financial circumstances enjoy rights and access to basic services guided by the United Nations Convention on the Rights of the Children (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) and other relevant Conventions and Protocols and National Constitution.

#### **2.2 Mission**

The mission is to provide a national framework for the protection, enjoyment of children's rights, basic needs and fulfillment of their responsibilities. The Government of Swaziland will enhance the social well-being of children including vulnerable children and to create a conducive environment within which they could be adequately protected, supported and empowered to be independent and realise their full potential.

#### **2.3 Overall Policy Goal and Objectives**

##### **2.3.1 Goal**

The goal of the National Children's Policy is to promote, protect and fulfill the rights of all children and ensure their full development and long-term welfare including their physical and psychosocial development.

##### **2.3.2 General Policy Objectives**

The policy objectives are:

- a) To ensure that the legal, policy and institutional framework for child protection is developed and strengthened at all levels.
- b) To promote the rights of children and protect them from violation of their rights and all forms of abuse and exploitation such as neglect and deprivation.
- c) To review existing child related legislation to respond to current needs and situations and formulate new frameworks for empowering the children to protect themselves from being abused.
- d) To ensure children's survival, well-being and development.
- e) To ensure that all children in particular, orphans and vulnerable children have access to basic services.
- f) To provide access to basic education for empowerment in life and survival skills.
- g) To ensure the welfare and provision of psychosocial support, external and internal to all children including orphans and vulnerable children and their families.
- h) To strengthen the capacity of children, families, communities and social service providers to care for and protect children including orphans and vulnerable children.

- i) To maintain linkages of orphans and vulnerable children with their own families, communities and ensure their integration into community life, subject to consideration of the child's views in the best interest of the child.
- j) To strengthen linkages of orphans and vulnerable children with traditional structures for continuity and sustainability.
- k) To strengthen support to income generating activities and poverty reduction.
- l) To facilitate access to socio-economic opportunities including credit and agricultural inputs that will boost the socio-economic situation of children especially orphans, vulnerable children and their families.
- m) To monitor gender dimensions on the impact of the current crises of poverty and HIV and AIDS and strengthen initiatives focused on the girl child.
- n) Put in place measures and practices that favor gender equity and non-discrimination for holistic support in all programmes and interventions.
- o) To create a systematic mechanism to improve the coordination and collaboration of children related programmes and interventions, as well as regular monitoring and evaluation.
- p) To ensure that resources for interventions and programmes are mobilized and coordinated to effectively benefit all children both in the short and long term.
- q) To ensure the protection of children's right to property and inheritance.
- r) To ensure that children and their families have access to nutritious food.
- s) To revive and instill the values of love, care, compassion and support (buntfu).

## **CHAPTER 3**

### **3. GUIDING PRINCIPLES OF CHILD PROTECTION**

#### **3.1 Human Rights Principles**

The United Nations Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the African Child (ACRWC) and other relevant human rights instruments guide all actions in support of children, in the recognition that development is the realization of a set of universally applicable, inalienable rights. This approach recognizes that children are both holders and participants; they are not merely the recipients of service or the beneficiaries of protective measures.

The underlying values or guiding principles of the CRC described below, influence the way each right is fulfilled and serve as a constant reference of the implementation and monitoring of all efforts to fulfill and protect children's rights in Member States.

##### **3.1.1 Best interest of the child**

The CRC states that in each and every decision affecting the child, various possible solutions must be considered; and due weight must be given to the child's best interests. This principle is immediately relevant to orphans and vulnerable children where decisions are being made regarding their caretakers; property and futures but extend further to all matters that concern children, including development of policies, legislations, programmes and allocation of public resources.

##### **3.1.2 Non-discrimination**

All children should be given the opportunity to enjoy the rights recognized by the CRC. States must identify the most vulnerable and disadvantaged children and take affirmative action to ensure that the rights of these children are realized and protected.

##### **3.1.3 Right to survival, well-being and development**

The CRC is grounded in the recognition of the right to child survival, well-being and development. The principle is in no way limited to a physical perspective; rather, it further emphasizes the need to ensure full and harmonious development of the child, including the spiritual, moral, psychological and social levels. States are obliged to undertake strategies to assist the most disadvantaged children including those who are orphaned, vulnerable or with special needs or disabilities.

##### **3.1.4 Child Participation Principle**

This principle affirms that all children are entitled to express their views in all matters affecting them and requires that those views be given due weight in accordance with the child's age and maturity. It recognizes the potential of children to enrich the decision-making processes and to participate as citizens and actors of change. This principle underscores the importance of ensuring that children participate in decisions that affect them such as those concerning their care, support, inheritance and that they have important contributions to make in their well-being and development.

also prohibits the running of brothels and renting accommodation for prostitution purposes.

### **3.2.6 The Hague Convention on the Civil Aspects of International Child Abduction (1996)**

Swaziland has not ratified this Convention. Signatory states to the Convention agree to an approach to children's custody that protects children from the harmful effects of wrongful removal or retention. The Convention also requires states to establish procedures to ensure prompt return to the country of origin and residence.

### **3.2.7 The Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (2000)**

This optional protocol was adopted by the UN General Assembly in May 2000. It calls on ratifying Governments to do everything feasible to ensure that members of their armed forces who are under 18 years of age do not take part in hostilities. Governments should also ensure that children under 18 years are not recruited compulsorily into the armed forces. The government of the Kingdom of Swaziland is currently in the process of ratifying this protocol.

### **3.2.8 The Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2000)**

This Protocol supplements the CRC and was adopted in May 2000. The Government of the Kingdom of Swaziland is currently in the process of ratifying this protocol. This CRC Protocol criminalises the sale of children, illegal adoptions as well as child prostitution and child pornography.

## **3.3 Other international commitments**

The National Policy on Children will also be guided by the vast body international instruments, national laws and internal policy documents to inform its content thus reference is made to the following documents:

### **3.3.1 World Fit for Children Declaration (2001)**

The World Fit for Children (WFC) declaration reaffirms states obligation to take action in the promotion, protection and fulfillment of the rights of the child including adolescents. Member states pledged their determination to respect the dignity and to secure the well-being of all children. All the states acknowledge that the CRC is the most universally embraced human rights treaty in history, and the Optional Protocols contain a comprehensive set of international legal standards for the protection of children.

## **3.2 International and National Legal Framework**

### **3.2.1. Convention on the Rights of the Child**

At the international level, the National Policy on Children is backed by the (CRC). The Government of Swaziland is committed to ensuring that the rights of children and the general population are protected. Swaziland ratified the Convention on the Rights of the Child in 1995.

In ratifying the CRC, the Government of Swaziland took on a collective responsibility to respect, protect and promote the rights of children. These responsibilities cut across all the organs of Government, at both ministerial level, and decentralized levels, including the Chiefs and their Councils, and all sectors of society.

### **3.2.2. The African Charter on the Rights and Welfare of the African Child**

The Government of Swaziland is a signatory to the ACRWC 1990 which stipulates the state's obligations with respect to the rights and responsibilities of the child. The ACRWC embodies key human rights principles in protecting the rights of children. Article 4 of the African Charter stipulates that in all actions concerning the child undertaken by any person or authority, the best interests of the child shall be the primary consideration.

### **3.2.3 The ILO Convention on Minimum Age of Admission to Employment (1973)**

Swaziland ratified the ILO Convention 138 of 1973 in October 2002. It requires that state parties pursue a national policy designed to ensure the effective abolition of child labour and to progressively raise the minimum age for admission to employment or work to a level consistent with the fullest physical and mental development of young persons. It states that the minimum age for work likely to jeopardise the health, safety or morals should be at least 18 years. The Convention also recognises that laws may permit employment of children 13 to 15 years of age in light work that is unlikely to be harmful to their health or development and will not prejudice their benefiting from school or vocational programmes. Work done in schools or as part of a certified programme of education or training is allowed, provided certain safeguards are in place.

### **3.2.4 The ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor 182 (1999)**

The Convention, referred to as the Worst Forms of Child Labour (WFCL) Convention, came into effect in November 2000 and was ratified by Swaziland in October 2002. The Convention requires ratifying countries to take immediate and effective measures to eliminate the worst forms of child labour.

### **3.2.5 The Convention for the Suppression of the Traffic in Persons and Exploitation of the Prostitution of Others (1949)**

Swaziland signed the convention in 2000, but has not yet ratified it. The Convention describes procedures for combating international traffic for the purpose of prostitution. It

### **3.3.2 Millennium Development Goals; and the Eastern and Southern Africa Regional Workshop on Children affected by HIV and AIDS, Windhoek (2003)**

In September 2000, the 191 Member Countries of the United Nations, including Swaziland, adopted the Millennium Declaration which contained eight goals for sustainable development. Through the Millennium Development Goals (MDGs), countries committed themselves to making substantial progress towards the eradication of poverty and achieving other human development goals by the year 2015. Most of the goals are related to children.

### **3.3.3 The CRC Committee Concluding Observations on the Initial State Report (2006)**

In terms of the CRC every party state has to report periodically on the implementation of the provisions of the Convention. In 2006, the Government of Swaziland submitted its initial report to the Committee. In its 1173rd and 1175th meetings held on 18 September 2006, the Committee considered and adopted, at the 1199th meeting, held on 29 September 2006, the 72 concluding observations for Swaziland. These concluding Observations recommend areas of interventions for the implementation of the Convention on the Rights of the Child and suggest action on identified gaps.

## **3.4 National Legal Framework: Existing Laws, Policies**

### **3.4.1. The Constitution of the Kingdom of Swaziland 2005**

The Constitution of the Kingdom of Swaziland 2005 provides a legal framework for the protection of the rights of children and the general population. It specifically provides for the right of children to know and be cared for by their parents or guardians, access to education, medical treatment, and protection from all forms of exploitation and abuse and abolish the status of illegitimacy for children born out of wedlock. Despite these provisions, a number of legislations are yet to be put in place to adequately provide for the protection, promotion and fulfillment of children's rights.

### **3.4.2 The Girls and Women's Protection Act No. 67 of 1920**

The legislation criminalises and prohibits any form of sexual intercourse, immoral or indecent dealing by a male with girls that are under the age of 16 years. However, the legislation is in dire need of reform to keep up with current trends and developments of the society.

### **3.4.3 The Reformation Act No. 82 of 1921**

This legislation defines a "juvenile" as any person under the age of 16 years, and a "juvenile adult" as any person who is between the ages of 16 and 21 years. The Act is intended to provide for reformatory procedures for child delinquents. This act needs to be revisited in light of the new definition of a child. In terms of international law, a child is any person under the age of 18 years.

#### **3.4.5. The Criminal Procedure and Evidence Act No. 67 of 1938**

This legislation deals with the apprehension, prosecution and conviction of persons in conflict with the law. In part, it is intended to safeguard the rights, integrity and care of child offenders, and is, in many respects, compliant with CRC requirements.

#### **3.4.6 The Adoption of Children Act No.64 of 1952**

The Act prescribes that the person qualifying for adoption must be a minor. It also specifies the age of the adoptive applicant as 25 years older.

#### **3.4.7 The Interstate Succession Act No.3 of 1953**

This Act regulates the devolution of a deceased person's estate in the absence of a will. Under the Act, the legitimate children are entitled to equal shares of the estate after their mother has received her half share. The entitlement to shares minimises the potential for vulnerability on the part of the children of the deceased, thereby minimising the likelihood of their falling victim to trafficking and other forms of abuse as a result of poverty and deprivation.

#### **3.4.8 The Marriage Act No. 47 of 1964**

The Act stipulates the marriage age for both males and females as 21 years. It imposes restriction on minors' right to marriage, requiring the consent of a legal guardian (father or mother), and prescribes the marriageable ages of minors with the legal guardian's consent as 18 and 16 years for males and females, respectively.

#### **3.4.9 Child Care Service Order of 1977**

This legislation seeks to promote the joint responsibility of parents in the upbringing and development of children as set out in the Roman Dutch Law. It provides for the appointment of maintenance officers and the investigation of complaints relating to maintenance; establishes a maintenance court and provides for procedures to be followed in order to facilitate the support to persons, below 18 years, who are unable to maintain themselves.

#### **3.4.10 Administration of Estates Act**

This legislation governs the administration of estates and inheritance matters of all estates. However, the legislation is in dire need of review and amendment to be in line with the Constitution, CRC and other international Conventions to ensure that the best interest of the child regardless of the status or circumstances of the child is considered and that the child's inheritance rights are upheld and enforced.

#### **3.4.11 The List of Recommendations for the Drafting of the proposed Children's Act and the Child Justice Bill 2007**

The List of recommendations was developed by the Technical Working Group working on Legal and Policy reform for children and they provide recommendations for issues to be covered by the proposed Children's Act and the Child Justice Bill.

#### **3.4.12 National Development Strategy (NDS): Vision 2022 (NDS), 1999**

The NDS is the country's overarching strategy for development in all spheres of life. There are a number of issues touching children as a result the NDS should also be considered as a reference.

#### **3.4.13 Government's Transformation Policy Statement, 2003**

This policy statement is a broad articulation of the five-year policy direction of the Government in 2003. Amongst the Government's commitments in various sectors, the policy statement recognizes the need to protect children's rights and address child abuse.

#### **3.4.14 National Poverty Reduction Strategy and Action Plan (PRSAP)**

The PRSAP is framework for achieving put in place by Government to reduce and eradicate poverty in Swaziland. It put in place strategies to provide social protection to vulnerable groups including children and how the quality of life can be best improved.

#### **3.4.15 National Policy Statement on Education, 1999**

The National Policy Statement on Education pledges that Government will continue to develop the intellectual, moral, aesthetic, emotional, physical, psychological, spiritual development and practical capabilities that are needed by the child in order to adapt to the ever-changing complex and uncertain socio-economic environment.

#### **3.4.16 National Population Policy Framework for Swaziland, 2002**

This policy recognizes children and young people as "Special Groups" requiring specific targeting in issues of abuse, HIV and AIDS and the necessity to strengthen the structures that are responsible for these issues.

#### **3.4.17 National Multi-sectoral HIV and AIDS Policy, 2006**

The multi-dimensional impact of HIV and AIDS on Swazi society has meant that no sector has remained untouched. This policy touches on a number of aspects of HIV and AIDS that affect children.

#### **3.4.18 National Youth Policy, 2002**

This policy articulates issues affecting vulnerable target groups and the youth.

#### **3.4.19 National Plan of Action for Orphans and Vulnerable Children 2006-2010**

The National Plan of Action for Orphans and Vulnerable Children puts forward a concrete work schedule, specifying stakeholder responsibilities and provide a clear framework for continuation, improvement and scaling up of OVC interventions already on-going in the country.

## CHAPTER 4

### 4. THE POLICY: ISSUES, STATEMENTS AND STRATEGIES

This chapter outlines the key policy issues related to children and states relevant areas to be addressed and the strategies for achieving the policy objectives. The key issues and policy statements are presented in the following categories:

- a) Education
- b) Health
- c) Children with Disabilities
- d) Care and Support
- e) Psychosocial Support
- f) Food and Nutrition Security
- g) Socio-Economic Security
- h) Child Protection and Legal Support

#### 4.1 Education

The Constitution of the Kingdom of Swaziland recognises education as a basic human right by stating that 'Every Swazi child has the right to free education in public school'.<sup>5</sup> Increasingly, stakeholders are recognising and promoting the fact that education can leverage significant improvements in the lives of children as the present and future generation. Whilst, education benefits the individual child, it can also serve as important tool of development and empowerment for the child. Swaziland is experiencing a high number of children who are not or have never been to school as well as children who have dropped out of school due to a number of reasons. Currently in Swaziland, 25% of children aged 6-12 (about 55, 000) are not enrolled in education. For the 75% of children who do attend school, the repetition rate is about 16% (four times higher than other lower-middle income countries).<sup>6</sup> Another study has shown that it takes on average 11 years for a child to complete 7 years of primary schooling. Of the children who start grade 1, only 57% complete Grade 7 and 30% complete the full 10 years of basic education.<sup>7</sup> According to the 2006-07 SDHS report, the repetition rates generally decline from 23% in grade 1 to 9% in grade 7.

Access to formal education is also affected by the poor progression of children in the system which is caused by the high repetition and drop out rates. This results in huge wastage of resources that could have been used to educate more children. The overall dropout rate in 2003 at the primary level was 6.2% (World Bank, 2006). Drop out rates are also high at the secondary level in that only about 30% of primary school entrants achieve 10 years of education and as low as 23% finish the full secondary cycle (World Bank, 2006). This needs follow-up by government and all stakeholders to ensure that children complete their primary education with minimal repetition and graduate to secondary education.

<sup>5</sup> Section 29 of the Constitution Act no. 001 of 2005

<sup>6</sup> World Bank (2006) Swaziland achieving Basic Education for All, Vol. II:7

<sup>7</sup> Sanjay Agarwal (2007), Early Childhood Care and Development, Forum on Human Capital for Accelerated and Shared growth. For the purposes of this document, 'basic education' refers to 10 years of schooling within the formal education system.

Besides the problems highlighted above, there are host of problems that stand as an obstacle to the realisation of the right and access to education. For example, early childhood care and development which is an integral part of the education and development of the child is not widely accessible or affordable to most of the families and children in Swaziland. On the other hand, the lack of enforcement of policy on language use in the education sector as enumerated in the National Education Review Commission<sup>8</sup> has resulted in poor literacy outcomes for children in both SiSwati and English classes. This problem is also compounded by the lack of teachers who are trained to teach English as a second language and the lack of appropriate methods of teaching it as well as practical skills and pedagogical knowledge.

Other problems such as large class sizes, particularly in lower grades which result in a one-size fits all teacher-centred approach, unsuited to the individual learning needs of children have greatly affected the standard and quality of education. Aggravating this problem is also the lack of qualified and quality teachers especially at primary school level. The issue of capacity and role of the office of inspectors of schools as well as its monitoring and evaluation, infrastructure, and inadequate human resources to monitor the quality of education has been a setback in the education system. Furthermore, in light of the provisions of the Constitution which recognises education as a basic right, there is an urgent need to define 'basic education' and 'free education' to effectively put mechanisms and programmes in place for the benefit of all children.

Other factors such as fees, school uniform and lack of other basic needs to facilitate access to education are often some of the greatest hindrances for children to enjoy their right to education. There is also a need to ensure that education is compulsory for all children. The lack of schools meals, especially in areas where food security is an issue also contribute to the non-attendance of children.

#### **4.1.1 Children with Disabilities**

Countries, including Swaziland face a number of obstacles in ensuring that all children enjoy their right to education. Often the needs of children with disabilities and children with special needs if left unattended to can greatly inhibit the children to enjoy their right to education. In 1997, the census reported that people with disabilities numbered 33 565 compared to 15, 226 in 1986. This means that persons with disabilities constituted about 3% of the population in 1997<sup>9</sup>-update statistics.<sup>10</sup> Of the 33 565, a total of 5 398 were children between the ages 5-14 of which 53.6% were males and 46.4% were females.<sup>11</sup>

The statistics further showed that were 12, 397 people with disabilities aged 10 years and older with no formal education, meaning that about 50% of the disabled population 10 years and older had no access to basic education About 33% had some primary school education, with only 15% having post-primary education.<sup>12</sup> There were about 95

<sup>8</sup> National Education Review Commission, 1984

<sup>9</sup> Swaziland Housing Census Report, 1997

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> Ibid

people with disabilities (0.4%) with some university education.<sup>13</sup> Only 768 people with disabilities had vocational certificates and diplomas.<sup>14</sup> While not discounting the fact that enrolments in special schools have slightly increased, the education status for people with disabilities has not improved much because special schools that cater for their educational needs are still the same in number. Furthermore, the inclusive education for all has not taken into consideration children with disabilities. On the other hand regular schools have not been inclusive of children with special needs.

#### **4.1.2 Children with special educational needs**

Children with special educational needs face more barriers to learning due to a number of factors. National data reveal that only a fraction of the children with special needs are enrolled in special schools. On the other hand, mainstream education in its current state is in most cases unable to cater for their educational needs. The absence of a quota of disabled children in the mainstream education is another factor which needs to be addressed as a matter of urgency by the education system. This has left vast majority of children with disabilities totally out of school. These include the lack of early identification and intervention services, skilled teachers, appropriate and adequate infrastructure and equipment, relevant training for teachers and quality curriculum and resources.

#### **4.1.3 Children in the non-formal education sector**

There are increasing numbers of children attending classes in the non-formal education sector. In 2007, 1,200 children were enrolled in Sebenta literacy classes.<sup>15</sup> These children attend, on average, 6 hours of classes per week, generally with Facilitators who have received minimal training. Many of these children share classes with adults, using materials designed for adults.

The importance of education can never be overemphasised. Education is central to the overall development of a child regardless of the stage of development. In order to realize the national commitment of providing access to free and compulsory inclusive basic education for every child by 2015 there is a need to strengthen the quality of education for all children. It is therefore important for all children including children with special needs, with disabilities, orphans and vulnerable to attend school and take full advantage of the right to education for a better future. Beyond academic learning, education is important for their psychosocial development. Schools and institutions of formal and non-formal learning provide children with a safe environment, the emotional support, social interaction and supervision of adults and the opportunity to interact with others and develop social networks. By increasing knowledge, awareness, skills and life prospects, education can lessen vulnerability to poverty, abuse and HIV and AIDS.

#### **4.1.4 Policy Statement:**

It is National Policy to provide free compulsory inclusive basic education for all children in Swaziland, whatever their gender, sex, age, life circumstances, health, disability, stage of development, capacity to learn or financial circumstances, to enable effective learning.

---

<sup>13</sup> Ibid

<sup>14</sup> Ibid

<sup>15</sup> Sebenta National Institute (2008) Report of Sebenta Facilitators' Survey, April 2008:5

**Strategies:**

- a) Provide access to appropriate remedial education to facilitate the retention of all children in the education system.
- b) Increase the number of schools and classrooms including infrastructure for those children with disabilities and special needs.
- c) Increase the number of qualified teachers (including those trained to teach children with special needs) and decrease the child -teacher ratio.
- d) Provide access to appropriate and accessible education and remedial services to all children who are currently not enrolled in school to facilitate their inclusion in the education system.
- e) Integrate all children attending non-formal education into formal education.
- f) Provide free textbooks (including in other accessible forms), stationery and tuition for all children at primary level.
- g) Advocate for adequate funding for free and compulsory inclusive basic education for all children.
- h) Establish and maintain rigorous data collection, information management and monitoring and evaluation systems of education.

**4.1.5 Policy Statement:**

It is National Policy that all children shall receive quality, relevant basic education which meets their individual needs.

**Strategies:**

- a) Provide quality and relevant teacher training and ongoing professional development for teachers to equip them with the necessary skills for teaching children.
- b) Design and implement training of teachers with practical teaching skills and pedagogical knowledge at teacher training institution level.
- c) Train teachers to teach English as a second language.
- d) Improve the relevance and quality of education by regularly revising and adapting curricula to ensure that it meets children's individual needs.
- e) Design and train teachers on early child development and psychosocial support for a holistic provision of children's education needs.
- f) Improve the administration, management and accountability of schools.
- g) Strengthen inter-sectoral collaboration and co-ordination, particularly between the Ministry of Education and Training (MOET), Ministry of Health (MOH), Department of Social Welfare in the Deputy Prime Minister's Office and other ministries and partners for the effective delivery of quality education.
- h) Strengthen the Education Management Information Systems to plan, benchmark and provide maximum education opportunities for all children.
- i) Monitor compliance of private school curriculum to meet the national curriculum standards.
- j) Provide in-service training for relevant education sector personnel to meet the current demands in the education system.
- k) Improve the training programmes and curricula in line with up-to-date teaching techniques, technology and current development and trends in the education sector in all teacher training institutions for relevant training and quality production of teachers.

#### **4.1.6 Policy Statement:**

It is National Policy that all children shall have equitable access and opportunities within the education system taking into consideration gender balance.

#### **Strategies:**

- a) Ensure every child shall have initial and continuous access to education, irrespective of life circumstances such as pregnancy, disability, life circumstances and capacity to learn.
- b) Ensure all children have access to a school within 3/5km walking distance from where they are living.
- c) Facilitate means of transporting children with disabilities and special needs to access education
- d) Ensure that domestic duties and other forms of labour do not compromise the education of children in terms the provisions of the ILO Convention and the Employment Act as amended.
- e) Ensure alternative and accessible schooling for children who are unable to access regular schooling services.
- f) Ensure the provision of universal quality early childhood care and development services and programmes and that they are affordable and accessible to all children.
- g) Ensure that every child participates in reproductive health education.
- h) Ensure that schools include extra curriculum subjects and pedagogical knowledge.

#### **4.1.7 Policy Statement:**

It is National Policy that all children shall receive compulsory and regular screening to identify possible impairments to learning.

#### **Strategies:**

- a) Provide free and compulsory vision and hearing checks for all children.
- b) Provide free and compulsory physical and mental checks for all children.
- c) Provide counselling to children with vision, hearing, physical and mental problems/impairments and ensure that they are integrated into the appropriate school, facility or stream of education.
- d) Design and integrate educational programmes aimed at addressing the educational needs of children.

#### **4.1.8 Policy Statement:**

It is National Policy that schools shall provide a secure and child-friendly environment.

#### **Strategies:**

- a) Ensure that no form of child abuse or discrimination is tolerated in schools.
- b) Ensure that all children are to have access to social workers for the purpose of support and protection.
- c) Integrate psychosocial support into all aspects of education for holistic provision and support of psychosocial support to children.
- d) Empower children to effectively participate in supporting and interacting with each other through fostering peer education networks in all schools.
- e) Ensure that children learn about their rights and responsibilities in the family, community and societal structure.

#### **4.1.9 Policy Statement**

It is National Policy that all school facilities, including classrooms, ablution blocks and playgrounds are safe, accessible, secure and user-friendly.

##### **Strategies:**

- a) Ensure there are ramps and pathways with guide blocks for safe access for people with disabilities.
- b) Provide assistive devices for children with special needs.
- c) Regular monitoring on the status of schools facilities at least once per term.
- d) Undertake the necessary maintenance to ensure that all school, infrastructure and recreational facilities meet the required safety and health standards in terms of national legislations.

#### **4.1.10 Policy Statement:**

It is National Policy that children have access to nutritious and well-balanced meals during school hours.

##### **Strategies:**

- a) Ensure that children receive well-balanced meals at least once per day.
- b) Integrate nutrition education into basic education.
- c) Ensure that structures and equipment are in place for children to access nutritious and well-balanced meals during school hours.
- d) Facilitate the establishment and maintenance of school gardens.
- e) Ensure that personal hygiene standards are maintained and complied with in the school feeding scheme.

#### **4.1.11 Policy Statement:**

It is National Policy that all children receive quality education from qualified teachers who are continually trained and equipped with relevant and ongoing professional development, skills, knowledge and current development trends, standards in the education field.

##### **Strategies:**

- a) Create and improve the internal and external quality of education.
- b) Empower teachers and parents in school administration skills for development of schools.
- c) Create opportunities for the personal and professional development of teachers.
- d) Train teachers on career guidance, life skills, psychosocial support counselling services and other alternative means of positive discipline.
- e) Strengthen and expand career guidance for all students in secondary and high schools.
- f) Strengthen and improve the roles and capacity of inspectors of school for effective monitoring of teaching methods.

## 4.2 Health

Health is a fundamental right of all children. Every child has the right to enjoy the best attainable state of physical, mental, emotional, social and spiritual health without discrimination on the basis of gender, race, colour, ethnic origin, tribe, birth, creed, religion, social or economic standing, political opinion, age, health status or disability. Ensuring survival and health of every child is crucial to the development and wellbeing of the nation.

### 4.2.1 Infant Mortality

Children in Swaziland are in increasing danger each year. Most children still do not have access to basic health care. The progress made during the past two decades in lowering infant and under five mortality has slowly been eroded. The under-five mortality rate has risen from an all-time low of 89 deaths per 1,000 live births in 1991 to 120 deaths per 1000 live births in 2006.<sup>16</sup> The infant mortality rate which currently constitutes about 75% of under-five mortality also rose from 72 to 85 deaths per 1000 live births during the same period. At the current under-five mortality level, nearly 5,000 children may die each year in the country.<sup>17</sup> Other factors such as injury to children at home, in schools and on the roads also contribute to the high mortality, ill-health and disability.

### 4.2.2 Children and HIV/AIDS

The devastating impact of the HIV and AIDS pandemic lies behind many of the grim statistics, accounting for nearly half of the deaths of children under five. There are 17,000 children under the age of 5 living with HIV and AIDS in the country.<sup>18</sup> Whilst the HIV prevalence rate in the broad age category of 15 to 24 years decreased between 39.4% in 2002 to 34.6% in 2006 at the same time it maintained an increase in ages 30 – 34 and 35 – 39 years. However, the 2006-07 SDHS report notes that 19% of the population age 2 years and older and 26% of the population age 15-49 is living with HIV and AIDS. The report further notes that HIV prevalence is 5% among the population age 2-4 and declines gradually to 3% in the 10-14 age group. This calls for strengthening and scaling up of programmes and interventions targeting children. Only about 35% of eligible HIV infected children are on Antiretroviral Therapy (ART) Prevention. Prevention of Mother to Child Transmission (PMTCT) services currently reaches only about 60%.<sup>19</sup> The other causes of child mortality are neonatal conditions (22%), pneumonia (12%), and diarrhea (10%). High levels of malnutrition amongst under 5s also contribute significantly to the mortality. Child malnutrition levels have remained more or less the same since 2000 although the situation has slightly changed. The SDHS report indicates that stunting is at 29%, the prevalence of underweight children nationally is 5% and 3% of children are wasted.<sup>20</sup>

The situation of children is further aggravated by rising prevalence of opportunistic infections such as Tuberculosis (TB). TB cases notified in Swaziland over the last 15

<sup>16</sup> UNICEF Swaziland Information package, 2007

<sup>17</sup> Ibid

<sup>18</sup> Ibid

<sup>19</sup> Swaziland Demographic and Health Survey (SDHS)

<sup>20</sup> Ibid

years have increased six-fold<sup>21</sup>. In 1990, 2,000 TB cases were notified. In 2007, the number has risen to 9,060. In addition 4 XDR cases were recorded in 2007. Hundred MDR cases were reported in 2007 of which one of them was 11 year old contact. The high levels of TB, HIV and other diseases do not only affect the adult population and caregivers but also the children, as evidenced by the infant mortality rate.

#### **4.2.3 Antenatal Care**

Despite high access to maternal services, maternal mortality ratio remains high. The estimate of the maternal mortality ratio for the period prior to the Demographic and Health Survey was 589 deaths per 100,000 live births<sup>22</sup> Whilst all women should have access to maternal health services, statistics show that maternal health access of women is about 74.1% thus showing an exclusion of 25.9% of the women. Whereas antenatal care reaches 97% of pregnant women immunization coverage for infants is only about 68%. Access to clinical services is even further curtailed as evidenced by low percentage of HIV positive children who are on ART. Women who do not utilize maternal health services worsen outcomes for themselves as well as their babies.

Whilst a reduction in immunization levels for childhood illnesses contributes to the reduction of peri-natal, neonatal and child mortality,<sup>23</sup> prevention programmes such as measles immunization coverage have been on the decline from 94% in 2003 to 60% in 2005. However for the past two year the intensification of the immunization programmes have yielded positive results. According to the 2006-07 SDHS report, 82% of children age 12-23 months had received all recommended vaccinations such as BCG & measles vaccinations and three doses of the DPT & polio vaccines<sup>24</sup>. The programmes should therefore be scaled-up to cover all the children in the country.

#### **4.2.4 Primary Health Care**

The Government of Swaziland adopted Primary Health Care Strategy (PHC) in 1983 as a mode of delivering health services, particularly in rural areas. The purpose of this component is the provision of basic health services such as environmental health, ante- and post-natal care, immunization, and family planning, treatment of minor ailments such as diarrhea diseases, respiratory infections and the treatment of sexually transmitted diseases. It embraces the principles of governance, equity, community ownership, participation, intersectoral collaboration, decentralization and management of health services, essential health services, public-private partnership, and management of human resources, essential medicines including traditional medicines, health technologies and health financing. However, in terms of implementing the PHC a lot is yet to be done to improve the health of children.

#### **4.2.5 Other Child Health Services**

The tendency to focus on medical interventions has greatly undermined other critical aspects of health affecting the child. For example, child adolescent and mental health services are grossly under-resourced and developed. As a result children end up being

<sup>21</sup> MDG Report 2007

<sup>22</sup> Swaziland Demographic and Health Survey, 2007, p 242

<sup>23</sup> MDG Report 2007, page 43

<sup>24</sup> Swaziland Demographic and Health Survey, (SDHS) 2007, p129

inappropriately treated in adult units including those with behavioural and mental health problems detained in prisons and places of detention.

#### **4.2.6 Sanitation**

Sanitation is also one of the key areas to sectors which ensure the health and well-being of a society. However, households' access to safe water and sanitation facilities remains low. In 2007, the Swazi VAC Survey reported that only 36% of households have access to clean safe water<sup>25</sup> whilst 47% lacked access to improved sanitation. As a result, the likelihood of children having diarrhea increased by 32% in year 2006. Consequently, there has been a significant increase in the incidence of diarrhea diseases from 177 cases per 1,000 people in 2001 to 279 cases per 1,000 in 2006.<sup>26</sup>

#### **4.2.7 Health Care Services**

The right to health is also compromised by the lack of accessibility of basic health services including primary health care, dental services and rehabilitation and specialist services by all children, particularly children living with disabilities and children with special needs and those living in rural areas. Health outcomes for sick children are also compromised by the quality of services provided in the health facilities. This includes the inability to access transport to get to health services, lack of "child friendly" clinics and homecare services, interpreters for children who are deaf or for whom SiSwati or English is not their first language and published information for those who are blind or illiterate. Consequently, most of these children are deprived of access to health care and enjoyment of their rights.

The health system faces intricate human resource and demands. Despite increased disease burden and health service utilization, human resource and funding in the health sector has not increased.<sup>27</sup> Government allocation to the health sector has declined from 9.4% of the national budget in the eighties to an average of 7.1% in the past 5 years.<sup>28</sup> (Government has committed to the Abuja Declaration of 15% towards health). As a result, there is a lack of specialised care for children, particularly those children living with HIV and AIDS, disabilities and children with special needs and those living in rural areas is a cause for concern. Inadequacy of health education to children is another crippling factor. Children are not empowered to participate in decision making that affect their health. For example issues of access to ART and disclosure for HIV positive children.

There is an urgent need to improve the health status of all children by providing preventative, promotive, curative, and rehabilitative and social services that are of a high quality, relevant, accessible, affordable, equitable and socially acceptable. In providing health services, it is of paramount importance that the best interests and views of the child be considered in all decisions or interventions made regarding the health of the child.

---

<sup>25</sup> MDG Report 2007, page 43

<sup>26</sup> MDG Report 2007, page 43

<sup>27</sup> Health Policy p4

<sup>28</sup> Health Policy p5 citing MOF, 2005

#### **4.2.8 Policy Statement:**

It is National Policy to improve child, survival, well being and development and reduce mortality.

#### **Strategies:**

- a) Strengthen programmes to improve maternal, neo-natal and child health services.
- b) Develop specific programmes to ensure that child mortality rates are reduced e.g. an entirely new model of maternity care that will be decentralized, accessible, midwife-led, and form an integral part of the primary health care strategy.
- c) Ensure that all children under the age of 5 are immunized against vaccine preventable diseases.
- d) Strengthen and expand the integrated management of childhood illness approach.
- e) Improve and strengthen specialist adolescent health programmes in both primary and secondary health care services.
- f) Strengthen high impact interventions and disseminate information e.g. deworming, ORS, insecticide and mosquito net distribution etc.
- g) Strengthen and expand prevention of Mother to Child transmission (PMTCT) of HIV and AIDS.
- h) Improve and encourage holistic early childhood development initiatives at all levels particularly at home and in the communities.
- i) Facilitate provision of access to safe sanitation environmental including clean and safe drinking water.
- j) Promote infant feeding including breastfeeding in the context of HIV and AIDS as per national policy guidelines as an important preventative health care measure.
- k) Ensure that screening, surveillance and early detection services for newborns and fewer than 5s are updated and fully implemented.
- l) Provide comprehensive community-based antenatal and postnatal care which will include support to parents about their child's health and emotional needs and assist parents in detecting early signs of any condition/impairment requiring specialist attention (early intervention).
- m) Support communities in their responsibilities to ensure that all children have adequate nutrition and hygiene, including school meals and alternative sources of meals.
- n) Ensure proper nutrition of mothers and children in order to reduce maternal and infant mortality.
- o) Develop and strengthen injury control and safety promotion interventions.

#### **4.2.9 Policy Statement:**

It is National Policy to provide access to HIV and AIDS prevention and treatment.

#### **Strategies:**

- a) Ensure the full and effective implementation of a comprehensive policy to prevent and treat HIV and AIDS.
- b) Strengthen and expand mother –to- child transmission prevention programmes (PMTCT) and promote their effective uptake.

- c) Ensure access to comprehensive services for prevention, care and treatment including voluntary HIV counseling and testing and positive treatments for children support particularly at school and family.
- d) Ensure early infant diagnosis for HIV exposed infants and access to treatment, care and support.
- e) Strengthen and scale- up programmes and interventions to combat HIV and AIDS through awareness-raising campaigns particularly dealing with issues around discrimination against children infected with and affected by HIV and AIDS.
- f) Support HIV positive parents to prolong their productive lives through encouragement of testing, provision of counseling, nutritional-support, and access to appropriate treatments including anti-retroviral treatment.
- g) Develop and implement an adolescent health policy and programmes with a particular focus on the prevention of early pregnancies and sexually transmitted infections (STIs), especially through reproductive health education.

#### **4.2.10 Policy Statement:**

It is National Policy that every child shall have access and enjoy the best attainable state of physical, mental, emotional, social and spiritual health without discrimination on the basis of gender, race, colour, ethnic origin, tribe, birth, creed or religion or social or economic standing, political opinion, age, health status or disability.

#### **Strategies:**

- a) Strengthen the quality and accessibility of health care services to children.
- b) Put in place child focused programmes to reduce infant mortality.
- c) Provide rehabilitation and specialist care to prolong the length and quality of lives of children e.g. children living with HIV and AIDS, children living with disabilities and survivors of abuse etc.
- d) Ensure access to quality health care services including primary health care and reproductive health, preventative, promotive, curative and specialist medical health services.
- e) Ensure children have access to child sensitive and confidential counseling services.
- f) Provide “child-friendly” clinics and homecare services for the treatment of childhood illnesses, HIV related opportunistic infections and ARVs.

#### **4.2.11 Policy Statement:**

It is National Policy to increase awareness of mental health issues and access to mental health services

#### **Strategies:**

- a) Encourage school-based and community- based preventive mental health interventions that work in liaison with parents in early detection of mental health problems.
- b) Institute comprehensive data collection systems to determine the uptake of mental health services by children, waiting list figures, etc., to facilitate the better provision of services and planning.
- c) Introduce mental health education, dealing with a range of issues from depression to bullying in all levels of the education curriculum.

- d) Increase the children's mental health staff numbers through innovative training programmes (as advocated by the World Health Organisation (WHO) and Amnesty International).
- e) Ensure that within every health hospital there is an in-patient psychiatric treatment unit for young people.
- f) Ensure that mental health programmes for children are adequately resourced to engage in mental health promotion.
- g) Establish child psychiatry services in Swaziland.

#### **4.2.12 Policy Statement:**

It is National Policy to increase budget for child health care services.

#### **Strategies:**

- a) Strengthen its programmes for improving health care for children by providing adequate budgetary allocations and human and other resources.
- b) Ensure increased resources to the health sector, in line with Abuja Declaration target of 15% of government budget.
- c) Improve efficiency in the sector by strengthening cooperation and partnership between Government Ministries/agencies, civil society organisations and local communities involved in the planning, delivery and management of health care services to children.
- d) Ensure access to medications for children are regulated by law.

#### **4.2.13 Policy Statement:**

It is National Policy to strengthen and set up structures for participation and further resourcing the structures that currently exist to ensure that children understand how to address issues which affect them.

#### **Strategies:**

- a) Develop measures to support them in hearing the voice of children in health issues.
- b) Empower and educate children on health promotion initiatives and services.
- c) Train health care providers to ensure effective communication with children.
- d) Take steps to ensure that children in care are given a voice in matters which affect them.
- e) Facilitate access to child-sensitive and confidential counselling services.
- f) Design and organise appropriate training and awareness programmes for children.
- g) Distribute awareness programmes to all relevant stakeholders to be used for children's activities in all organisations.

### **4.3 Children with Disabilities**

There are approximately 2 billion children in the world, of whom; it is conservatively estimated that as many as 100 million have disabilities. The evidence of the dramatically restricted life opportunities of these children in many parts of the world makes grim reading. In Swaziland it is estimated that there are 5 398 disabled children as per 1997 census.<sup>29</sup> This may rise to 10% if children with learning and behavioural disabilities are also considered. In most cases these children with disabilities are condemned to live their lives in institutions, often deprived not only of love and affection but also of the most basic physical care and intellectual stimulation.

#### **4.3.1 Access to basic human rights and services**

Throughout history children with disabilities have been and indeed in many societies still are denied access to education, family life, adequate health care, opportunities for play or for training, and the right to participate in the normal activities of childhood. They experience in effect a form of social exclusion which represents a denial of their basic rights. Furthermore, these children are amongst the vulnerable to abuse and neglect by the adults who are responsible for them and the least able to assert their rights on their own behalf. The practice to view disabilities strictly within the medical model rather from a broader social model has created a host of problems in addressing disabilities. The scale of the problem and extent of discrimination, the plight of children with disabilities rarely figures high on the national agenda and they remain invisible and often their rights are not given priority as human rights of other groups.

Access barriers to essential services play a large role in the prevention of children with disabilities from reaching their full development. Their quality of life is greatly compromised at individual, family and societal level, especially since in the early years; early detection and intervention as well as family support come to the fore. However, there is a need for high awareness among health professionals, parents, teachers as well as other practitioners working with children. In essence, family and community-based early intervention services should be linked up with early learning programmes and pre-schools which meet the needs of children with disabilities and facilitate smooth transition to school.

The lack of early childhood development interventions and services are a serious concern. Other barriers to basic services such as health care and education include the lack of appropriate services such as access to public and private structures and the negative attitudes among the general population and service providers. Specialised medical care including curative care, rehabilitation and psychosocial care is not available to children with disabilities. Most of the children never have access to education for a number of reasons. Transport to school, health care and other basic services is a major problem, especially for children using wheelchairs. However, Swaziland has taken positive steps and ratified the Convention on the Rights of People with Disabilities on 3<sup>rd</sup> May, 2008 to ensure the protection of the rights of people with disabilities.

---

<sup>29</sup>Swaziland Housing Census Report, 1997

### **4.3.2 Specialised skills and equipment**

The lack of early identification and intervention services, infrastructure and equipment is a major obstacle towards the protection of the rights of children with disabilities. The lack of appropriate sensitive and assistive devices restricts the lives of many children with disabilities and may lead many to isolation and frustration. The lack of skilled teachers, special education, curriculum, assistive technology service and devices is a major hindrance to provision of specialized quality education to children with disabilities.

There are also other psychosocial factors that affect the quality of life of children with disabilities. Many are hidden from society, exploited for work at home, do not benefit from grants intended for them, and face sexual abuse or even die because of neglect. Stigmatising attitudes and practices, such as teasing or ostracisation are also barriers to development. Children with disabilities are frequently misunderstood and mistreated, leading to lack of acceptance and further discrimination. This results in children with disabilities becoming withdrawn or angry, hampering participation in the community and the development of each child to their full potential.

### **4.3.4 Information and awareness programmes**

There is a lack of information about children with disabilities and government programmes intended for them. There are also serious gaps in national programmes which makes it difficult to plan for children with disabilities. Research and data on disabilities is very scanty or non-existent and the lack of interest on researchers and the academia on disability related studies is a great setback. As a result, there is lack of knowledge on disability areas as well as services targeting children with disabilities are not sufficient or structured to take care of their needs. This is a barrier to the monitoring and protection of the rights of children with disabilities.

### **4.3.5 Socio-economic Security and Budgeting**

Another great obstacle faced by children with disabilities is their socio-economic security. Furthermore, in terms of budgeting, there is lack of human and financial resources and mainstreaming for programs targeting children with disabilities. Most of these children live in abject poverty. Children with disabilities are often left out in national programmes, initiatives of economic empowerment and poverty alleviation programmes. Primary caregivers such as parents and guardians are left with no supportive means to care and support these children. Even where children receive grants there is economic abuse of children with disabilities, therefore there should be improved recourse and for those denied economic justice.

A holistic life cycle and inclusive approach must be developed to remove barriers which prevent children with disabilities from accessing the same development opportunities accessed by other children. This includes addressing the needs of children with disabilities as well as championing for significant change and improvement in their quality of life. The rights of children with disabilities are as equally important as other human rights and as such children with disabilities are entitled to all rights and fundamental freedoms without distinction of any kind. There is an urgent need to put in

place laws and policies on disability to address the legal impediments faced by children with disabilities.

#### **4.3.1 Policy Statement:**

It is National Policy to protect and promote the full realization of all human rights and fundamental freedoms for all children with disabilities on an equal basis with other children without discrimination of any kind and on the basis of a disability.

#### **Strategies:**

- a) Enact and put in place disability laws and policies that prohibit all discrimination on the basis of disability.
- b) Develop and promote appropriate training for those working in the field of administration of Justice including Judges, Police to uphold the rights of children with disabilities.
- c) Support advocacy and lobbying initiatives aimed at changing the negative attitudes of members of the public towards children with disabilities.
- d) Ensure that constitutional provisions protecting the rights of children with disabilities are translated into national laws.
- e) Ensure that the Convention on the Rights of People with disabilities and other relevant Conventions and Optional Protocols are ratified and domesticated into national laws.
- f) Ensure the adoption of all appropriate legislative, administrative and other measures to ensure that the rights of children with disabilities, their parents and guardians are protected and implemented.
- g) Ensure that human rights of people with disabilities in particular the possibility of bearing a child with disability is included in the component of marriage counselling and gazetted accordingly for enforcement.
- h) Ensure that legislative and administrative procedures are put in place to register children with disabilities at birth and after birth.
- i) Ensure that sign language is legislated as one of the languages of communication.
- j) Develop a legislation to prosecute parents, guardians and anyone else that exposes or cause children to be disabled.
- k) Ensure that policies and practices in governmental and civil society organizations and private sector are sensitive to the needs of children with disabilities.
- l) Establishment of regulations and guidelines of implementing the rights of children with disabilities and their parents or caregivers.
- m) Review and amend outdated laws and legislations as appropriate.
- n) Educate all stakeholders on laws and policies affecting children with disabilities.

#### **4.3.2 Policy Statement:**

It is National Policy to facilitate the mainstreaming of disability issues in all existing and new programs and structures for children.

#### **Strategies:**

- a) Strengthen and mainstream disability programming in children's programs and structures throughout their life cycle.

- b) Promote awareness activities and measures aimed at preventing disability among children.
- c) Promote education on early identification of disability in order to ensure early intervention.
- d) Facilitate the provision of opportunities for children with disabilities to ensure for their equal and full participation in all aspects of life.
- e) Facilitate and promote the development and provision of activities as well as programmes aimed at preventing disability among children at national, regionally and community levels.

#### **4.3.3 Policy Statement:**

It is National Policy to promote awareness-raising of disability rights and issues.

#### **Strategies:**

- a) Raise awareness throughout society, including at the family level, regarding children with disabilities.
- b) Promote the prevention and early identification of childhood disabilities amongst all levels of society including health and educational service providers
- c) Promote awareness of the capabilities and contributions of children with disabilities.
- d) Foster respect at all levels of the education system including in all children from an early age, an attitude of respect for the rights and dignity of children with disabilities.
- e) Engage the media to portray children with disabilities in a manner consistent with the purpose of the Children's policy.
- f) Promote awareness-training programmes and Information Education and Communication material regarding children with disabilities and their rights.
- g) Ensure the collaboration of all stakeholders involved in awareness-raising and implementing programs for children with disabilities.

#### **4.3.4 Policy Statement:**

It is National Policy to provide free appropriate and compulsory basic educational opportunity to all children with disabilities.

#### **Strategies:**

- a) Ensure quality and relevant educational programmes for children with disabilities are provided at all levels from pre-school to tertiary level.
- b) Ensure that curriculum in schools is diverse enough so to cater for children who require pre vocational training including the provision of individualized education programs.
- c) Ensure the provision of special education and related services are designed to meet the unique needs of children with disabilities for further education, and independent living.
- d) Ensure provision of physical education including modified and adapted physical education.
- e) Ensure the provision of special education and related services designed to meet their unique needs for further education, employment and independent living.

- f) Ensure that highly qualified special education teachers are trained and undertake on-going professional development.

#### **4.3.5 Policy Statement:**

It is National Policy to provide early childhood development services to children with disabilities.

#### **Strategies:**

- a) Ensure that parents register children with disabilities to appropriate structures for proper service provision.
- b) Ensure early identification and assessment of disabilities.
- c) Provide appropriate intervention, care and support services to children with disabilities at early development stages.
- d) Ensure the provision of an appropriate learning environment by providing Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills for children with disabilities.
- e) Ensure the learning and promotion of sign language. Ensure the provision of free education at early childhood care level.
- f) Facilitate the provision of infrastructure e.g. early childhood care or alternative forms of schooling such as home schooling.
- g) Promote the development of initial and continuing training for professional and staff working in the habilitation and rehabilitation services.
- h) Ensure the provision of multidisciplinary assessment of individual needs and strengths at the earliest possible stages.
- i) Promote the availability, knowledge and use of assistive devices and technologies for children in the early stages in their lives.
- j) Facilitate the development and provision of activities and programmes aimed at preventing disability among children at national, regional and community levels.
- k) Ensure the provision of rehabilitative activities such as language habilitation, auditory training, speech reading, hearing evaluation and speech conservation.
- l) Provide counselling and guidance services to parents of children with disabilities.

#### **4.3.6 Policy Statement:**

It is National Policy to provide adequate human resources with specialised training for appropriate service provision.

#### **Strategies:**

- a) Facilitate the creation of posts for disability related specialists field by the relevant bodies.
- b) Ensure that adequate highly qualified special education professionals are trained and undertake on-going professional development.
- c) Develop a holistic and multidisciplinary curricula including psychosocial and psychological component in teacher training.
- d) Ensure that vocational training centres are expanded to cater for all disabled children.
- e) Train people with disabilities to provide specialised services in all sectors of society.

- f) Ensure the prioritisation of training programmes in government for transcribers, interpreters and other specialist on all forms of assistive communications
- g) Train service providers to have basic sign languages and communication skills
- h) Put in place affirmative programmes at government level and all sectors of society for further education and employment opportunities for children with disabilities.
- i) Ensure that disability programmes in the government and private sector are headed by people with disabilities.
- j) Network with other countries to provide expert services.
- k) Ensure that a training program is designed for specialist professionals.

#### **4.3.7 Policy Statement:**

It is National Policy to provide access to basic and specialized services to children with disabilities.

#### **Strategies:**

- a) Ensure access to free health care and medical services to vulnerable children with disabilities.
- b) Promote and support development of universally designed goods, services, equipment and facilities, which should require the least cost to meet the specific needs of children with disabilities.
- c) Ensure the provision of assistive technology service and devices.
- d) Ensure early identification and assessment of disabilities.
- e) Ensure that the provision of interpreting services.
- f) Ensure the provision of rehabilitative activities such as language habilitation, auditory training, speech reading, hearing evaluation and speech conservation.
- g) Create and administrate of programs for prevention of disabilities.
- h) Provide counseling and guidance services of children and parents.
- i) Facilitate the provision and access to psychological services including psychological counseling for children and parents.
- j) Facilitate the provision and access to recreational services and facilities for children in schools and communities.
- k) Ensure access to therapeutic recreation services.
- l) Ensure the provision of social work services in schools and communities.
- m) Facilitate the provision of Speech language therapy services.
- n) Strengthen and expand vocational training to cater for the needs.
- o) Design and implement non-academic and extra-curricular activities and programs to afford children with disabilities with equal opportunity for participation in those services and activities such as clubs, sports etc.

#### **4.3.8 Policy Statement:**

It is national policy to provide access to public and private facilities.

#### **Strategies:**

- a) Ensure that all designs for buildings are not approved without the access component for disabilities e.g. ramps, wider doors, and side rails.
- b) Develop standards i.e. width for doors.
- c) Renovate and adapt existing public buildings.
- d) Ensure that transport facilities are easily accessible.

- e) Transcribe books into accessible formats into Braille.
- f) Ensure that there are personnel who can communicate in sign language in the different facilities e.g. library.

#### **4.3.9 Policy Statement:**

It is national policy to set aside national budget in Government institutions for children with disabilities.

#### **Strategies**

- a) Mobilize private sectors to contribute a certain percentage to children with disabilities.
- b) Encourage fundraising from donors.
- c) Establish a coordinating team to channel donated resources under the National Children's Coordination.

#### **4.3.10 Policy Statement:**

It is National Policy to keep and updated data on the status of disabilities and promotes research on disability issues.

#### **Strategies:**

- a) Ensure formulation of a research agenda on disability issues and commissioning research studies as appropriate.
- b) Ensure access to funds to conduct research.
- c) Coordinate research for effective programming of recommendations and research findings.
- d) Standardize questionnaire forms for data collection.
- e) Standardize research formats.
- f) Ensure formulation of a research agenda on disability issues and commission research studies as appropriate.
- g) Ensure the monitoring and evaluation of programmes to measure the impact of interventions.

### **4.4 Care and Support**

The increase in morbidity and mortality of parents and relatives due to various ailments such as HIV and AIDS and the high levels of unemployment, poverty, hunger and rural-urban migration has contributed to the current problems that are faced by the society with regards to the care and support of children. As a result, this has led to children being exposed to violence, abuse, neglect, abandonment as well as exploitation in all forms. These problems have been aggravated by the mushrooming of poorly coordinated and unregulated places of safety and alternative care countrywide. The prolonged unconsolidated and uncoordinated financial resources focusing on children have led to poor service provision. It is imperative for resources, services and activities to be consolidated and coordinated for better improved service delivery which will reach all children in need of care and support. All children are entitled to enjoy opportunities and provision of basic needs such as clothing, health, shelter, safe water, and hygiene.

In Swaziland community based family care – kinship and extended family placements is the preferred form of alternative care for vulnerable children living without parental care. This form of alternative care allows children to be cared for within their community, not uprooted from the environment they grew up in. A few cases of placements in alternative care facilities become inevitable. The inadequacy in existing legislation has resulted in most residential children's care facilities being established without legal framework, policy guidelines, registration, or national standards which could lead to more abuse. MoH commissioned an assessment of Alternative Care Facilities study in 2006 to form the basis for establishing national standards and guidelines for alternative care. The study indicated that there is no standard tool for assessing whether a child is in need of care and should be placed in residential care (vulnerability/means test) amongst other findings.

#### **4.4.1 Policy Statement:**

It is national policy to provide coordination and monitoring of quality care and support services.

#### **Strategies:**

- a) Establish and enforce regulatory mechanisms to maintain standards, and monitor the quality of care provided to all children to ensure adherence.
- b) Set up and strengthen forums for children's issues.
- c) Build and strengthen capacity of partners and key ministries.
- d) Offer technical advice and guidance to those entrusted with care and support of all children.
- e) Create a national data base and registry for all children in particular those in need of care and protection which will identify vulnerabilities faced by the children.

#### **4.4.2 Policy Statement:**

It is national policy to build capacity, educate and disseminate information to community leaders, caregivers and families on their roles and responsibilities (take into consideration the constitution, laws, conventions, protocols and policies) that affect children.

#### **Strategies:**

- a) Support and encourage forums at community level to build the capacity of communities (including families) to care for and support children.
- b) Strengthen existing advocacy strategies within government and in the NGOs Sector.
- c) Identify and strengthen traditional structures at family, community and national levels that are conducive for the growth and development of the child.
- d) Support caregivers (including families and communities) through training to increase the knowledge and skills and thus empower them to provide quality, gender-sensitive care and support to all children.
- e) Conduct a capacity gap assessment and increase the number of social workers in the Social Welfare Department at regional level to provide optimum social work services.
- f) Provide probationary social work services (including reports) to children in conflict with the law.
- g) Mobilise and support community-based responses.
- h) Provide incentives to caregivers providing care and support to children.
- i) Encourage good cultural practices while discouraging harmful ones.

#### **4.4.3 Policy Statement:**

It is national policy to ensure the provision of vulnerable children with basic needs such as, clothing, food, water, health, shelter, recreation, emotional support, and a safe environment to foster security and belonging.

#### **Strategies:**

- a) Facilitate and ensure that all partners and ministries dealing with children's issues provide services in line with the needs identified in the national data base
- b) Ensure that resources are available to cater for the needs of children and are distributed equitably
- c) Ensure that all funds and resources directed to children are under one ministry

#### **4.4.4 Policy Statement:**

It is national policy to ensure that the psychosocial environment (internal and external) is conducive for the growth and development of all children.

#### **Strategies:**

- a) Facilitate the provision of psychological support by trained personnel for all children in distress.
- b) Provide accessible and child-friendly services for all children in need of care and support.
- c) Facilitate and provide development of personnel, programmes and alternative care that keep children in their own communities, with an emphasis on community-based foster care and re-integration that is monitored to ensure protection of the children's interests.
- d) Facilitate and provide recreational and developmental services, programmes, projects and activities at all levels.
- e) Put in place mechanisms to ensure that children with disabilities, children caring for sick parents/siblings and/or heading households are not deprived of their childhood.

#### **4.4.5 Policy Statement:**

It is national policy to ensure that all children are guaranteed of their rights and responsibilities, protection and equal opportunities regardless of their vulnerabilities and challenges.

#### **Strategies:**

- a) Put in place legislations and programmes which will promote the enjoyment of human rights and children's rights by all children.
- b) Integrate and mainstream children's rights and their responsibilities in all sectors and in the education curricula at all levels.
- c) Educate and raise awareness at all levels to create a supportive environment for children.
- d) Ensure that children's rights embodied in international instruments are disseminated to all sectors of society in particular to communities and families.
- e) Provide character education to ensure positive transformation to children, families, communities and society so that they grow up to be responsible members of society.

## 4.5 Psychosocial Support

The devastating impact of a host of factors such as HIV and AIDS, poverty, food and nutrition insecurity, social, socio-economic insecurity and natural disasters such as droughts, forest fires and floods have adverse effects on the lives and psychosocial well being of thousands of children in Swaziland. Lack of proper care and support, lack of general health care, education opportunities, malnutrition, exposure to exploitation and abuse of all forms, loss of resources and benefits such as land and inheritances have had far reaching consequences on the well being of children growing up in this era. These children are therefore in need of psycho-social support (PSS) to help them and their families lead meaningful and positive lives.

A comprehensive supportive environment is critical to the psychosocial well being and development of children to meet their physical, social, emotional, spiritual, cognitive and mental needs. In this respect, the psychosocial environment and supportive interventions must focus on how children interact with their social environment. The need to have meaningful interventions and a holistic psychosocial environment for the betterment of the lives of children cannot be overemphasised. PSS should be understood within the context of both clinical and community, where Clinical is provided by qualified professionals and Community PSS captures all the services collectively offered by stakeholders.

### 4.5.1 Policy Statement:

It is national policy to empower (capacitate) families, children, communities and all sectors of society on a holistic psychosocial support that will promote a conducive environment for one to cope with any given situation affecting their wellbeing.

#### Strategies:

- a) Develop and strengthen programmes and advocacy on psychosocial support to all sectors of society.
- b) Develop and strengthen age-appropriate psychosocial support interventions and services aimed at empowering the children.
- c) Mobilise and educate parents, guardians, children and communities to develop resilience to cope with the bereavement process, involving both the child and parent/guardian.
- d) Facilitate and provide counselling to children and families.
- e) Facilitate the provision of adequate emotional support to mitigate the impact of stigma, fear and discrimination.
- f) Ensure the reduction of vulnerabilities amongst all children in particular adolescents through the development of a life skills and livelihoods programmes that will promote optimum psychosocial support.
- g) Support the implementation of programmes, policies, legislation that are designed to ensure child protection.
- h) Facilitate and provide community-based development and recreational facilities and activities for children.

### 4.5.2 Policy Statement:

It is national policy to develop and strengthen capacity for all stakeholders and caregivers on psychosocial support.

**Strategies:**

- a) Develop a national training kit for caregivers in all sectors to ensure a standardised provision of psychosocial support.
- b) Develop an integrated standardised curriculum and relevant training programmes for all stakeholders on psychosocial support.
- a) Capacitate children with relevant information to enhance their decision making in issues affecting them.
- b) Build and strengthen national capacity to provide professional clinical personnel for PSS.

**4.5.3 Policy Statement:**

It is national policy to emphasise research focusing on the psychosocial support and interventions for all children to provide a holistic psychosocial supportive environment.

**Strategies:**

- a) Facilitate capacity building in all relevant fields to researchers.
- b) Provide support of research and documentation of lessons learnt for psychosocial interventions.
- c) Fund research in relevant children's psychosocial issues.
- d) Implement research findings and recommendation on psychosocial support issues affecting children.
- e) Monitor and evaluate all psychosocial support activities, programmes and projects to ensure optimal service provision.

**4.5.4 Policy Statement:**

It is national policy to provide a coordinated national mechanism on psychosocial support programs and activities at all levels of society.

**Strategies:**

- a) Facilitate and strengthen coordination at national, regional and community level of all stakeholders dealing with psychosocial support of all children.
- b) Facilitate the finalization and implementation of all policies, strategies and action plans on psychosocial support of children.
- c) Integrate and strengthen psychosocial support in sectors dealing children in contact with the law.
- d) Mainstream psychosocial support in all relevant services and programmes for children particularly in education and community health sectors.

**4.5.5 Policy Statement:**

It is national policy to provide adequate resources to enable the provision of psychosocial support and implementation of programmes and activities at communities, families and all sectors of society.

**Strategies:**

- a) Ensure that the national budget cater for all psychosocial support services and programmes.
- b) Put in place a body that will ensure the equitable distribution of all funds from government and agencies funding children's issues.
- c) Put in place accountability, transparency and reporting mechanisms to ensure the appropriate utilization of funds focused on psychosocial support for all children.
- d) Provide friendly facilities accessible to all children that will promote optimum psychosocial support including those in contact with the law.

#### 4.6 Food Security and Nutrition

There has been a deteriorating food security situation in Swaziland, making it increasingly difficult for children especially orphans and vulnerable children to adequately meet their domestic food requirements. Over the years, the persistent long dry spells; unstable environmental and climatic conditions, volatile market prices; high production costs; land tenure constraints; reduced agricultural activity; high unemployment rate; and HIV and AIDS have adversely affected food production. This has resulted in unmet dietary requirements and poor quality of life for all vulnerable groups particularly for those with diet related illnesses.

Historically, food security in Swaziland has been related to maize production, which is the staple food. Beginning with the severe drought in 1992 there was a decline in cereal production and the decline was exacerbated by multiple factors such as HIV and AIDS. At the same time, there has been a substantial food price increase of 70 % over the period 1998-2008. Swaziland has become more vulnerable to current global food crisis because it is highly dependent on food imports against a backdrop of declining domestic food production. Due to the prolonged drought, maize production fell from 26,000MT in 2000/01 to 8,201MT in 2006/07 (MDGs report). Only 15% of households produce enough to eat whilst 75% depend on employment remittances to secure their food requirements.<sup>30</sup>

Swaziland has witnessed a drop in the breastfeeding as a result of HIV and AIDS. This has been largely caused by confused messages and lack of information regarding optimal infant feeding in the context of HIV and AIDS. The exclusive breastfeeding rate is 32%.<sup>31</sup> This means mothers are adding a burden to themselves in terms of buying unnecessary expensive supplements/formulas before the infant is 6 months old. This is despite the fact that the majority of mothers can successfully breastfeed exclusively for the first 6 months and continues to do so up to 2 years with addition of complementary feeding from 6 months.

With the levels of poverty and hunger on the increase in both rural and urban areas, the number of people living on food aid increased from 210,000 in 2005/06 to more than 400,000 in 2006/07. Out of the 69% of people living below the poverty datum line, most are children. Many of these children are now dependent on food aid (distributed in both formal and informal institutions) however; malnutrition of children under 5 years is a serious problem. Present statistics indicate that over 29%<sup>32</sup> of under 5s suffer from chronic malnutrition. Some of the under 5s are acutely malnourished (wasted or too thin for their height) and some are vitamin A, iron and iodine deficient. In addition 42% of children under 5 are suffering from iron deficiency anaemia<sup>33</sup> (SDHS). The HIV/AIDS epidemic is one of the contributory factors to the malnutrition of children. 50% to 70% of children in nutritional rehabilitation centres are HIV infected<sup>34</sup> (2007/8 Monthly reports Swaziland National Nutrition Council. This has an impact on intellectual development and, later, school performance. Orphans and vulnerable children and child

<sup>30</sup> MDG Report 2007

<sup>31</sup> Swaziland Demographic Health Survey, 2007

<sup>32</sup> Swaziland Demographic and Health Survey, 2007, p36

<sup>33</sup> Ibid, 36

<sup>34</sup> Swaziland National Nutrition Council 2007/8 Monthly reports

headed households have been worst hit by the food insecurity status. This is mainly attributable to the high deaths of parents and relatives, loss of agricultural skills amongst children and ownership of resources including land. The country must accelerate economic growth to ensure the food security of children and all vulnerable groups.

#### **4.6.1 Policy Statement:**

It is National Policy that Government shall improve subsistence and commercial agricultural productivity of households, quality of storage, processing after storage, and the access to markets.

#### **Strategies:**

- a) Develop a nationally accessible food security risk map to identify affected children, households and communities and design appropriate interventions and a National database including a risk map and household food assessments.
- b) Develop and improve the skills of children, with a particular and immediate focus on children heading households, and promote the role of children, youth and women in agricultural skills.
- c) Increase and improve access to water for irrigation, domestic and livestock purposes, small scale agriculture and reduce dependence on rain-fed agriculture.
- d) Use land and water efficiently according to bio-physical suitability and viability.
- e) Facilitate children and household access to capital by subsidising productive household with farming inputs and promote drought tolerant crops and organic farming
- f) Increase the availability of draught power to ensure prompt and efficient ploughing and planting.
- g) Diversify and support sustainable animal production, including aquaculture, and crop production, with a specific focus on indigenous food resources.
- h) Monitor information on household food economy.
- i) Establish community-based early warning food security systems and disaster-prevention mechanisms for informed decision-making.
- j) Enhance applied agricultural research and extension services.
- k) Improve agricultural marketing and infrastructure.

#### **4.6.2 Policy Statement:**

It is National Policy to facilitate the best possible start in life for infants by improving the infant and young child nutrition.

#### **Strategies:**

- a) Promote and support, breastfeeding as well as optimal infant feeding.
- b) Capacitate all health care workers on Infant and Young Child Feeding (IYCF)
- c) Integrate IYCF into pre-service curricula for health workers in the country.
- d) Build the capacity of communities in supporting mothers on IYCF.
- e) Implement the Global strategy on IYCF.
- f) Make every health facility including the private hospitals baby friendly.
- g) Enact and implement the International code of marketing of Breast milk substitutes.
- h) Enact the ILO maternity protection bill so as to safeguard the Swazi Women in their dual capacity as workers and mothers.

#### **4.6.3 Policy Statement:**

It is National Policy to improve access for children to a nutritionally balanced diet on a sustainable basis.

**Strategies:**

- a) Provide nutrition education for children, parents and guardians, especially micronutrient supplementation, food fortification, nutrition in emergencies, infant feeding in the context of HIV and AIDS and families, and the importance of nutrition to public health.
- b) Establish and support nutrition rehabilitation centres to reach and treat all eligible children.
- c) Support children suffering from both malnutrition and HIV to access nutrition rehabilitation and HIV and AIDS care and treatment.
- d) Include appropriate nutrition education in the school curricula from pre-school up to tertiary level.
- e) Strengthen a standard Food authority to monitor food quality, safety standards on domestic food, imported food and food aid. Facilitate the availability of adequate food to households and institutions (formal and informal) caring for children, in areas experiencing critical food insecurity, with a view to making these households self-reliant in the long term.
- f) Facilitate the establishment of national food reserves to meet the needs of children in times of crisis.
- g) Facilitate access by all individuals in Swaziland to adequate resources (entitlements) to acquire appropriate foods for a nutritious diet.
- h) Build the capacity of caregivers and guardians to identify children suffering from acute malnutrition.
- i) Establish nutritional sentinel surveillance systems to facilitate data availability on nutrition status of children for decision-making.

**4.6.3 Policy Statement:**

It is National policy to improve disaster preparedness and response, including the implementation of the national disaster management policy to safe guard food availability for vulnerable children during crisis.

**Strategies:**

- a) Establish community based early warning food security systems and disaster prevention mechanisms for informed decision-making.
- b) Facilitate the establishment of national food reserves to meet the needs of children in times of crisis.
- c) Provide and timeous therapeutic interventions for children who are malnourished

**4.6.4 Policy statement:**

It is National Policy that Government shall coordinate the implementation of all programmes and policies relating to food security and sustainability for children.

**Strategies:**

- a) Approve and implement of Land Policy, Food and Nutrition Policy, Education Policy, Health Policy and other policies in a draft form.
- b) Implement the Agricultural Policy.
- c) Support the implementation of the Food Security Policy.

**4.6.5 Policy Statement:**

It is National Policy that Government shall implement relevant policies and plans that affect the welfare of children, including the Poverty Reduction Strategy & Action Plan, the National Plan of Action for Orphans and Vulnerable Children and the Social Protection Project on Orphans and Vulnerable Children as well as this policy.

**Strategies:**

- a) Consolidate and collate all child related policies in various sectors of government.
- b) Prioritize and mainstream all policies that affect children in national programs.
- c) Develop a child focused budget.
- d) Support advocacy in the fight against the spread of HIV and AIDs.
- e) Mobilise resources and technical assistance for the implementation of all children's programmes.
- f) Review existing (vertical, potentially duplicative) social safety nets for children and integrate them into one child-friendly social protection system.

## 4.7 Socio-Economic Security

The economy of Swaziland has been underperforming since the early 1990s, thus compromising the welfare, survival, development and wellbeing of children. The current economic situation is attributable to a whole range of factors, including, among others, the prolonged drought, high oil prices, exchange rate volatility, and declining prices of export commodities combined with erosion of preferences in protected markets. Related to these factors is the unemployment rate, currently 29%.<sup>35</sup> However, the unemployment rate for the youth alone is higher, estimated to be over 40%.<sup>36</sup>

Exacerbating the economic situation of children has been the HIV and AIDS pandemic and the concomitant opportunistic infections. Out of the estimated 500,000 children in Swaziland, about 120,000 are orphans and it is projected that the number will rise to 200,000<sup>37</sup> in 2010. There are programmes in place to assist these children, but they are not effectively coordinated, resulting in wasted resources and economic disempowerment.

A reflection of the state of the economy is captured in the massive plummet in the GDP growth rate from 8.5% in 1986/7 to 2.3% in 2006/07.<sup>38</sup> For the past three years, growth has been less than 3%. This poor economic performance has had a devastating impact on families, households, and children, including abandoned and other vulnerable children. The socio-economic burden to support children has fallen on the children themselves who are left with no means to meet their needs, exposing them to child labour, sexual abuse, child prostitution, hunger and poverty.

To address the current socio-economic and developmental challenges there is a need to reinforce the economic coping capacity of children, households and communities to meet their basic needs.

### 4.7.1 Policy statement:

It is National Policy to promote social and economic empowerment of children, families and communities to break the cycle of poverty and vulnerability, and enhance quality of life.

### Strategies:

- a) Support and strengthen life skills, vocational training and apprenticeships to create opportunities for formal, informal and self-employment.
- b) Empower communities through sustainable income-generating activities to encourage entrepreneurial development and foster small and medium-scale enterprises.
- c) Develop effective community-based mechanisms for monitoring the socio-economic security of children, especially OVC and their families.
- d) Facilitate the provision of financial schemes that will benefit children and their families.

---

<sup>35</sup> MDGs Report, 2007

<sup>36</sup> MDGs Report, 2007

<sup>37</sup> Government of Swaziland, 2006

<sup>38</sup> MDGs Report, 2007

- e) Remove restrictions on women and children accessing land, credit and other economic resources.
- f) Identify and develop appropriate labour- and time-saving, cost-effective production technologies (indigenous and modern) for children and their families.
- g) Explore public works programmes to assist poor families.
- h) Encourage the culture of entrepreneurialism in formal, non-formal and informal sectors.
- i) Support research studies on the impact of HIV and AIDs on the socio-economic status of households with children.
- j) Create a conducive environment for economic and social growth by implementing the relevant provisions of the Poverty Reduction Strategy and Action Programme within a coordinated framework involving Government ministries, civil society and the private sector.

#### **4.7.2 Policy Statement:**

It is National Policy to strengthen, expand and facilitate social safety net measures (mitigating interventions) to support children and their families.

#### **Strategies:**

- a) Ensure access for all children to essential services, including birth registration, health care, and education, among others.
- b) Strengthen, harmonise and coordinate the social security system (including cash benefits transfer) for children, with a focus on vulnerable children.
- c) Ensure that all children have access to development centres and other educational (formal and non-formal) and recreational facilities.
- d) Ensure that all children participate at an appropriate age in social safety net programmes and development initiatives, and that they are consulted in all matters that affect them.
- e) Facilitate the protection of children at household, community, regional and national level especially with regards to property, assets and inheritance rights.
- f) Engage in awareness-raising campaigns at community, regional and national level on the socio-economic rights of the child.

#### **4.7.3 Policy Statement:**

It is National Policy that Government shall implement relevant socio-economic policies and plans that affect the welfare of children.

#### **Strategies:**

- a) Immediately implement the Poverty Reduction Strategy & Action Programme.
- b) Continue to holistically implement the Social Protection Project on Orphans and Vulnerable Children and review as necessary.
- c) Consolidate and strengthen monitoring and evaluation systems for interventions for children.
- d) Prioritize and mainstream all policies that affect children in national programs.
- e) Mobilize resources and technical assistance for the implementation of all children's programmes.

## **4.8 Child Protection and Legal Support**

Despite a call for respecting, promoting and protecting the rights of children across the world, little has been achieved in terms of child protection and legal support of children in Swaziland. Child Protection mainly focusing on “preventing and responding to violence, exploitation and abuse” is an issue in every country and a priority for Swaziland. The provision of child protection services and a supportive legal environment is a crucial fundamental basis for the fulfillment and protection of the rights of children. The failure to protect children is not only in violation of our Constitution but international laws and human rights instruments which as a country we are party to. The number of child abuse and rape cases, property grabbing and rampant misappropriation of children's inheritances mainly by members of the family and communities, failure and non-payment of child maintenance, increase in the abandonment of children and baby dumping, demonstrate the inadequacy existing legislation such as the Women and Girl's Protection Act No 39 of 1920, the Administration of Estates Act No 28 of 1902 and the Maintenance Act No. 35 of 1970.

### **4.8.1 Child Protection**

The Convention on the Rights of the Child and other international treaties specifically provides for the protection of children from various forms of harm and abuse that are interconnected by a web of risks and vulnerabilities: sexual abuse and exploitation; trafficking; hazardous child labour; violence; living or working on the streets; harmful traditional practices (including child marriages); lack of access to justice (including birth registration) and unnecessary institutionalization, among others. These forms of harm are worsened by, and add to, poverty, HIV and social exclusion and an increase in the likelihood that successive generations will face similar risks. There is a need for a strong child protection framework and interventions to improve the welfare of the child in all aspects of their lives such as health, education and their evolving capacities to be parents, responsible citizens and productive members of society.

### **4.8.2 Violence, abuse and exploitation**

Sexual violence transcends culture, economic status and age. Violence takes a tremendous emotional toll on its victims. Evidence has also linked rape, sexual coercion, sex trafficking and domestic or partner violence with the increased vulnerability of women and girls to HIV and AIDS. The recent national representative study<sup>39</sup> on sexual violence amongst children (focusing on female children aged 13-24 years) indicates high levels of violence against female children in Swaziland. Approximately one in three females experienced some form of sexual violence as a child; nearly one in four females experienced physical violence as a child; and approximately three in 10 females experienced emotional abuse as a child. Nearly 5% of females experienced forced intercourse and approximately 9% experienced coerced intercourse before they reached the age of 18.<sup>40</sup> Boyfriends and husbands were the most frequent perpetrators of sexual violence. Incidents of sexual violence most frequently occurred in the home, either the home of the respondent or the home of a friend, relative or neighbour. The studies also indicate that child sexual violence were not reported to anyone, and less than 1 in 7

<sup>39</sup> A National Study on Violence against children and young women in Swaziland, UNICEF, 2007, p18

<sup>40</sup> Ibid, p18

incidents resulted in a female seeking help from available services.<sup>41</sup> These numbers suggest a lack of understanding of what sexual violence is and how and where to report such incidents. There is need to put in place structures and mechanisms at all levels of society to address such issues.

#### **4.8.3 Birth registration**

Birth registration at birth is crucial in improving national data, planning, policy and budgets. Without it children may lack both legal protection and access to basic social services. Birth registration supports the implementation of national policies and legislation on minimum ages, including for child labour, and child marriage, and is a valuable basis for tracing efforts when children are separated from their parents

According to Multiple Indicator Cluster Survey (MICS), 2000,<sup>42</sup> only 53% of children (0-18) had their births registered. Swaziland Demographic Human Survey of 2006-7 indicates that 29% of children under five had their births registered. This is consistent with a UNICEF study<sup>43</sup> in 2004 which revealed that only 27% of the 29,000 children at the community neighbourhood care points had birth certificates. The poor registration of children at birth within and outside hospitals and the non-registration of abandoned children affect their right to access basic services such as education and their inheritance rights and is one of the ills of the current legal framework.

#### **4.8.2 Child Labour**

Generally, children are the future of any country. Their healthy development must, therefore, be promoted in Swaziland. There are several factors hindering the welfare and development of children in the country. One factor is the involvement of children in the worst forms of child labour. Other factors include children engaged in other forms of work that is likely to be harmful to their development. Work in itself is not necessarily harmful to children, and in fact can be beneficial to children in many ways. Any work by children under the age of 18 years, which is exploitative, hazardous or otherwise inappropriate for their age, detrimental to their education and development is regarded as child labour.

The CRC and the ILO's Minimum Age for Employment convention, 1973 covers 'employment' and 'work' more broadly.

A National Strategic Action Plan was drawn after a broad consultation process and it was undertaken to obtain information from both Swazi traditional leaders and a wide range of stakeholders who have particular interests on the issues of child labour.

Recent studies conducted in Swaziland show that a significant number of children are involved in the worst forms of child labour<sup>44</sup> such as commercial sexual exploitation, children used by adults to commit crime, child trafficking and cases of children involved in very hazardous work have been found in Swaziland. Other cases involve children working as domestic workers, traders and hawkers on the street and elsewhere,

<sup>41</sup> Ibid, p7

<sup>42</sup> Multiple Indicator Cluster Survey (MICS) report, 2000

<sup>43</sup> UNICEF Study, 2004

<sup>44</sup> Ibid, chapter 2

scavengers, working in illegal bars such as sheebens, the informal tourism industry, in the public transport and agricultural sectors. Most of these children work in very poor working conditions characterised by substantial workloads, strenuous work, low wages and long hours. Often as a result the children work under unsafe conditions and workplaces where they are exposed to a host of hazardous working conditions detrimental to their wellbeing and development. Inadequate social welfare and legal protection are some of the areas of concern. The weaknesses in the legal and policy framework to guide regulation and law enforcement have impacted negatively on the protection of children exposed to child labour.

#### **4.8.5 Child Justice**

The existing child justice system does not provide for diversion, well funded rehabilitation programs, reintegration planning or education for all children in conflict with the law. Similarly it does not sufficiently provide for any priority in the dealing with children's cases and as a result some children have been on remand for extended periods before being brought to trial. At present male children who are convicted of offences are housed in the Juvenile Correction and Rehabilitation Centre. Unfortunately female children in conflict with the law are currently resident in a facility that caters for both female adults and children.

In terms of the law, children are minors and do not have legal standing before the Court. As a result, any action to enforce their rights must be taken through an adult, usually a parent or guardian. This poses some challenges particularly for orphans and vulnerable children or if the action that needs to be taken is against the parent or guardian. The Convention on the Rights of the Child (Article 12) to which Swaziland is a party, specifically provides for the child's right to express his or her views and the children's right to be heard. At present these rights are rarely exercised. The Government of Swaziland in its numerous interventions has put in place a child friendly court room in the High Court to enable evidence to be taken from children as well intermediaries to ensure that children are protected. However there is a need to scale up such services in other regions in the future for a countrywide coverage.

Another challenge faced by children is attributable to the services provided in the legal system and national institutions which are outweighed by the outdated laws, the gaps and the inadequacies that are reflected in many areas of our laws and structures. The lack of a proper child justice system that ensures the protection of children as well as the absence of legal aid facilities ensuring legal representation for children in matters affecting them is an area of great concern.

#### **4.8.6 Legal Support**

A supportive legal environment is crucial to achieve the protection of the rights of all children in Swaziland. The aim of legal support is to prevent the violation of the rights of children, to protect children when interacting with the court system and to assist children in addressing issues affecting them.

The Bill of Rights in the Constitution of the Kingdom of Swaziland, 2005, has specific provisions on the protection of children's rights such as the right to life, personal liberty and right to fair hearing. At the international level children's rights are protected by sub-

regional, regional, and international Conventions and Protocols some of which have not currently been ratified or domesticated in Swaziland. This places an urgent responsibility for Government to ratify or accede to sub-regional, regional, and international conventions and protocols related to children in the near future.

In its efforts to provide an enabling legal framework, the Government of Swaziland, with assistance from the Commonwealth, is in the process of reviewing existing laws to ensure compliance with the Constitution and Swaziland's sub-regional, regional and international obligations as well as drafting a comprehensive child law, a child justice bill and a sexual offences and domestic bill which will assist in protecting the rights of children. There is a need for a holistic approach by Government, her agencies, strategic partners and communities to combine efforts to ensure that children are protected and that they have access to legal support.

#### **4.8.7 Policy Statement:**

It is National Policy to develop and strengthen child focused and adequate rights based protection.

#### **Strategies:**

- a) Strengthen initiatives and interventions that promote the protection of children as a right while emphasizing prevention.
- b) Promote societal attitudes and traditions that are protective while discouraging injurious practices.
- c) Strengthen child protection mechanisms against all forms of child abuse, with particular emphasis to sexual abuse, taking into consideration communicable diseases like HIV and AIDS.
- d) Develop relevant programmes and instituting appropriate interventions for re-integration and rehabilitation of children.
- e) Institute mechanisms for ensuring that parents, guardians and institutions caring for children comply with the stipulated requirements for child protection through monitoring by for instance, the Social Welfare Department.
- f) Support child protection at the lowest levels through strengthening the family, recognising and formalising community child protection structures and linking them with relevant authorities.
- g) Create and strengthen appropriate structures to coordinate and support child welfare and protection issues at all levels.
- h) Ensure that sectoral programmes and existing services i.e. health, education and social services reach and benefit all children who are in need of these services.
- i) Initiate and implement reforms of the customary and common law systems to strengthen the family and the community mechanisms that can prevent loss of inheritance for children, especially as it affects orphaned and vulnerable children.
- j) Develop guidelines for the identification and placement of all children in need of care with appropriate caretakers, and for formalization and standardization of such arrangements where appropriate and in the best interests of the child.
- k) Strengthen initiatives and interventions that promote the protection of children particularly against discrimination.
- l) Introduce a moral value building programme to instill the principle of ubuntu to children.
- m) Institute and strengthen mechanisms ensuring protection of children involved in abusing substances.

- n) Mobilise and strengthen male involvement in the prevention of violence particularly sexual violence against children.
- o) Mobilise and strengthen community leaders to champion Child protection against all forms of abuse especially prevention of sexual violence.
- p) Create and strengthen children's units within all sectors at government, institutional and community level for their welfare and protection.
- q) Ensure government's commitment to fulfilling protection rights: including social welfare policies, child-sensitive social protection programmes within national social protection systems and adequate budgets.
- r) Support the provision of basic and targeted services for prevention, recovery and integration of children back to society and communities.
- s) Promote child friendly social protection, including parenting education, day care, family support services, social work and alternative care.
- t) Promote parenting programmes for early childhood development and life skills programming with young people.
- u) Promote violence free learning environments, with promotion of school-community linkages and partnerships.
- v) Strengthen work with schools and out of school institutions to empower children with skills to prevent and challenge abuse in their communities.
- w) Ensure child protection from the impact of natural and man made disasters.

#### **4.8.8 Policy Statement:**

It is National Policy that Government shall aim to strengthen capacity for and the evidence base on child protection, contribute to other areas of knowledge, and assure that evidence is used effectively to improve programming.

#### **Strategies:**

- a) Support sustained national capacity for child protection (a functioning child protection system).
- b) Support public education and social dialogue about the problems, causes, scale and impact of violence, abuse and exploitation affecting children.
- c) Ensure capacity development on child protection for those in contact with the child, particularly families and care givers who are the first line of defence such as health workers, teachers, police, social workers and many others.
- d) Build capacity of key sectors with child protection responsibility, particularly strengthen and fund the Social Welfare Department for effective and efficient service delivery.
- e) Develop national standards for child protection and facilitate the identification and/or the development of standardised child protection indicators where none exist.
- f) Improve routine data gathering, analysis and dissemination at national, regional and community levels to facilitate appropriate and effective planning of child protection interventions.
- g) Strengthen diagnosis of child protection challenges and capacities.
- h) Promote research and consolidate, analyse internal capacities and partnerships with academia, to make sure that high quality data and analysis on child protection concerns are generated, shared and utilised.
- i) Expand academic partnerships to advance knowledge about harmful social norms and how they can be abandoned.

- j) Scale-up mobile registration and institutionalization of early birth registration in health institutions.

#### **4.8.9 Policy Statement:**

It is National Policy to facilitate and establish a legal framework which will be for, and accessible to all children for their protection and welfare.

#### **Strategies:**

- a) Ensuring a protective environment for children, where children are free from violence, abuse, exploitation and unnecessary separation from family; where laws, services, behaviours and practices minimise children's vulnerability, address known risk factors, and strengthen children's own resilience.
- b) Facilitate the registration of all children at birth through a policy directive and supportive legislation to ensure that all children are registered with both their parents' particulars.
- c) Fast-track the finalization of all child related legislation to strengthen the legal framework for the protection of children's rights particularly against discrimination.
- d) Regulate the registration of customary marriages.
- e) Develop a policy framework for the registration of abandoned children.
- f) Review and where necessary create policy and legislative frameworks on the protection of children including establishing and funding the necessary institutional mechanisms to enforce these policies and laws.
- g) Facilitate the provision of free legal services as a means to promote the protection children and their rights.
- h) Develop and enact a law on Sexual Offences and Domestic Violence.
- i) Develop legislation for the protection of children from all forms of abuse and exploitation including child labour, pornography and trafficking.
- j) Review the Adoption Act to ensure that it is in line with the Hague Convention on Intercountry Adoption.
- k) Consolidate all legislation dealing with children to improve visibility of and access to these laws.
- l) Review the Criminal Procedure and Evidence Act No. 68 of 1937 as amended to ensure that it recognizes other forms of evidence gathering and presentation
- m) Enact laws to enforce the implementation of programmes and appropriate interventions for the protection and rehabilitation of children in their best interests.
- n) Make all legal structures child-friendly to strengthen the administration of justice for children (e.g. juvenile courts, juvenile prisons, child courts and child remand centres).
- o) Ensure effective and child-friendly systems are in place and functional to implement the law and to redress abuses and grievances.
- p) Develop and promote appropriate training for those working in the administration of Justice including Judges, Police to uphold the rights of children.
- q) Establish decentralized one stop centres that provide services for the processing and gathering of evidence for children either in conflict with the law or victims/survivors of crime.

- r) Prosecute individuals, families and organizations found not to be acting in the best interests of children in protecting and enforcing their rights.
- s) Develop a legislation to prosecute parents, caregivers or anyone who contributes to or cause children to being disabled.
- t) Provide appropriate services and facilities for children who are in conflict with the law including diversion, rehabilitation, education and provision of facilities separate to adults for their detention.
- u) Raise community awareness about the existence of legal protection structures, procedures and facilities for children.
- v) Develop legislation, policies, programmes and strategies to address child trafficking issues.
- w) Enact laws to regulate the establishment of orphanages, community-based organizations, foster families and other institutions providing care for children.
- x) Enforce rules including prosecuting individuals or organizations that obtain and misuse resources under the false pretext of helping children.
- y) Strengthen legislation and systems to ensure that all children get adequate legal support.
- z) Put in place structures that will give a voice to all children involved in family court cases or in contact with the law.

#### **4.8.10 Policy Statement:**

It is National Policy to respect, promote, protect and fulfill all national, sub-regional regional and international human rights obligations aimed at protecting children's rights.

#### **Strategies:**

- a) Ratify, accede to and domesticate all child related Conventions and Protocols at sub-regional, regional and international level.
- b) Establish a multi-sectoral national state party reporting committee on all International Human Rights Instruments i.e. Conventions and Protocols to ensure participation and involvement of all stakeholders in the preparation of state party reports.
- c) Ensure compliance with reporting procedures and the periodic submission of state party reports at sub-regional, regional and international level.
- d) Implement and disseminate concluding remarks of all child related Conventions and Protocols nationwide.
- e) Disseminate all child related Conventions and Protocols to all sectors of society in particular to children.
- f) Translate and simplify all national, regional and international legal instruments into Siswati language to reach all sectors of society including sign language.
- g) Transcribe all national, regional and international legal instruments into accessible formats for special group such as Braille.
- h) Integrate children's rights into the national curricula from **pre-school** level up to tertiary level.
- i) Develop standardised representative forums for children at community, regional and national level which will advise them on relevant legal and policy matters.
- j) Mobilise resources for awareness raising campaigns regarding the importance of the protection of children and their rights including giving children and young people a voice.
- g) Conduct research to determine the status of children's protection and implement appropriate action and programmes.

#### **4.8.11 Policy Statement:**

It is National Policy to develop and implement a legal and policy framework to protect all children from all forms of child labour, more especially the worst forms.

#### **Strategies:**

- a) Ensure the implementation and enforcement of Employment Act No.5 of 1980 as amended.
- b) Incorporate child labour issues into other national policies and programmes.
- c) Empower relevant institutions, communities and government ministries to monitor child labour.
- d) Design and implement guidelines on reasonable household chores.
- e) Educate parents, families, communities and the public on the dangers of involving children in excessive long hours household activities.
- f) Design and implement advocacy and public awareness programmes to sensitise on the worst forms of child labour such as child domestic workers, commercial sexual exploitation of children and child trafficking.
- g) Educate all employers and workers in the formal and non-formal sectors of employment on the need to follow acceptable and industrial relations practices pertaining to involvement of children to the world of work.

#### **4.8.12 Policy Statement:**

It is National Policy to facilitate and support child participation in all matters affecting them and taking into consideration their views in the best interests of the child.

#### **Strategies:**

- a) Ensure children's right to participate in processes affecting them by providing education, support and assistance to the child and through ensuring an independent person is available where necessary to represent and act in their best interests.
- b) Fund national campaigns to raise awareness of the importance of listening to children and respecting their views.
- c) Work with partners in all sectors to create a module on active participation for all children.
- d) Support parents and guardians to listen to and act on what children say.
- e) Take steps to ensure that children in care are given a voice in matters which affect them.
- f) Fund national campaigns to raise awareness on the rights of children and the importance of listening to children and respecting their views.
- g) Produce a guide to key documents which affect children in a child appropriate and simplified language.
- h) Design and organize appropriate training and awareness programmes for child and caregivers on child participation.
- i) Distribute awareness programmes for implementation to all stakeholders to be used for children's activities.

## CHAPTER 5

### 5. GUIDELINES FOR IMPLEMENTATION

#### 5.1 Institutional Framework

##### 5.1.1 Key Government Ministries

Responsibilities to respect, protect and promote the rights of children are a collective responsibility of Government, partners, civil society and the Nation. Therefore, implementation of the policy will be multisectoral. Whilst the National Children's Coordination Unit will provide overall coordination on the implementation of this policy, individual ministries, agencies, civil society and all stakeholders have specific responsibilities and accountabilities to contribute towards the realisation of children's rights by promoting initiatives, programmes and activities that will protect children, address their needs, and assure their best interests are upheld for their survival, well being and development.

##### 5.1.2 Office of the Deputy Prime Minister

The Deputy Prime Minister's Office will be responsible for the following:

- a) Support the facilitation the development of capacities at Regional and *Tinkhundla* levels to monitor the situation of children.
- b) Provide administrative support staff to encourage development at grass roots level.
- c) Support and empower socio and economically disadvantaged children in society.
- d) Implement programmes and provide safety nets, support and uphold children's rights.
- e) Carry out periodic situation analysis of children, and ongoing monitoring of the situation of orphans and vulnerable children.
- f) Sensitize and training regional and local leaders and technical persons in provision of services focusing on orphans and vulnerable children.
- g) Support the coordination of NGOs and CBOs activities for children aimed at an effective sharing of responsibilities and delivery of services and support, especially to orphans and vulnerable children in the communities.

##### 5.1.3 Ministry of Health

This Ministry will be responsible for the following:

- a) Implement health care programs in the children's policy.
- b) Advocate for mobilisation of resources for children, and promoting effective and efficient resource allocation and use in conformity with government policies and strategies.
- c) Develop systems of quality assurance for delivery of services to all citizens including children and building capacities of service providers and key actors for children's health and well being.
- d) Support research and information dissemination on best practices and lessons learnt for effective programme planning, intervention and implementation.

#### **5.1.4 National Emergency Response Council on HIV and AIDS (NERCHA)**

NERCHA, the national coordinating body for the HIV and AIDS response, is responsible to coordinate the plans for the National Strategic Response, covering areas of Prevention of HIV infection, Care and Support for those infected, and Impact Mitigation among those affected by the epidemic. In relation to children those include:

- a) Advocate for action at all levels for Government, Civil Society and communities to protect and promote the rights of orphans and vulnerable children.
- b) Assist ministries and other partners to develop implementation plans for mitigation of the impact of HIV and AIDS on children.
- c) Prioritise needs and seizing opportunities for resource mobilization for orphans and vulnerable children, and for prevention of HIV infection among young people.
- d) Advocate and supporting the development of policies and laws relating to reducing the impact of AIDS on children and their families.
- e) Collaborate with other Government departments and civil society in supporting income generation for families affected by HIV and AIDS, and in promoting nutrition and food security for those families.
- f) Mobilize resources for prevention of parent-to-child transmission of HIV, and for provision of ARVs to parents and children living with AIDS.
- g) Support policy and community action research for testing ways to prevent the spread of HIV, supporting those infected and affected and mitigating impact on children.

#### **5.1.5 Ministry of Tinkhundla Administration and Development**

This Ministry will be responsible for the following:

- a) Development and implementation of programs for household/families caring for children including OVCs through community development officers
- b) support efforts directed at the identification of OVCs and ensuring that children including OVCs are gaining access to the appropriate services provided at community level
- c) Integrate an orphans and vulnerable children strategy and costed work plan into the overall Regional Development Plan.
- d) Support the facilitation of HIV and AIDS awareness activities at grassroots levels.
- e) Support development initiatives to enhance support to orphans and vulnerable children, through youth and women's empowerment.
- f) Maintain a management information system which records orphans and vulnerable children numbers in the communities.

### **5.1.6 Ministry of Education and Training**

This Ministry will be responsible for the following:

- a) Participate in the formulation of the national strategic programme plan of action.
- b) Develop and implementing strategies that will make education accessible and affordable to all children.
- c) Publicise and popularise the children's policies and children's rights through the education system.
- d) Sensitise all stakeholders in education about children's issues, especially regarding orphans and vulnerable children, including Swaziland Headteachers Association and Swaziland National Association of Teachers.
- e) integrate gender and children's rights issues into the curriculum
- f) Revise the syllabus used at teacher training institutions to incorporate issues of gender, children's rights, and special needs of all children.
- g) Work with the Teacher Service Commission to develop policies and systems for zero tolerance of child abuse in schools.
- h) Put in place a system of education that will integrate life skills into the curriculum.
- i) Provide guidance and counseling services and programmes for children.
- j) Promote education HIV and AIDS, treatment, care and support including prevention services.
- k) Develop strategies that promote early childhood care and development education.
- l) Promote special education.
- m) Provide reproductive health services and access to family planning services.
- n) Train teachers and guardians to instill resilience in children including orphans and vulnerable children.
- o) Educate parents, caregivers and community members about caring for the orphans and vulnerable children.
- p) Research and information dissemination on good practices and lessons learnt for effective programme planning and implementation.
- q) Improve and supervise school feeding.
- r) Create linkages with traditional healers to work collaboratively on issues affecting children

### **5.1.7 Ministry of Justice and Constitutional Affairs**

This Ministry will be responsible for the following:

- a) Facilitate the administration of justice for children, including developing more "child friendly" courts and procedures, family/child courts, and juvenile courts.
- b) Negotiate and drafting of legal instruments pertaining to children.
- c) Develop legislation for the promotion and protection of children's rights, including property and inheritance rights, protection from sexual abuse and exploitation, trafficking, adoption, etc.
- d) Implement changes in the Administration of Estates Act to decentralise the Office of the Master of High Court to the Regions.

### **5.1.8 Ministry of Economic Planning and Development**

This Ministry will be responsible for the following:

- a) Ensure that census and other statistical studies incorporate key questions regarding children's status.
- b) Build consensus on poverty strategies including to “put children first” as a priority for long-term poverty elimination.
- c) Ensure children's issues are taken into account in formulation of poverty reduction and other development programmes.
- d) Place priority in national development initiatives on reaching the neediest children.
- e) Review adequacy of allocations for children in the national budget and supporting the sectors to strengthen their budgeting for children's issues.
- f) Mobilise donor resources for programmes for children.
- g) Ensure that relevant data collection and analysis is available and updated.

### **5.1.9 Ministry of Finance**

This Ministry will be responsible for the following:

- a) Provide a regulatory framework for the country's financial sector that will monitor use of financial resources for children, including ensuring proper use of funds for initiatives targeting the neediest.
- b) Allocate financial resources to government agencies that implement child welfare programmes and activities.
- c) Facilitate and mobilise resources for children's interventions, including developing creative ways to raise funds on a sustainable and growing basis, for specific earmarking for programmes for orphans and vulnerable children.

### **5.1.10 Ministry of Agriculture**

This Ministry will be responsible for the following:

- a) Ensuring that individual households produce sufficient and appropriate food to meet the short and long term nutritional needs.
- b) Communities need to be educated about food nutrients required by the body by the home Economics Department.
- c) On the issues of care givers, the cooperative department will be responsible for educating on the savings and credit schemes.
- d) Children also need to be engaged in the production process to enable them to be self-sufficient.
- e) Ensure that the Food Security Policy is implemented using proper guidelines.

### **5.1.11 Ministry of Home Affairs**

This Ministry will be responsible for the following:

- a) Develop a system for recording of all births and deaths and for monitoring of numbers and status of orphans and vulnerable children.
- b) Decentralise of the Births, Marriages and Deaths registration office.
- c) Ensuring that the necessary legislation is in place to combat child trafficking within and outside the borders of Swaziland.

## **5.2. Other Ministries**

Other Ministries and government agencies/departments carry additional responsibilities for child care, support and protection, psycho-social support, socio-economic security and capacity enhancement for improved service delivery relating to children. These include Public Service, Commerce, Industry and Trade, Foreign Affairs, Royal Swaziland Police, Housing and Development, City Councils, among others. Their roles shall include:

- a) Development of sectoral implementation guidelines.
- b) Building capacities in the respective sectors.
- c) Integration of orphans and vulnerable children concerns in sectoral policies, programmes and plans.
- d) Employment creation and control of child labour
- e) Resource mobilisation, allocation and utilisation.
- f) Sensitise and train regional and local leaders and technical persons in provision of services that focus on orphans and vulnerable children.
- g) Quality assurance in the respective sectors.

### **5.2.1 Development partners**

Development partners will be responsible for the following:

- a) Awareness raising, advocacy and communication on issues of children's rights including issues affecting orphans and vulnerable children.
- b) Support policy research and policy formulation initiatives on children's issues.
- c) Support the monitoring of children's situation and the preparation of analyses of the situation of children.
- d) Provide financial resources, materials, and equipment, for children's programmes, along with technical and planning support and training.
- e) Coordinate support with other development partners for more equitable programming to reach orphans and vulnerable children.
- f) Encourage networking among partners working on children's issues, including sharing of good practices and lessons learnt across programmes and from other countries.
- g) support trials of innovative approaches for building national, civil society and community capacities to respect, protect and promote the rights of children.
- h) Support Government initiatives to fulfill reporting obligations under the Convention on the Rights of the Child.

### **5.2.2 Civil society**

Civil society organizations will be responsible for building partnerships and network with government, other agencies and communities in the implementation of this policy.

- a) Lobby and advocating for orphans and vulnerable children issues and concerns.
- b) Build the ethical and spiritual commitment to put children first.
- c) Build partnerships with government and other agencies in support of children and orphans and vulnerable children, including promoting and facilitating networking and coordination among orphans and vulnerable children service providers.

- d) Build capacity for providers of orphans and vulnerable children related services.
- e) Mobilize communities including to carry out needs assessments especially of orphans and vulnerable children concerns.
- f) Implement interventions focusing on orphans and vulnerable children.
- g) Support communities in programme development.
- h) Mobilize and leverage resources for children's interventions, especially at community levels.
- i) Support supervision, monitoring and evaluation of community initiatives for children.
- j) Contribute to policy development, and supporting policy implementation.
- k) Create awareness and advocate for succession planning.

### 5.2.3 Traditional Structures/Ministry of Tinkhundla Administration and Development

Traditional structures will be responsible for the following:

- a) Monitor by *Bucopho* of the situation of orphans and vulnerable children in the *Inkhundla*, and sharing of good practices and lessons learned across the communities.
- b) Mobilize development resources to address the needs of children.
- c) Keep Birth and Death registration, and identifying at *Umphakatsi* level the status of children especially orphans and vulnerable children, including their location, attendance at school, whether parents are ill, and other indicators of their welfare.
- c) Create awareness on the issues of children in the community, and assisting parents, guardians, and all other community members to understand their respective roles and responsibilities to protect and to care for the orphans and vulnerable children.
- d) Facilitate the process of identifying and changing cultural norms and religious beliefs or practices that negatively affect children in the present situation, especially orphans and vulnerable children.
- e) Participate in identification of appropriate strategies, programme implementation and monitoring for community initiatives to address needs of orphans and vulnerable children.
- f) Mobilize resources from within the community including financial, human and material resources to protect orphans and vulnerable children and help to meet their needs.
- g) Build capacity for providers of orphans and vulnerable children to provide good quality of services addressing children's needs.
- h) Organize *indlunkhulu* activities to produce food and generate resources for the support of orphans and vulnerable children.
- i) Organise and strengthen community (*umphakatsi* and *tigodzi*-level) social support networks such as "neighbourhood care points" and *lihlombe lekukhalela* to ensure protection of children.
- j) Develop systems for the protection of children from abuse and from infection by HIV, including for identifying cases of abuse and exploitation, for restraining abusers, and for the reporting of cases to prosecution authorities.
- k) Establish "places of refuge and protection" for abused children, in cases where the extended family cannot ensure such protection.
- l) Facilitate linkage of health service providers with orphans and vulnerable children.

- m) Link schools to community child protection structures, and ensuring that teachers and community care givers work together to care for the needs of orphans and vulnerable children.
- n) Facilitate succession planning, and ensure that the property rights and other rights of orphans and vulnerable children as well as widows are protected.
- o) Work together to resolve disputes, putting aside conflicts and finding compromises to ensure that children's welfare and the future of the community and nation is not sacrificed because of factional interests

#### **5.2.4 Children Including Orphans and Vulnerable children**

The children will be responsible for the following:

- a) Take self-responsibility to care for themselves according to their capacities.
- b) Take their school responsibilities seriously and putting a priority on completing their homework and assignments.
- c) Contribute to the maintenance of their households, through helping with cleaning, growing vegetables in gardens, collecting water and other chores, according to their capacity.
- d) Avoid risky situations especially those which may expose them to HIV infection.
- e) Assist other children through “child-to-child” initiatives to teach them life-skills, and to help protect them from harm. Assisting the community to identify orphans and vulnerable children and to give emotional support and friendship to such children.
- f) Participate in needs assessment, problem identification, programming, and implementation of their community activities, including support to families affected by HIV and AIDS.
- g) Participate in monitoring programmes for orphans and vulnerable children, and bringing the situation of children at risk to the attention of the duty bearers in the community.
- h) Participate in decisions affecting them including legislative, policy and programme development and reviews at all levels.

#### **5.2.5 Parents, Guardians and Other Caregivers**

The parents, guardians and other caregivers will be responsible for the following:

- a) Take responsibility to work hard and manage family affairs diligently in order to maximize resources to care for children.
- b) Improve personal knowledge of how to care for children and bring them up in the right way.
- c) Implement good child care practices including nutrition, hygiene, and emotional support.
- d) Learn how to communicate with children in ways that build their confidence, self-esteem, and ability to deal with risks in life, including prevention of sexual abuse.

- e) Assist others who have less knowledge of child-care to improve their skills.
- f) Help communities to identify orphans and vulnerable children, and providing support to them.
- g) Make maximum use of services provided to the community, such as immunization and other health services.
- h) Monitor children's school performance, and encouraging good work as well as discouraging laziness or sloppy work.
- i) Offer psychosocial counseling and guidance where children are traumatized or emotionally vulnerable.
- j) Provide responsible discipline to children, and being especially careful to avoid physical, emotional or other forms of abuse.
- k) Test for HIV, living positively and avoiding risks of infection or rapid deterioration, and making plans for the welfare of their children according to their situation.
- l) Ensure births and deaths are registered.
- m) Contribute to amicable resolution of family and community related conflicts.
- n) Participate in policy development and review, at community and other levels.

### 5.2.6 Private Sector

This private sector will be responsible for the following:

- a) Publicise and popularise the children's policy.
- b) Organise work in ways that encourage responsible family life by parents and guardians.
- c) Participate in initiatives for improving protection and care of employee's children, and for the larger community.
- d) Provide social insurance and social security schemes for workers.
- e) Provide health insurance for workers and their families, and creating systems to strongly encourage workers to test for HIV, and support for living positively.
- f) Collaborate with government agencies and civil society to support development and delivery of social services for children.
- g) Contribute resources and opportunities for children's programmes, especially orphans and vulnerable children.
- h) Design and implement initiatives for improved protection and care.
- i) Contribute resources for the implementation of the policy.
- j) Design and implement work place policies that protect children from exploitation and abuse.
- k) Collaborate with government and other actors to implement this policy.

### 5.2.7 The Community

The community will have the responsibility to:

- a) Provide the love, guidance and attention children need to develop in a healthy way to become productive and active members of the community.
- b) Strengthen social support mechanisms to protect and promote the rights of children.
- c) Link service providers with children in particular orphans and vulnerable children.
- d) Mobilize resources to improve the care and support of children.
- e) Encourage community decisions to clarify cultural and religious norms and practices that negatively affect children.

## CHAPTER 6

### 6. STRATEGY FORMULATION AND POLICY IMPLEMENTATION

The formulation of a strategy should focus on all the difficulties faced by children as articulated by the policy. The policy has focused on all children including children who are orphaned and vulnerable, children living in institutions, children in poor households, working children, children living on the streets, children living with AIDS, children with disabilities, children in emergency situations, displaced children, abandoned children, refugee children, children caring for ill parents, children heading households, children forced out of school by poverty and other socio-economic factors.

Some of the critical actions that should form part of the strategy include amongst others the following:

- a) Promotion of community based approaches to caring for orphans, as the primary strategy for dealing with the present crisis.
- b) Establishment of community based support organisations or NGOs for the care of orphans.
- c) Mobilization of communities to support children in needy households.
- d) Formulation of criteria for identifying needy households.
- e) Promotion and expansion of access to funds for needy household support.
- f) Integration and harmonization of care activities for orphans with other interventions and services for the care and welfare of children.
- g) Establishment of mentoring systems.
- h) Building and strengthening a network of child-focused organisations to provide support.
- i) Conducting awareness raising campaigns regarding the integration and placement of children.
- j) Institution of guidelines, procedures and regulations for institutions, caring for children, their staff and the services provided in order to ensure child protection against abuse.
- k) Ensuring adequacy of infrastructure and capacity in children's institutions, and effective capacity building and monitoring of institution staff.
- l) Strengthening tracing and reunification mechanisms.
- m) Supporting development of income generating initiatives for sustaining activities to support orphans and vulnerable children, in both community and institutional contexts.
- n) Develop in collaboration with relevant stakeholders pilot models for alternative care.
- o) Mobilization of communities to support children in needy households.
- p) Formulation of criteria for identifying needy households.
- q) Promotion and expansion of access to funds for needy household support.
- r) Conducting sensitisation campaigns on child labour.
- s) Encouraging the enforcement of labour laws.
- t) Supporting training and income generating activities for children and their families.
- u) Promotion of a catch-up education system for working children.
- v) Conducting research on the character and extent of and reasons for child labour.
- w) Integrating the issue of HIV and AIDS and Orphans Vulnerable Children into pre-service and in-service teacher training programmes.

## CHAPTER 7

### 7. COORDINATION, MONITORING AND EVALUATION FRAMEWORK

#### 7.1. National Coordinating Committees on Children

Monitoring and evaluation functions shall be undertaken at all levels to enhance accountability and effectiveness. This will require developing and establishing monitoring and evaluation mechanisms, which include the following:

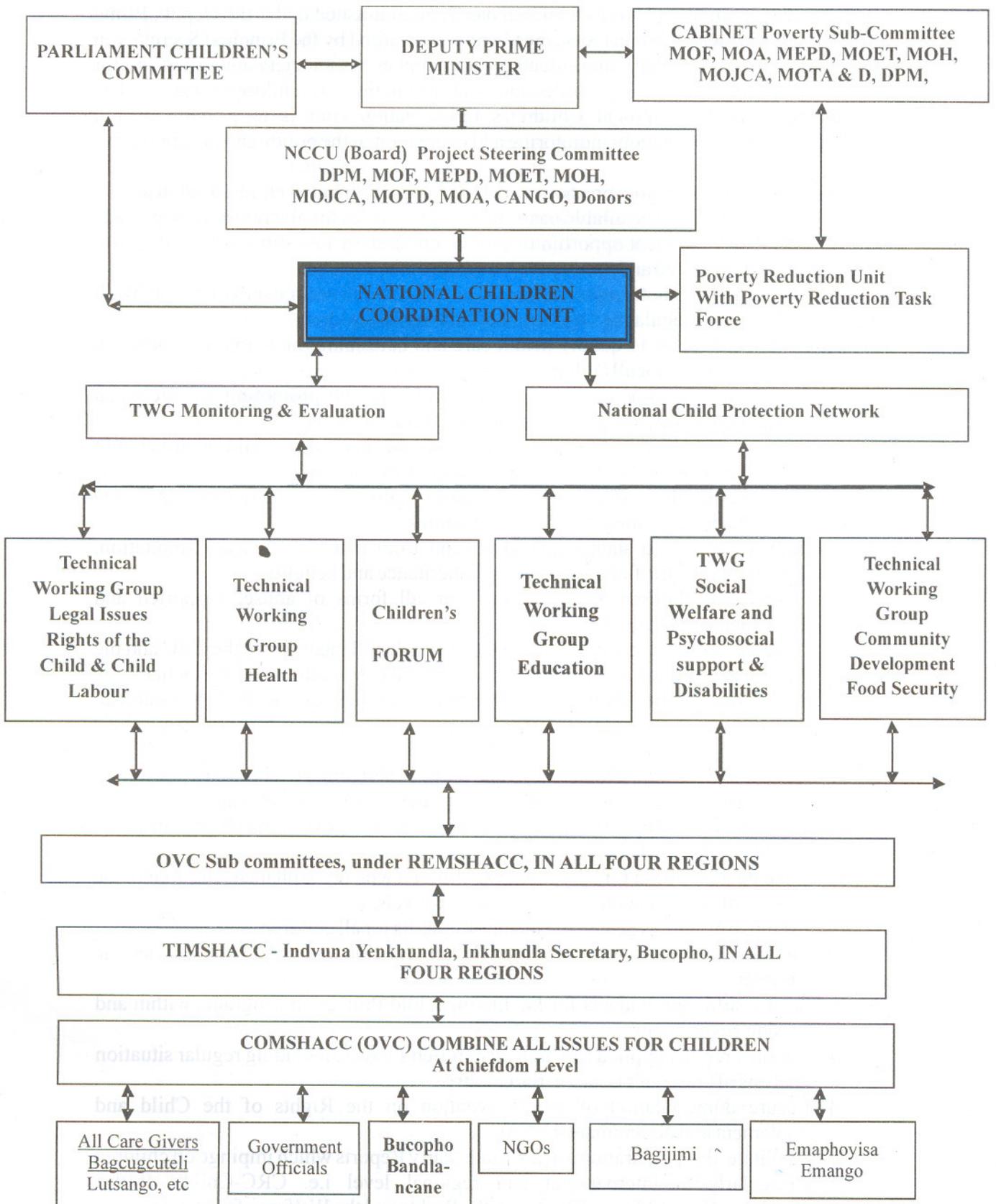
- a) Develop and strengthen existing monitoring indicators into activities in every sector beginning with planning stage.
- b) Establishing internal evaluation structures to look at the effectiveness and impact of this policy.
- c) Preparing and disseminating the reports.
- d) Reviewing this policy.

A cabinet-level National Committee on Children, called for in the National Plan of Action for Children in the 1990s, will be reviewed and strengthened, to ensure that it operates as a high-level body that will regularly monitor the implementation of children's policies and plans, with meetings at least twice every year.

A Committee composed of the Principal Secretaries will have specific responsibilities to support the National Committee, including:

- a) Reviewing and finalizing policies for submission to Cabinet.
- b) Planning and developing national strategies and guidelines for the implementation of The National Children's Policy.
- c) Assessing financial implications for implementation of the Children's National programmes of action and recommending action.
- d) Advising on actions to strengthen structures and procedures at all levels for enhancing implementation of the National Policy on Children.

7.2 National Children's Coordination Mechanism



## 7.2.2 Functions of Co-ordination Committees

<b><u>Institutional Key Players</u></b>	<b><u>Key Role</u></b>	<b><u>Secretariat Services</u></b>
<b>Parliament Portfolio Committee for Children</b>	Facilitate the approval of the Children Bill, legislation, ratification of Child rights and advocate the rights of the child, monitor cabinet members and government on the implementation of programmes for children	Parliament Clerk
<b>Cabinet Poverty Sub-Committee</b>	Approve Policies and commit the state on children's issues signing and ratifications of Conventions and Protocols, National coordination mechanism, and monitoring of NCCU Project Steering Committee, Poverty Reduction Task Force and child poverty in the country, submit policies and legislation to the Cabinet Poverty Sub-Committee	Cabinet secretary
<b>NCCU Project Steering Committee</b>	Give policy direction and monitor the implementation of Social Protection for Vulnerable children including orphans project. Facilitate resource mobilization. Make recommendations to Deputy Prime Minister on policies related to children. Report to the Deputy Prime Minister on the progress of the Social Protection of Vulnerable children including children, monitor various NCCU Technical Working Groups, and monitor implementation of relevant parts of "Concluding Observations" of the Committee on the Rights of the Child	Director, NCCU
<b>Poverty Reduction Task force</b>	Review budget proposals from NCCU. Hold meetings with NCCU to update progress on child protection programmes Participate in the Monitoring and evaluation Committee	Poverty Unit
<b>National Children's Coordination Unit</b>	Coordinate all stakeholders involved in children's Programmes. Formulate legislations, policies and strategies related to children's programmes. Ensure the	NCCU

<p><b>Monitoring and Evaluation Committee,</b></p>	<p>respect, promotion, protection and fulfillment of the rights of children and their basic needs. Inform stakeholders on programme activities for child protection and mechanisms for accessing support. Provide information to all stakeholders in the form of meetings and reports. Monitor and evaluate programmes. Mobilize Resources, Design programmes for resource mobilization, Coordinate donor funding directed to children's programmes. Ensure efficient utilization of resources.</p> <p>Set up Data Collection System. Design a monitoring and evaluation mechanism that is user friendly to all partners. Receive and analyze data, provide policy proposals. Monitor and evaluate the implementation of the whole coordination system.</p>	<p>NCCU Monitoring and Evaluation officer</p>
<p><b>Technical working groups (Law &amp; Policy, Health, Children's Forum, Education, Social Welfare, Community Development Monitoring and Evaluation)</b></p>	<p>Coordinate all activities related to the sector and network with all stakeholders, assist in the designs for strategies and programs, budgets and community micro-schemes. Save as linkage between regional activities and NCCU, PSC. Recommend legislations, policies and programmes to Project Steering Committee, set standards for Quality Assurance that will enable the child to survive and improve.</p> <p>(One representative from each relevant institutions, MOH, MOET, DPM, RS, MOA, MOJCA, MOTA&amp;D, MOF, MEPD, Relevant NGO, UNICEF, CANGO, Charity Organizations, Nutritional Council, NERCHA Chair by Directors of relevant Ministries)</p>	<p>NCCU Technical officers</p>
<p><b>National Child Protection Network</b> ALL stakeholders involved in child related programmes. All members of technical working groups</p>	<p>Forum for stakeholders meetings. Purpose is for information sharing on progress at grassroots level, and feedback from NCCU and technical working group's progress of the child protection programmes.</p>	<p>NCCU Technical officers</p>
<p><b>Regional Multi-Sectoral Coordinating</b></p>	<p>Review by ability of all community and NGO initiatives/proposals and</p>	<p>Assistant Community Development Officer</p>

<p><b>Committee</b> at regional level Chaired by RS</p>	<p>recommend to TWG (NCCU). Facilitate project implementation, ensure efficient utilization of resources.</p>	
<p><b>Tinkhundla Multi-sectoral HIV and AIDS Coordinating Committee</b> (Indvuna yeNkhundla, Bucopho, iNkhundla Secretary Chaired by Indvuna yeNkhundla</p>	<p>Coordinate child related community activities, collaborates, motivates and inform communities on new policies or programmes, eliminates duplication of the same activities Facilitate implementation of child related programmes Monitor the child related programmes and ensure that standards required are met by each grassroots organisation</p>	<p>Inkhundla Secretary</p>
<p><b>Community Multi-Sectoral HIV and AIDS Coordinating Committee (COMSHACC)</b></p>	<p>Carry out problem and project identification, community needs assessment. Identify community capacity and selects vulnerable children with help of experts and recommend to relevant authorities. Promote the improvement of the welfare of the child. Identify community development activities to reduce the vulnerability of the child. Maintain database for vulnerable children. In collaboration with Bucopho, inform Bandlancane on progress of child related programmes and request for assistance where necessary. Ensure that child rights are mainstreamed in the children's programmes.</p>	<p>Chiefdom Clerk</p>

## References

1. Child Care Service Order of 1977 (Swaziland Government Statutes)
2. Decentralisation Policy, Swaziland (2005)
3. Government's Transformation Policy Statement, Swaziland 2003)
4. Information and Media Policy Swaziland (October 2005)
5. Millennium Development Goals Report, Swaziland 2007
6. Millennium Development Goals; and the Eastern and Southern Africa Regional Workshop on Children affected by HIV/AIDS, Windhoek (2003)
7. National Development Strategy: Vision 2022(NDS), Swaziland (1999)
8. National Food Security Policy for Swaziland (2005)
9. National NGO Policy, Swaziland (2005)
10. National Plan of Action for Orphans and Vulnerable Children Swaziland (2006-2010)
11. National Policy Statement on Education Swaziland, (1999)
12. National Policy Statement on Education, Swaziland (1999)
13. National Population Framework for Swaziland, (2002)
14. National Poverty Reduction Strategy and Action Plan (PRSAP), Swaziland (2006)
15. National Response to Psychosocial Needs of Children. Three Year Strategic Plan (2008-2010) Draft, Swaziland.
16. National Strategic and Action Programme towards the Elimination of Child Labour in Swaziland APEC, (2007)
17. National Youth Policy, Swaziland (2002)
18. Second National Multisectoral and AIDS Strategic Plan (2006-2008), Swaziland.
19. The Adoption of Children Act No. 64 of 1952(Swaziland Government Statutes)
20. The African Charter on the Rights and Welfare of the African Child (1990)
21. The Constitution on the Kingdom of Swaziland (2005)
22. The Convention for the Suppression of the Traffic in Persons and Exploitation of the Prostitution of Others (1949)
23. The CRC Committee Concluding Observations on the Initial State Report (2006)
24. The Criminal Procedure and Evidence Act No. 20 of 1938(Swaziland Government Statutes)
25. The Girls and Women's Protection Act No. 39 of 1920(Swaziland Government Statutes)
26. The Hague Convention on the Civil Aspects of International Child Abduction (1996)
27. The Interstate Succession Act No. 3 of 1953(Swaziland Government Statutes)
28. The ILO Convention on Minimum Age of Admission to Employment (1973)
29. The ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor 182 (1999)
30. The List Recommendation for the Drafting of the proposed Children's Act and the Child Justice Bill,2007
31. The Marriage Act No. 47 of 1964(Swaziland Government Statutes)
32. The Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography (2000)
33. The Reformation Act No. 82 of 1921(Swaziland Government Statutes)
34. United Nations Convention on the Rights of the Child (1995)
35. The United Nations Convention on the Rights of People with Disabilities,2006
36. World Fit for Children Declaration (2001)

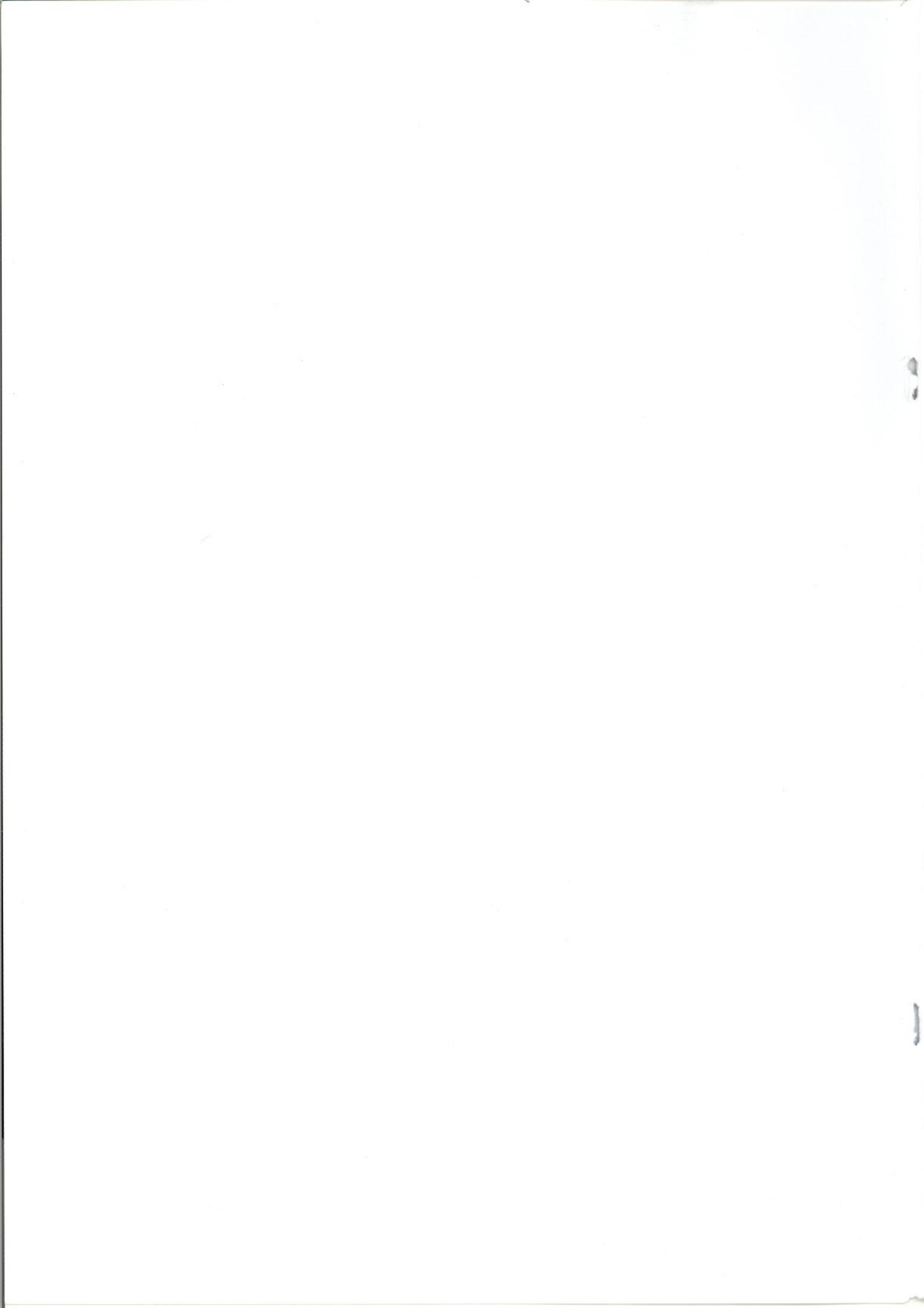
## ANNEX 1: List of Participants in the Drafting of the National Children's Policy

No.	Name	Organization
1.	Mr. Samuel Dlamini	Deputy Prime Minister's Office
2.	Ms. Zanele C. Simelane	Deputy Prime Minister's Office
3.	Ms. Lindiwe Mbingo	Deputy Prime Minister's Office
4.	Ms. Ncane .J. Dlamini	National Children's Coordination Unit
5.	Ms. Ntombifuthi Mkhwanazi	National Children's Coordination Unit
6.	Ms. Gwen Simelane	Ministry of Education and Training
7.	Ms. Dumsile Mamba	Ministry of Education and Training
8.	Mrs. Jane Lukhele	Ministry of Education and Training
9.	Ms. Cebsile Nxumalo	Ministry of Education and Training
10.	Mr. Simon Mazibuko	Ministry of Education and Training
11.	Mr. Thompson Bhembe	Ministry of Education and Training
12.	Ms. Lungile Sineki	Ministry of Education and Training
13.	Ms. Dumsile Masuku	Ministry of Education and Training
14.	Ms. Nomsa Lukhele	Ministry of Education and Training
15.	Mr. Sibusiso Ndlangamandla	Ministry of Education and Training
16.	Mr. Nathi Maziya	Ministry of Education and Training
17.	Mrs Hazel Zungu	Ministry of Education and Training
18.	Mr. John Hlophe	Ministry of Education and Training
19.	Mr. Bheki v. Magongo	Ministry of Education and Training
20.	Mr. Sithembile Mbingo	Ministry of Education and Training
21.	Ms. Thuli Mamba	Ministry of Education and Training
22.	Mrs Jabu Dlamini	Ministry of Tinkhundla Administration and Development
23.	Mr. Dambuza Ntshalintshali	Ministry of Tinkhundla Administration and Development
24.	Mr. Wandile Zwane	Ministry of Tinkhundla Administration and Development
25.	Ms. Thobile Dlamini	Ministry of Tinkhundla Administration and Development
26.	Ms. Temantolo Fakudze	Ministry of Tinkhundla Administration and Development
27.	Ms. Sibongile Mamba	Ministry of Tinkhundla Administration and Development
28.	Ms. Amelita Munroe	Ministry of Tinkhundla Administration and Development
29.	Ms. Phumaphi Nene	Ministry of Tinkhundla Administration and Development
30.	Mr. Mzwandile Dlamini	Ministry of Tinkhundla Administration and Development
31.	Ms. Khanyisile Maphalala	Ministry of Tinkhundla Administration and Development
32.	Ms. Buyile Xaba	Ministry of Tinkhundla Administration and Development
33.	Mr. Sihle Mzileni	Ministry of Tinkhundla Administration and Development
34.	Ms. Rebecca Thwala	Ministry of Tinkhundla Administration and Development
35.	Mr. William Khumalo	Ministry of Tinkhundla Administration and Development
36.	Mr. Gcina Ndlangamandla	Ministry of Public Service
37.	Mr. Maqhawe Mnisi	Ministry of Public Service
38.	Ms. Ntombifuthi Nkambule	Ministry of Economic Planning and Development
39.	Ms. Nomsa Tibane	Ministry of Economic Planning and Development
40.	Mr. Linda Hlophe	Ministry of Finance
41.	Ms. Nenekazi Zwane	Ministry of Agriculture
42.	Ms. Nompumelelo Lukhele	Ministry of Justice and Constitutional Affairs
43.	Mr. Anthony Masilela	Ministry of Justice and Constitutional Affairs
44.	Ms. Stuckie Motsa	Ministry of Enterprise and Employment
45.	Ms. Elaine Horton	Ministry of Tourism and Communications
46.	Mr. Bhekithemba Matsebula	Ministry of Housing and Urban Development
47.	Mr. Stephen Khumalo	Ministry of Housing and Urban Development
48.	Dr. Casphina Mabuza	Ministry of Health
49.	Mr. Eric Maziya	Department of Social Welfare-Deputy Prime Minister's Office

50.	Ms. Sindie Dube	Deputy Prime Minister's Office
51.	Mr. Rione Gooderham	Ministry of Health
52.	Ms. Vierah Hlatshwayo	Department of Social Welfare-Deputy Prime Minister's Office
53.	Ms. Sibongile Hlatshwako	Department of Social Welfare-Deputy Prime Minister's Office
54.	Ms. Lomagugu Dlamini	Ministry of Health
55.	Ms. Lomalungelo Dlamini	Ministry of Health
56.	Mr. Msebe Malinga	Ministry of Health
57.	Ms. Cebile Manzini	Ministry of Health
58.	Ms. Faith R. Dlamini	Ministry of Health
59.	Mr. Solomon Dlamini	Ministry of Health
60.	Ms. Philile Shabangu	Ministry of Health
61.	Ms. Ndo Mdlalose	Ministry of Health
62.	Ms. Mavis Nxumalo	Ministry of Health
63.	Ms. Doris Masilela	Department of Social Welfare-Deputy Prime Minister's Office
64.	Ms. Sharon Hlatshwayo	Ministry of Health
65.	Mr. Dumisani Maphanga	Ministry of Health
66.	Mr. Nhlanhla Nhlabatsi	Ministry of Health
67.	Ms. Leckina Magagula	Commissioner of Police
68.	Hon.MP Enos Vilane	House of Parliament
69.	Sen. Bella Katamzi	Lutsango Lwakangwane
70.	Ms. Gugu Masuku	Ministry of Public Service
71.	Ms. Phindile Mkhonza	Consultant
72.	Dr. Nonhlanhla Sukati	University of Swaziland
73.	Dr. Siphon Siphepho	University of Swaziland
74.	Ms. E. Kanduzo	University of Swaziland
75.	Ms. Loretta N. Mkhonta	William Pitcher College
76.	Ms. Phindile Mabuza	William Pitcher College
77.	Ms. Phindile Mashwama	Nazarene Nursing College
78.	Ms. Fikile Dlamini	Commonwealth Secretariat Consultant
79.	Dr. Jama Gulaid	United Nations Children Fund
80.	Ms. Muniel Lafico	United Nations Children Fund
81.	Ms. Kumiko Imai	United Nations Children Fund
82.	Ms. Clara Dube	United Nations Children Fund
83.	Mr. Mduduzi Shongwe	United Nations Children Fund
84.	Ms. Celiwe Seyama	United Nations Children Fund
85.	Ms. Thinie Mutyaba	United Nations Children Fund
86.	Ms. Zodwa Mthethwa	United Nations Children Fund
87.	Ms. Thandeka Dlamini	United Nations Children Fund
88.	Mr. Emmanuel Cele	United Nations Children Fund
89.	Mr. Victor Nkambule	United Nations Children Fund
90.	Mr. Victor Ankesh	United Nations Children Fund
91.	Ms. Francisca Scott	United Nations Children Fund
92.	Ms. Vumile Dlamini	United Nations Children Fund
93.	Ms. E.T. Mndzebele	United Nations Children Fund
94.	Ms. Phathisiwe Ngwenya	United Nations Children Fund Consultant
95.	Mr. Clement Dlamini	Coordination Assembly of Non-Governmental Organisations
96.	Ms. Ntombi Dlamini	Swaziland National Association of Teachers
97.	Mr. Dumisani Mnisi	Save the Children
98.	Mrs Nomzamo Dlamini	Save the Children
99.	Ms. Ncamsile Gwebu	Save the Children
100.	Mr. Jackson Rogers	Save the Children
101.	Ms. Zodwa Gama	Save the Children

102.	Ms. Ntombikayise Nyoni	Save the Children
103.	Mr. Mandla Mazibuko	Save the Children
104.	Ms. Gugu Mavuso	Save the Children
105.	Ms. Sisana Makhanya	Save the Children
106.	Mr. Sandile Ndzimandze	Save the Children
107.	Mr. Nathi Hlatshwayo	Save the Children
108.	Ms. Sibonelo Mdluli	World Vision
109.	Ms. Busisiwe Ntsele	Swaziland Action Group Against Abuse
110.	Ms. Simangele Mavundla	Swaziland Action Group Against Abuse
111.	Ms. Clare Dart	Swaziland Action Group Against Abuse
112.	Ms. Tengetile Kubheka	Swaziland Action Group Against Abuse
113.	Mr. Sifiso Kunene	Swaziland Action Group Against Abuse
114.	Ms. Sibongile Dlamini	Women and the Law in Southern Africa
115.	Mr. Bonginkosi Sengwayo	Women and the Law in Southern Africa
116.	Ms. Euginia Mngomezulu	Swaziland Infant Nutrition Action network
117.	Mr. James Tsabedze	Caritas
118.	Mr. Joseph Mamba	Caritas
119.	Mr. Patrick Fakudze	Caritas
120.	Ms. Nozipho Mkhatshwa	National Emergency Response Council on HIV/AIDS
121.	Ms. Sibongile Hlophe	Swaziland Red Cross
122.	Mr. Elmon Malambe	Swaziland Red Cross
123.	Ms. Stella Msibi	Swaziland Red Cross
124.	Mr. Vuyo Gama	Swaziland Red Cross
125.	Mr. Andreas Mangwe	International Future Living
126.	Mr. Simanga Ntando	World University
127.	Ms. Michelle Molan	Cheshire Homes
128.	Ms. Princess Fakudze	Africa Cooperative Action Trust
129.	Mr. Danger Nhlabatsi	Africa Cooperative Action Trust
130.	Ms. Gomolemo Shabangu	LMGS Therapists
131.	Ms. Lungile Mathabela	LMGS Therapists
132.	Ms. Jane Cox	Moya Centre
133.	Ms. Kerry Hatzin	Moya Centre
134.	Mr. Bonginkosi Sengwayo	Skillshare Swaziland
135.	Ms. Lorraine Madembo	Emmanuel Khaya lethu
136.	Mr. Sifiso Simelane	Emmanuel Khaya lethu
137.	Mr. Nkululeko Mkhabela	Lutheran Development Centre
138.	Ms. Nosipho Dlamini	Lutheran Development Centre
139.	Mr. Andrew Moyo	Swaziland Theatre for Children and Young People
140.	Mr. Modison Magagula	Siphila nje Drama Society
141.	Ms. Sakhile Dlamini	Council of Swaziland Churches
142.	Ms. Nozipho Madonsela	Sakha Sive Sakusasa
143.	Ms. Zodwa Mhlanga	Sakha Sive Sakusasa
144.	Ms. Philile Khumalo	SOS Villages
145.	Mr. Trevor Tompare	Church Forum
146.	Mr. Paul Skorocho	Church Forum
147.	Ms. Zethu Ntuli	Church Forum
148.	Mr. Bhekithemba Mavuso	Schools Health and Population Education
149.	Ms. Sthembile Mbingo	Schools Health and Population Education
150.	Ms. Nolwazi Mabanga	Swaziland Positive Living
151.	Ms. Siphwe Hlophe	Swaziland Positive Living
152.	Ms. Njabuliso Dlamini	Swaziland Positive Living
153.	Ms. Eleanor Kettle	Sebenta National Institute

154.	Rev. Bonginkosi Malaza	Care Nakekela
155.	Ms. Nelly Zwane	Care Nakekela
156.	Mr. Dale Allen	Nutri Food
157.	Mr. Clifford Magagula	Vusumnotfo
158.	Ms. K. Montshiwa	Baylor Clinic
159.	Ms. Stella Nkosi	United States Peace Corps
160.	Mr. Daran Rehmeier	Children's Cup International
161.	Ms. Paolo Nicalai	COSPE
162.	Mr. Musa Makhanya	Federation of Organisation of the Disabled Persons in Swaziland
163.	Ms. Nomsa Mdluli	Swaziland Association of the the Disabled Persons in Swaziland
164.	Mr. Makhosini Makhubu	Swaziland National Association of the Deaf
165.	Mr. Anthony Langwenya	Swaziland National Association of the Deaf
166.	Mr. Nqobisitha Vilakati	Swaziland National Association of the Deaf
167.	Ms. Ann Naido	Swaziland National Association of the Deaf
168.	Mr. Bongani Simelane	Swaziland National Association of the Deaf
169.	Ms. Phumlile Fakudze	Swaziland National Association of the Deaf
170.	Mr. Mbongwa Dube	Swaziland National Association of the Deaf
171.	Mr. Joshua Simelane	Swaziland association of the Visually Impaired Persons
172.	Mr. Mbono Simelane	Swaziland Association of the Visually Impaired Persons
173.	Sister Stephania Ngwenya	Ekululameni Centre
174.	Ms. Grace Bhembe	Parents of Children with Disabilities in Swaziland
175.	Ms. Ncamsile Ginindza	Another Hope Foundation
176.	Mr. Siphso Mavuso	Another Hope Foundation
177.	Mr. Mbusomuni Mahlalela	Swaziland Epilepsy Association
178.	Mr. Simemo Dlamini	Swaziland Epilepsy Association
179.	Ms. Dumsile Hlatshwako	Development Worker
180.	Mr. Charles Mbingo	Africa Leadership & Governance Institute
181.	Mr. Kenneth Mbingo	Emhlane – Matsapa Development Association
182.	Mr. Dale Allen	Bahai Schools
183.	Ms. Fikile Mashaba	AMICAAL





**Deputy Prime Minister's Office**  
**National Children Coordination Unit**  
P.O. Box 5124  
Mbabane

