

The Kingdom of Swaziland

**NATIONAL PLAN OF ACTION
(NPA) FOR CHILDREN - 2011 – 2015**

FINAL DRAFT

**Prepared by
National Children Coordination Unit
(NCCU)**

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FOREWORD

The government of Swaziland is committed to ensuring the fundamental rights for all children are realized. The adoption of the National Children's Policy in June 2009, demonstrated the commitment of the Government of Swaziland and its development partners to the well-being of children. The National Plan of Action for Most Vulnerable Children (NPAMVC) is a concerted effort to ensure that the rights and basic needs of children are fulfilled, upheld and protected. Thus the 2011-2015 NPAMVC is for the most children including orphans and vulnerable children in Swaziland. This is a significant policy shift from the previous NPA which only targeted OVC. The shift is a result of efforts to align strategy with the Children's Policy (2009) which is targeting the entire children's sector but placing a bias on the vulnerable categories of children. The new NPA is also aligned to the UNGASS goals 65, 66 and 67 which directly target orphans and other vulnerable children.

It transpired during the consultation of children and stakeholders for this National Plan of Action that there are children who are still experiencing economic hardship, abuse, lack of love, withdrawal from school, psychological and emotional difficulties. Thus the new NPA will intensify the implementation of the national legislation and policies pertinent to children.

The commitment of the Government Ministries, Non-Governmental Organization, Community Structures and the process of decentralizing services offers us a unique opportunity both to ensure that resources and services are provided directly to most vulnerable children.

The National Plan of Action for Most Vulnerable Children is a strategy that builds and strengthens the ability of governments, communities, and families to support vulnerable children infected and affected by HIV/AIDS in the country. I therefore urge all Government Ministries, Non-Governmental Organization, children and Community Structures to become part of the collective endeavor so that we can together guarantee that the Kingdom's children grow up into productive citizens.

SENATOR THEMBA N. MASUKU
DEPUTY PRIME MINISTER

KNOWLEDGEMENTS

This revised National Plan of action for most vulnerable children's is a the result of immense work by various institutions, units, departments and individuals, without whose contributions, the production of this document would not have been possible. We thank all the stakeholders who have made this exercise a success.

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Lastly, we would like to express our sincere gratitude to the National Children's Coordinating Unit for coordinating the overall exercise.

KHANGEZIWE MABUZA
PRINCIPAL SECRETARY

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ABBREVIATIONS & ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
ART	Anti-Retroviral Therapy
CRC	UN Convention on the Rights of the Child
ECD	Early Childhood Development
EFA	Education for All
FBO	Faith Based Organisation
HIV	Human Immune Virus
LL	Lihlombe Lekukhalela (Child Protectors)
MDG	Millennium Development Goals
MORDYA	Ministry of Regional Development and Youth Affairs
MoHSW	Ministry of Health & Social Welfare
M&E	Monitoring and Evaluation
NCCU	National Children's Coordination Unit
NCP	National Care Point
NGO	Non-Governmental Organization
OVC	Orphaned and Vulnerable Children
RHM	Rural Health Motivator
PMTCT	Prevention of Mother to Child Transmission
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNICEF	United Nations Children's' Emergency Fund
USAID	United States Agency for International Development
USG	United States Government
UNDAF	UN Development Assistance Framework
UPE	Universal Primary Education
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

The HIV and AIDS pandemic has affected millions of children in Swaziland and is placing increasing numbers at risk. There are 17,000 children under the age of 5 living with HIV and AIDS in the country. Government further estimates that 130,000 children, or 31.3% of all children in the country, are orphaned or vulnerable largely as a result of the impacts of HIV and AIDS. 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. In response to this crisis, the Government of Swaziland has endorsed the urgent need for coordinated, expanded interventions to strengthen existing work being undertaken by government ministries, non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), United Nations (UN) agencies and other multi lateral agencies through the NPA 2011-2015. The NPA is a result of a Mid Term Review of the previous NPA 2006-2010 which culminated into consultative processes aimed to secure broad based support for the new NPA for all Children.

The NPA for all Children was developed with the participation of children as key stakeholders throughout the consultative processes. It is a departure from the previous NPA which focused on OVCs only. The shift is a result of efforts to align strategy with the new Children's Policy (2008) which is targeting the whole children's sector. While targeting all children, the current NPA places special emphasis on the vulnerable categories of children to maximize impact of the resources on the sector. The NPA has been developed in respect of key global and national goals and commitments in line with international and national human rights instruments, policies and other guiding principles.

The NPA for All Children (2011-2015) is guided by the following 8+1 strategic objectives in line with the National Children's Policy:

Strategic Objective 1: Quality of education strengthened for all children through improved learning environment and enhanced access to enhance their right to education

Strategic Objective 2: The health status of all children improved by providing preventative, promotive, curative, and rehabilitative social services that are of a high quality, relevant, accessible, affordable, equitable and socially acceptable to enhance their right to health.

Strategic Objective 3: Barriers which prevent children with disabilities from accessing the same development opportunities accessed by other children removed to improve their quality of life to enhance their enjoyment of rights and fundamental freedoms without distinction.

Strategic Objective 4: Coordination of service delivery to reach all children in need of care and support improved to enhance their right to enjoy opportunities and provision of basic needs such as clothing, health, shelter, safe water, and hygiene.

Strategic Objective 5: A holistic psychosocial environment for the well being and development of children improved to meet their physical, social, emotional, spiritual, cognitive and mental needs to enhance their right to live meaningful and positive lives.

Strategic Objective 6: Improved short and long term household food security and nutrition status of children to enhance their right to physical well being.

Strategic Objective 7: The economic coping capacity of vulnerable children, households and communities strengthened to enhance their right to basic needs.

Strategic Objective 8: Environment for child protection, legal support and access to basic rights improved

Strategic Objective 9:

(A) Improved coordination, partnerships and capacity building arrangements on children's issues at community, inkhundla, regional and national levels

(B) Improved capacity for research, monitoring and evaluation of children's issues at community, inkhundla, regional and national levels.

The NPA for all Children objectives will be achieved through the following strategies, which emphasize identifying, mobilizing, and coordinating existing resources from all sectors:

- Strengthening coordination, partnerships and capacity building arrangements on children's issues at community, inkhundla, regional and national levels
- Undertake education and advocacy to improve the learning environment and enhance children's access to the right to education
- Provision of preventative, promotive, curative, and rehabilitative social services that are of a high quality, relevant, accessible, affordable, equitable and socially acceptable to enhance children's right to health.
- Removal of barriers which prevent children with disabilities from accessing the same development opportunities accessed by other children to improve their quality of life
- Strengthening capacity for coordination of service delivery to reach all children in need of care and support
- Strengthening capacity for a holistic psychosocial environment for the well being and development of children to meet their physical, social, emotional, spiritual, cognitive and mental needs
- Strengthening capacity for short and long term household food security and nutrition status of children
- Strengthening capacity for economic coping capacity of vulnerable children, households and communities
- Advocating for a conducive environment for child protection, legal support and access to basic rights
- Strengthening capacity for research, monitoring, reporting and evaluation of children's issues at community, inkhundla, regional and national levels
- Strengthening community based initiatives and social safety nets

- Strengthening the rights-based approach to programming, where the family, community, local authorities, civil society, and the state are viewed as duty bearers, and must commit to upholding children's rights;
- Mobilizing domestic and international resources; and
- Strengthening communication with local stakeholders and other counterparts at regional and international level

This NPA for all Children covers an initial time frame of five years, incorporating the UNGASS goals for 2005, and therefore attempts to address the basic and urgent needs of vulnerable children. The NPA proposes to identify and maximize the use of local resources through coordinated, multi-sectoral efforts led by the NCCU. Additional resources will also be mobilized at international level to support the NPA at all levels.

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1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

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.

The needs of children are presently being addressed in various ways in Swaziland, 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 implementation strategies, and devise effective ways and means of ensuring that the rights of children are met.

The NPA 2011-2015 is for all children in Swaziland, a significant policy shift from the previous NPA which only targeted OVCs. The shift is a result of efforts to align strategy with the new Children's Policy (2008) which is targeting the whole children's sector. While targeting all children, the NPA 2011-2015 however places special emphasis on the vulnerable categories of children including those cited in 1.3.

The NPA for All Children 2011-2015 will intensify the implementation of the national legislation and policies pertinent to children. While the national legislation provides legal protection for children who fall through the social safety nets, the policies put in place a mechanism for coordination, which is the overall responsibility of government to provide minimum standards and guidelines for civil society, the community and all other duty bearers to monitor and respond to the situation of children. Activities at national and regional level have contributed to fulfilling Swaziland's commitment to the UNGASS Declaration of Commitment with a view to the development of a National Plan of Action for Vulnerable Children. This document is in line with the UNGASS goals 65, 66 and 67 which directly target orphans and other vulnerable children, urging member states to develop national policies and strategies that build and strengthen the ability of governments, communities, and families to support vulnerable children infected and affected by HIV/AIDS by the year 2003, and to implement these policies and strategies by the year 2005.

1.2 THE DEFINITION OF VULNERABLE CHILDREN

According to the Children's Policy (2008), the definition of a child in this document is any person below the age of 18 years. On the other hand, the Policy defines vulnerable children as those who are especially made vulnerable by poverty and 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. Others include those that are affected and/or infected by HIV and AIDS, married children, neglected children, children with chronically ill parent(s) and children in conflict or in contact with the law. This is the definition that will guide targeting of the NPA initiatives with an understanding that although the NPA is for all children, targeting will help to optimize resource utilization in an environment of resource constraints because although most children may be vulnerable, there are still some that are always most vulnerable.

As a result of the socio-economic situation and the HIV and AIDS epidemic, all children in Swaziland are potentially vulnerable, hence the NPA 2011-2015 for All Children. There are many ways of defining and evaluating vulnerability. However, this document acknowledges that communities themselves best define vulnerability. They know which children are vulnerable using their own indices of vulnerability and prioritize accordingly. They will most certainly be consulted as principle stakeholders in all programming efforts concerning children. The National Children's Policy (2008) section 1.4 on the other hand recognizes that children orphaned and made vulnerable because of HIV/AIDS are the most vulnerable population in Swaziland. The policy notes that these children are subjected to a wide range of social and economic difficulties: psycho-social distress, grief, stigma, discrimination, isolation, economic deprivation, loss of educational opportunity, burdensome domestic responsibilities, and fear for their own future. The NPA 2011-2015 places these guidelines at the heart of its strategic agenda.

1.3 THE SOCIAL & ECONOMIC CONTEXT

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 1,018,449 (2007), 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.

Currently, the trend shows 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 OF CHILDREN IN SWAZILAND

The HIV and AIDS pandemic has affected thousands 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 2006,¹ 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 day². 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 1,018,449 people³ (male: 481,428, female: 537,021) (2007 Census),

¹ 10th Sentinel Surveillance

² The DHS & CSO

³ 2007 Population and Housing Census Swaziland

children account for about 54% of the total population while those of the ages 0-15 account for 44%. It is estimated that 52% of the national population is under the age of 20 years and 79% of the population lives in rural areas⁴. 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 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.

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.⁵ 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%.⁶ 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.

⁴ Population and Housing Census 2007 – as quoted in the census official brochure

⁵ Ibid

⁶ Swaziland Demographic and Health Survey (SDHS)

The SDHS report indicates that stunting is at 29%, the prevalence of underweight children nationally is 5% and 3% of children are wasted⁷.

Swaziland has also witnessed the emergence of “skip generation” households as a result of the HIV and AIDS pandemic, forcing grandparents to shoulder the burden of caring for orphans. According to the 2008 VACⁱ, 35 percent of households are currently headed by an elderly person. Whilst older persons constitute 5.5 percent of the Swazi population, they are playing a key role in caring for children and families with their meagre social assistance grants. A small number of child headed households are also beginning to emerge in the country - a further indication of the erosion of the caring capacity of the traditional social security system. Children orphaned or made vulnerable by HIV and AIDS and/ or abandoned or neglected as a result of a range of social and economic factors, is a key challenge facing the country. In addition, anecdotal evidence suggests a rise in the number of children living on the streets, who have fallen victim to abuse, neglect, poverty and whose basic physical and developmental needs are not being met by their families and relatives.

The 2007 Censusⁱⁱ revealed that in Swaziland there were 33,565 persons with disabilities compared to 15,226 in 1986. This means that persons with disabilities constitute about 3 percent of the population. Of the 33,656 people with disabilities, a total of 5,398 were children between the ages 5-14. A total of 54 percent were males and 46 percent were females. The statistics further showed that about 50 percent of the disabled population aged 10 years and older had no access to basic education. About 33 percent had some primary school education, with only 15 percent having post primary education. It is also noted that persons with disabilities live in extreme poverty as the majority remaining unemployed.

The current socio-economic environment facing Swaziland has created impediments towards the realization of human well being. Swaziland’s standing in the Human Development Index, a broad measure of human development, has declined substantially since mid 1990s, placing the country at 141 out of 177 countriesⁱⁱⁱ. The situation is aggravated by the fact that Swaziland does not have a comprehensive social protection system that can address human needs effectively. The poor and vulnerable groups are, therefore, forced to rely almost exclusively on themselves or their families for social welfare support. The last SDHS^{iv} showed that 78 percent of households with a chronically ill member do not receive any external support and 59 percent of OVC receive no external support including school related assistance. The imperative of providing social protection stems from many international and national instruments but most importantly the Constitution of the Kingdom of Swaziland^v and the Poverty Reduction Strategy and Action Plan (PRSAP)^{vi}. Both the Constitution and PRSAP recognize the importance of social protection in combating poverty and improving the capacities and opportunities of the poor. The target is to halve absolute poverty by 2015 and eradicate it entirely by 2022^{vii}.

⁷ Ibid

2.0 CURRENT NATIONAL RESPONSE

The Government of Swaziland has demonstrated its commitment to children by adopting the Convention on the Rights of the Child, The African Charter on the Rights and Welfare of the African Child, The ILO Convention on Minimum Age of Admission to Employment (1973), The ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labor 182 (1999), World Fit for Children Declaration (2001) and Millennium Development Goals; and the Eastern and Southern Africa Regional Workshop on Children affected by HIV and AIDS, Windhoek (2003). Moreover, the country has taken important steps to establish relevant instruments that provide a protective environment in which children's rights can be respected and responses for their advancement scaled up. Such instruments include the National Children's Policy (2008) along with other policy and legal instruments relevant to the children's response.

2.1 THE NATIONAL CHILDREN'S POLICY (2008)

The National Children's Policy (2008) overarching goal 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."

The National Children's Policy covers the following eight key issues as stipulated in the policy statements: 1) Education; 2) Health; 3) Children with Disabilities; 4) Care and Support; 5) Psychosocial Support; 6) Food and Nutrition Security; 7) Socio-Economic Security; and 8) Child Protection and Legal Support

1. Education

- 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.
- To ensure that all children shall receive quality, relevant basic education that meets their individual needs.
- 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.
- To ensure that all children shall receive quality, relevant basic education that meets their individual needs.
- 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.

- To ensure that all children shall receive quality, relevant basic education which meets their individual needs.
- To ensure that all children shall have equitable access and opportunities within the education system taking into consideration gender balance.
- To ensure that all children shall receive compulsory and regular screening to identify possible impairments to learning.
- To ensure that schools shall provide a secure and child-friendly environment.
- To ensure that all school facilities, including classrooms, ablution blocks and playgrounds are safe, accessible, secure and user-friendly.
- To ensure that children have access to nutritious and well-balanced meals during school hours.
- To ensure 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.

2. Health

- To improve child, survival, well being and development and reduce mortality.
- To provide access to HIV and AIDS prevention and treatment.
- To ensure 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.
- To increase awareness of mental health issues and access to mental health services
- To increase the budget allocation for child health care services.
- 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.

3. Children with disabilities

- 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.
- To facilitate the mainstreaming of disability issues in all existing and new programs and structures for children.
- To promote awareness-raising of disability rights and issues.
- To provide free appropriate and compulsory basic educational opportunity to all children with disabilities.
- To provide early childhood development services to children with disabilities.
- To provide adequate human resources with specialized training for appropriate service provision.
- To provide access to basic and specialized services to children with disabilities.
- To provide access to public and private facilities.
- To set aside 10% of the national budget in Government institutions for children with disabilities.
- To keep and update data on the status of disabilities and promote research on disability issues.

4. Care and Support

- To provide coordination and monitoring of quality care and support services.
- 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.
- 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.
- To ensure that the psychosocial environment (internal and external) is conducive for the growth and development of all children.
- To ensure that all children are guaranteed of their rights and responsibilities, protection and equal opportunities regardless of their vulnerabilities and challenges.

5. Psychosocial Support

- 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.
- To develop and strengthen capacity for all stakeholders and caregivers on psychosocial support.

- To emphasise research focusing on the psychosocial support and interventions for all children to provide a holistic psychosocial supportive environment.
- To provide a coordinated national mechanism on psychosocial support programs and activities at all levels of society.
- 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.

6. Food and Nutrition Security

- To improve subsistence and commercial agricultural productivity of households, quality of storage, processing after storage, and the access to markets.
- To facilitate the best possible start in life for infants by improving the infant and young child nutrition.
- To improve access for children to a nutritionally balanced diet on a sustainable basis.
- 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.
- To ensure that Government shall coordinates the implementation of all programmes and policies relating to food security and sustainability for children.
- To ensure that Government implements 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.

7. Socio-Economic Security

- To promote social and economic empowerment of children, families and communities to break the cycle of poverty and vulnerability, and enhance quality of life.
- To strengthen, expand and facilitate social safety net measures (mitigating interventions) to support children and their families.
- Ensure that Government implements relevant socio-economic policies and plans that affect the welfare of children.

8. Child Protection and Legal Support

- To develop and strengthen child focused and adequate rights based protection.
- Ensure 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.

- To facilitate and establish a legal framework which will be for, and accessible to all children for their protection and welfare.
- To respect, promote, protect and fulfill all national, sub-regional regional and international human rights obligations aimed at protecting children's rights.
- To develop and implement a legal and policy framework to protect all children from all forms of child labour.
- To facilitate and support child participation in all matters affecting them and taking into consideration their views in the best interests of the child.

2.2 OTHER NATIONAL POLICIES AND LEGAL INSTRUMENTS

Apart from the Children's Policy (2008) and the legal framework cited in section 3.2 of the NPA, there are other equally relevant national policies and legal instruments that exist as a framework for children's programming and they include:

1. 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.
2. The National Social Development Policy (2009). The NSDP a policy framework intended to improve the quality of life and human well-being of all Swazis through the provision of appropriate and sustainable social services that are developmental in orientation. It provides for support towards vulnerable children.
3. The National Health Policy (2007): The Policy is intended to make health services provided free of charge to eligible children, elderly persons, orphans and persons with disability. The policy further obligates government to provide a subvention to non-governmental and faith based organizations that offer services that are deemed important according to established guidelines, subject to availability of resources
4. The Disaster Management Policy (1999): The policy aims to articulate and provide a well-coordinated framework to disasters paying particular attention to national development instruments and all other relevant national and international legislative and policy frameworks that have a bearing on disaster risk management.
5. The National Food Security Policy (2006): The Policy's specific purpose is to provide clear guidance regarding the strategies and measures that must be adopted in order to improve food security for all people in Swaziland. At the same time, it is intended to support related initiatives on reducing poverty, improving agricultural production and marketing, enhancing environmental management, strengthening disaster

preparedness, improving health delivery and broadening access to water and sanitation.

6. The Draft National Policy on ECCD, 2008: The Policy intends to ensure universal access to quality ECCD services and practices for all children in Swaziland, including the most vulnerable, and disadvantaged children so that every child can achieve their ECCD milestones at an appropriate age.
7. The Girls and the Women's Protection Act No. 39 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.
8. 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.
9. The Criminal Procedure and Evidence Act No. 20 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.
10. 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.
11. 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 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.
12. 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.
13. Administration of Estates Act: This legislation governs the administration of estates and inheritance matters of all estates in line with the Constitution, CRC and other international Conventions to ensure that the child's inheritance rights are upheld and enforced.
14. The 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.

15. 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.
16. National Strategic Framework on HIV and AIDS 2009-2013: This policy seeks to guide the implementation of a multi-sectoral, relevant, comprehensive and effective HIV and AIDS response in Swaziland using the principles of Results Based Management (RBM). It also seeks to enable the scaling up of evidence-based, decentralised HIV and AIDS response strategies that address priority areas and have significant potential to reverse or halt the epidemic by 2015.
17. National Multisectoral HIV&AIDS Policy: This policy seeks to create an enabling policy environment for the national multi sectoral response to the HIV and AIDS epidemic. The overall objective of this policy is to strengthen the multisectoral institutional framework for the coordination and implementation of HIV and AIDS interventions in the country.

2.3 CURRENT PROGRAMMES TARGETING CHILDREN

To demonstrate its commitment towards promoting the children’s agenda, the Government of Swaziland has for a number of years undertaken significant efforts in various sectors to translate its policy instruments into programmes that are benefiting children across the country. Cited below are some of the few programmes that have had quite a significant impact or potential impact on realization of the rights of children:

- Education – Through the Ministry of Education and the civil society, the Government of Swaziland has commissioned the Education for All policy through a phased approach by starting with the introduction of Free Primary Education from the next school calendar starting with grades 1 and 2 with the other grades to follow suit until the whole primary school is covered. The Government has also embarked on a programme of recognising Schools as Centres for Care and Support, a mechanism which has improved children’s access to services like nutrition support, clean water drinking source, hand washing facilities, accessible toilets and hygiene education. The Government is also providing education grants to needy children through the Department of Social Welfare to enable the needy children to access financial

resources for school fees, uniform, stationery and other needs. The initiative has helped many orphans and OVCs to remain in school.

Apart from this, civil society organizations are also playing a vital role in ensuring that children have access to education. In this regard, the government of Swaziland through the MoET, in collaboration with the civil society, has commissioned the roll out of FPE. This will be done incrementally beginning with grades one and two until all seven grades at primary school are covered and are providing FPE. Additionally, the MoET is also coordinating the Schools as Centres for Care and Support (SCCS) programme. The programme has six pillars aimed to enhance the learning environment for all children. The six pillars are: protection and safety, psychosocial support, food security, health, water and sanitation and the pillar on prevention of violence and HIV through Life skills Education. For those children in the upper primary (grades 3 -7) the government is providing the education grants which are intended to enable the needy children to access financial resources for school fees.

In recent years, the Government of Swaziland has scaled up efforts to ensure that all pupils, irrespective of their socio-economic classification, have access to education, particularly in the last four years (Swaziland MDG Report 2007). Initiatives that have been implemented which have reduced the cost barriers to accessing education include: the provision, since 2002, of free books to all public primary school pupils; the gradual introduction of free stationery beginning with the first four grades in 2006 and rolling out the programme to grades 5, 6 and 7 in 2007; and the introduction of a school feeding scheme, which has seen a substantial increase in the budget allocation towards the education sector.

- **Health** – Through the Ministry of Health and the civil society, the Government of Swaziland is running school health programs like oral health education, environmental health, non-communicable disease, immunization, de-worming, growth monitoring to ensure the physical wellbeing of students, referral mechanism for special and urgent concerns, and health clubs in schools. The Government through its health delivery system is also running PMTCT programmes across the country intended to prevent mother to child transmission of HIV. In the area of water and sanitation, the Government is running a national programme to improve household access to clean water, sanitation and hygiene education. This programme has significantly improved children's access to clean water and sanitation services.
- On child protection and legal support, the Government of Swaziland has just adopted a new National Children's Policy (2008) with an overall goal 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. Through the policy, the Government has established a Domestic Violence Child Protection and Sexual Offences Unit in the Royal Swaziland Police. At community level, the Government is supporting the establishment of Lihlombe Lekukhalela (LL - Shoulder to Cry on) in almost all rural and urban communities and through the LL, all communities are empowered to adopt policies of zero tolerance to violence, bullying and abuse. This is coupled with the community policing initiative. Through the Ministry of Education, a Children Help line has been established to enable vulnerable children, their caregivers and community members respond immediately to circumstances and conditions that result in gross violation of their rights subjecting them to serious risks and hazards. Additionally, the Government of Swaziland is scaling up children's registration by decentralizing the registration mechanisms to regional level to ease access.

- In the area of care and support to children, the Government of Swaziland in conjunction with civil society is facilitating a community based care and support system especially for children at chiefdom level. Through the National Emergency Response Council on HIV and AIDS (NERCHA), the Government has established KaGogo Centres with the purpose of providing care and support to vulnerable children at community level. Additionally, a number of Neighbourhood Care Points (NCPs) providing nutrition supplements to vulnerable children (now expanding to integrate ECD). Through the initiative, food is supplied to NCPs and some KaGogo Centres for the nutrition supplementation programme, school feeding programs are being supported by the Government and World Food Programme (WFP), school gardening and backyard gardens are being promoted by the Ministry of Agriculture.
- On children with disabilities, the Government of Swaziland through the office of the Deputy Prime Minister (DPM) has established a Disability Unit within the Department of Social Welfare in the DPM's Office to ensure equalization of opportunities for persons with disabilities and to eliminate all forms of discrimination against children with disabilities.
- With regard to psycho-social support (PSS), the Government of Swaziland has commissioned a new approach of mainstreaming PSS in all programs to create and maintain a welcoming, supportive and nurturing environment for children in and out of schools. In support of the initiative, the Government is supporting a capacity building programme for care givers through an open distance learning program through the University of KwaZulu Natal

2.4 AN OVERVIEW OF THE NPA 2006-2010 & FINDINGS OF THE MID TERM EVALUATION

Unlike the NPA for all Children 2011-2015, the NPA 2006-2010 was focused on addressing the plight of OVCs. The overall goals of the NPA were: 1) Children are ensured access to shelter and protection from abuse, violence, exploitation, discrimination, trafficking and loss of inheritance; 2) Vulnerable individuals and households are able to produce or acquire sufficient appropriate food to meet short and long term nutritional needs; 3) Improved access to basic health care services for the most vulnerable children; and, 4) Universal primary education achieved, and support provided to OVC in secondary schools. To achieve these overall goals, the NPA adopted a rights based approach through five groups of rights-based interventions, namely: 1) Right to Food; 2) Right to Protection (including vital registration and psycho-social support); 3) Right to Education (including non-formal education); 4) Right to Access Basic Services (including health and socioeconomic services); and 5) Right to Participation. The sixth area of the NPA covered support to cross-cutting issues such as coordination, monitoring and evaluation.

Findings from the MTR revealed that despite registering significant achievements, implementation of the NPA faced a number of challenges which negatively affected its impact. One of the central challenges of the NPA was the lack of a strong M&E framework to track both programme and financial progress in achieving the goals and objectives of the plan. There was a weak understanding of the logical framework approach among all partners involved, including the results framework. Overall, the M&E system of the NPA was generally not systematic. On child participation, the study observed that it was limited to children expressing their needs and desires which were largely not taken seriously despite being provided with platforms. The study further noted that the statistics indicated that relief-based or emergency food relief was not adequate to address malnutrition, particularly chronic malnutrition. On education, the study noted that there are still high drop-out rates in the country. In addition, it is estimated that only 30 percent of primary school entrants complete 10 years of education (seven years of primary school and three years of lower-secondary school), and only 23 percent finish the full secondary cycle.

The first and most important lesson obtained from the MTR findings is that costing of the NPA without further mobilizing the funds and distributing them to the implementers is a likely to undermine the successful implementation of the NPA. The second lesson learnt was that developing a plan and implementing it without putting in place a concrete advocacy strategy yields to poor ownership of the plan. The study also noted that in order to better orient services where they are necessary and to ensure they reach the neediest children, more efforts must be put into the development of an effective M&E system which does not only track what is being done in a project, but also whether or not it is making a difference. Lastly, the review felt that the structure of the NPA for OVC was too detailed and focused more on inputs and outputs at the expense of outcomes and impacts. The focus on inputs resulted in stakeholders tracking activity implementation only, rather than outcomes and changes in the situation of OVC and their households.

The key recommendation of the MTR is to align the new NPA to the new Children's Policy 2008 which is advocating for a children wide approach to addressing children's issues other than focusing on OVC only to ensure that the NPA is operating within the national policy framework for children and therefore effectively contribute to national priorities of the Government of Swaziland. Other recommendations included a complete redesign of the new NPA to remain at a higher level as it is a strategic document but supported with an NPA activities plan for the lower level activities; development of a more systematic M&E system for the NPA; capacity building for enhanced coordination and implementation of the NPA at community, regional, inkhundhla and national level.

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3.0 THE NATIONAL PLAN OF ACTION FOR CHILDREN (2011-2015)

3.1 STRUCTURE & IMPLEMENTATION OF THE NPA

The National Plan of Action (2011-2015) is designed to provide a bridge between the National Children's Policy (2008) and Activity Implementation Plans by various stakeholders in different sectors in provision of protection, care and support services to children in fulfillment of their rights. It will therefore adopt a programmatic approach within the framework of the eight key thematic policy issues as articulated by the National Children's Policy, namely: *1) Education; 2) Health, Clean Water and Sanitation; 3) Children with Disabilities; 4) Care and Support; 5) Psychosocial Support; 6) Food and Nutrition Security; 7) Socio-Economic Security; and 8) Child Protection and Legal Support.* The eight will be complemented by thematic area number *9) Cross Cutting Issues of A) Research, monitoring and evaluation, B) NPA coordination, partnership and capacity building arrangements.* By adopting the 8+1 thematic areas, the Government of Swaziland is making an attempt to ensure that the NPA is in sync with the National Children's Policy. The breakdown in each programmatic area is detailed in a matrix format which includes details on the Broad Outcomes, Key Results Expected against each broad outcome, Result Based Indicators and Outcome Indicators. The NPA being a strategic document, is supported by a separate parallel NPA Activities Implementation Plan (2011-2015) which contains specific activities to be carried out in the 5 year period. The NPA will be implemented by credible partners with a support budget spanning 2011-2015. Costing, resource tracking and monitoring of the NPA for All Children will be coordinated by the NCCU which is housed in the Office of the Deputy Prime Minister.

3.2 KEY INSTRUMENTS

The NPA for all Children has been developed in respect of key global and national goals and commitments in line with international and national human rights instruments, policies and other guiding principles. These key national and international instruments are:

A. Key National Instruments

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.

2. 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. 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.

4. 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.

5. 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.

6. The National Youth Policy, 2002

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

B. Key International Instruments

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.

Additionally, the Government of Swaziland submitted its initial report (CRC/C/SWZ/1) to the UN Committee on CRC and at its 1173rd and 1175th meetings (see CRC/C/SR.1173 and CRC/C/SR.1175), held on 18 September 2006, and adopted, at the 1199th meeting, held on 29 September 2006, under Article 44 of the Convention. The Committee commended the report for its being self-critical and analytical in nature, which gave a better understanding of the situation of children in Swaziland. The Committee was also encouraged by the frank and constructive dialogue it had with the Swaziland's high-level multi-sectoral delegation and welcomed the positive reactions to the suggestions and recommendations made during the discussion. The Committee also welcomed a number of positive developments in the reporting period that included:

- b) The adoption of the Constitution Act of 2005, which incorporates human rights in domestic law and contains specific provisions regarding the recognition and protection of the rights of the child;
- c) The amendment of the Criminal Procedure and Evidence Act (Section 223 bis), which resulted in the establishment of the Children's Court within the High Court in 2005;
- d) The adoption of the National HIV and AIDS policy and the Second National Strategic and Action Plan (2006-2008);
- e) The establishment of the Ministry of Regional Development and Youth Affairs in April 2006; and
- f) The establishment of the Children's Centre Clinical Excellency, a special health facility for children infected with HIV/AIDS.

The Committee however noted some few principal areas of concern and made 72 recommendations to that effect. The Committee further invited Swaziland to submit a consolidated second, third and fourth report by 5 April 2011 (that is, 18 months before the due date of the fourth report). The Government of Swaziland is in the process of considering the recommendations and preparing for the next submission.

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. Swaziland has not yet ratified the ACRWC. However, 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. 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.

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.

5. *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.

6. *World Fit for Children Declaration (2001)*

The World Fit for Children (WFC) declaration reaffirms the Government of Swaziland's obligation to take action in the promotion, protection and fulfillment of the rights of the child including adolescents. The Government pledges its determination to respect the dignity and to secure the well-being of all children. The Government acknowledges 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.

7. *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), the Government of Swaziland committed itself 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.

8. *Convention on the rights of pp with disabilities*

The convention of 2007, which the Government of Swaziland has signed but is yet to ratify, ensures that persons with disabilities enjoy the same human rights as everyone else, and are able to lead their lives as fully-fledged citizens who can make valuable contributions to society if given the same opportunities. It covers rights such as equality, non-discrimination and equal recognition before the law; liberty and security of the person; accessibility, personal mobility and independent living; right to health, work and education; and participation in political and cultural life. The treaty will enter into force when ratified by at least 20 countries.

3.3 GUIDING PRINCIPLES

The ten underlying values or guiding principles described below will influence the way the NPA for All Children (2011-2015) will be implemented as a constant reference to national efforts to fulfill and protect vulnerable children's rights in Swaziland according to the Children's Policy (2008):

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.

2. Non-discrimination

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

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. The Government of Swaziland is therefore obliged to undertake strategies to assist the most disadvantaged children including those who are orphaned, vulnerable or with special needs or disabilities.

4. Right for the view of the child

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.

5. Family- centred approach

The NPA for All Children is founded on a family-centred approach. This refers to an approach that has the family as a focal point to services affecting vulnerable children. This is in view of the fact that in Swaziland, community based family care – kinship and extended family placement 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.

The individual exists within the family as a member of the family. NPA implementers will therefore take the vulnerable children's family into consideration when providing their services.

6. Community participation, ownership and empowerment

The NPA for All Children recognizes that the minds and ideas of people is the greatest resource a community has. It recognizes that true knowledge is a combination of two factors: 1) an awareness of community development processes; 2) an understanding of the context of the environment in which you are working. This is to say every village is different, not only for its geography but for the people that dwell within. In this regard, the NPA will give the community responsibility for both its successes and failures. To achieve this, the NPA implementers will work to help the community to see that they need to take responsibility for their own challenges as well as actions aimed to improve the welfare of vulnerable children. Through active community participation, the implementers shall respect the right of the public to be involved in the decision making process on issues affecting vulnerable children. They shall also seek to fully engage people in the process of learning, growth and change. Above all, the initiatives implemented shall undertake to discourage dependency on welfare by ensuring that that people are empowered for self-reliance through adoption of effective development approaches.

7. Community capacity development

The NPA for All Children recognizes that effective implementation of community based children's initiatives aimed to promote the welfare of vulnerable children can be conceptualized as the involvement of local leadership, policy advocacy and enhancement of existing social infrastructure. Leadership provides a driving force for implementation of local initiatives; Policy advocacy ensures access to children's rights; while use of local community resources and infrastructure ensures sustainability of the development initiatives. The NPA will therefore endeavor to respond to the needs of community capacity development to enable initiatives achieve realistic gains that will especially benefit vulnerable children.

8. Rights based approach

The NPA for All Children 2011-2015 is building on the previous NPA for OVC. One district feature of the previous NPA was its rights based approach. The current NPA seeks to maintain the approach within the context of the 8 thematic areas cited in the Children's Policy. Just like the previous NPA, the current NPA recognizes that the rights based approach translates poor people's needs into rights, and recognizes individuals as active subjects and stakeholders. It further identifies the obligations of the government to take steps, through legislation, policies and programmes, to respect, promote and fulfill the human rights of all children, especially the most vulnerable. In this respect, the current NPA continues to propagate children's right to education, health, water, sanitation, hygiene, economic empowerment, protection, and participation in programs that affect their lives in line with the Children's Policy objectives.

9. Targeting the most vulnerable children

Unlike the previous NPA for OVCs, the current NPA is for all children. This policy shift is an attempt to align the NPA 2011-2015 to the National Children's Policy 2008. The move however recognizes that although all children may be in need, there are still some that are always most vulnerable. As such, the current NPA maintains the principle of targeting with a goal to optimize resource utilization in an environment of resource constraints. For purposes of the implementation, the current NPA will specifically target vulnerable children defined as made vulnerable by HIV and AIDS, namely: 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 any other difficult circumstances. Others include those that are affected and/or infected by HIV and AIDS, married children, neglected children, children with chronically e.g. diabetes, children with ill parent(s) and children in contact with the law.

10. Results Based management and Evidence Based Programming

The NPA for All Children is founded on the principle of Results Based Management and Evidence Based Programming to assist implementers in establishing a foundation to support a strong commitment to evidence based planning and results, a prime responsibility of public service providers. Through this approach, the NPA intends to help service providers supporting the cause of vulnerable children focus on measuring and reporting on outcomes and replanning throughout the lifecycle of the NPA based on tangible evidence to ensure informed strategy and action.

11. Quality Standards for all services

The NPA for All Children will ensure that the support that is given to children shall be of very high quality. This more so with OVC who have no one to look for their basic needs. This quality underscores the fact that all children irrespective of their social standing are eligible to access their basic needs so that their vulnerable social standing should not compromise the quality of such support.

3.4 THE NPA (2011-2015) STRATEGIC OBJECTIVES

The NPA for All Children (2011-2015) is guided by the following 8+1 strategic objectives in line with the National Children's Policy:

Strategic Objective 1: Quality of education strengthened for all children through improved learning environment and enhanced access to enhance their right to education

Strategic Objective 2: The health status of all children improved by providing preventative, promotive, curative, and rehabilitative social services that are of a high quality, relevant, accessible, affordable, equitable and socially acceptable to enhance their right to health.

Strategic Objective 3: Barriers which prevent children with disabilities from accessing the same development opportunities accessed by other children removed to improve their quality of life to enhance their enjoyment of rights and fundamental freedoms without distinction.

Strategic Objective 4: Coordination of service delivery to reach all children in need of care and support improved to enhance their right to enjoy opportunities and provision of basic needs such as clothing, health, shelter, safe water, and hygiene.

Strategic Objective 5: A holistic psychosocial environment for the well being and development of children improved to meet their physical, social, emotional, spiritual, cognitive and mental needs to enhance their right to live meaningful and positive lives.

Strategic Objective 6: Improved short and long term household food security and nutrition status of children to enhance their right to physical well being.

Strategic Objective 7: The economic coping capacity of vulnerable children, households and communities strengthened to enhance their right to basic needs.

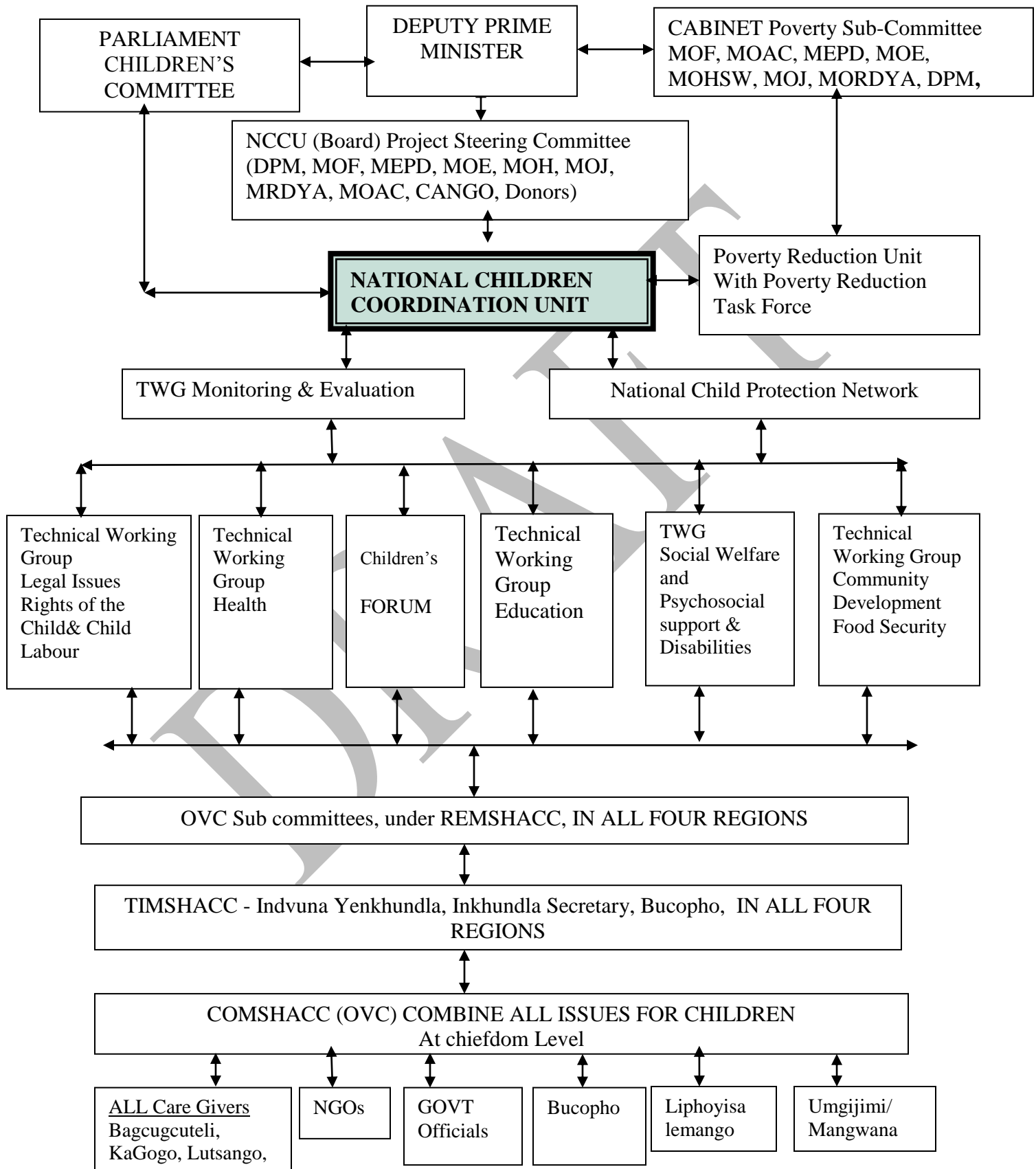
Strategic Objective 8: Environment for child protection, legal support and access to basic rights improved

Strategic Objective 9:

(A) Improved coordination, partnerships and capacity building arrangements on children's issues at community, inkhundla, regional and national levels

(B) Improved capacity for research, monitoring and evaluation of children's issues at community, inkhundla, regional and national levels.

3.5 THE NPA 2011-2015) INSTITUTIONAL ARRANGEMENTS



3.5.1 Coordination, Technical and Managerial Bodies

National Level

Parliament Portfolio Committee for Children

The Parliament Portfolio Committee for Children, headed by the Parliament Clerk, will facilitate approval of legislation related to children, ratification of children's instruments by Government, advocate for the rights of children, monitor cabinet members and government on implementation of programmes for children to enable them realize their rights.

Cabinet Poverty Sub-Committee

Headed by the Cabinet Secretary, the Cabinet Poverty Sub-Committee will approve policies and commit the state on children's issues through signing and ratification of international conventions and protocols. The Sub-Committee will also perform the national coordination function through monitoring of the NCCU Project Steering Committee, Poverty Reduction Task Force and child poverty in the country.

NCCU Project Steering Committee

Headed by a Director, the NCCU Project Steering Committee will give policy direction and monitor the implementation of social protection programmes for vulnerable children including orphans. The Committee will also facilitate resource mobilization towards implementation of the NPA for All Children. It will also make recommendations to the Deputy Prime Minister on policies related to children, report to the Deputy Prime Minister on the progress of the Social Protection Programmes for Vulnerable 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

Poverty Reduction Task force

The Poverty Reduction Task Force will review budget proposals from NCCU. It will also hold meetings with NCCU to obtain updates on progress related to child protection programmes. Its members will also participate in the Monitoring and Evaluation Committee to provide technical input towards the M&E agenda.

National Children's Coordination Unit

The National Children's Coordination Unit (NCCU) has been established under the Deputy Prime Minister's (DPM) Office with a Project Steering Committee chaired by the Principal Secretary in the DPM's office. The Unit brings together Government, civil society and private sector stakeholders involved in the protection and promotion of children's rights. The responsibility of the National Children's Coordination Unit is to provide overall leadership in the coordination, monitoring and evaluation of the policy and programmes. Specifically, the NCCU will 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 for children's programme, design programmes for

resource mobilization, coordinate donor funding directed to children's programmes, and ensure efficient utilization of resources. Its detailed ToRs are in appendix.

Monitoring and Evaluation Committee,

The Monitoring and Evaluation Committee will set up the Data Collection System for the NPA. The committee will also design a monitoring and evaluation mechanism for the NPA that is user friendly to all partners. When the system kick starts, the committee will receive and analyze data, provide policy proposals, monitor and evaluate the implementation and coordination of the whole M&E system.

Technical working groups (Law & Policy, Health, Children's Forum, Education, Social Welfare, Community Development, PSS and Monitoring and Evaluation)

Technical Working Groups (TWGs) will coordinate all activities related to the implementation of the NPA for All Children and network with all other stakeholders. They will also assist stakeholders in the designing of child related strategies and programs, budgets and community micro-schemes. Additionally, they will serve as linkage between regional activities, NCCU and PSS. They will also recommend legislation, policies and programmes to the Project Steering Committee, set standards for Quality Assurance that will enable stakeholders implement initiative in a manner that they contribute to the child to develop, grow and survive to attain their rights. The TWGs will be chaired by Directors of relevant government ministries and will draw membership from the following stakeholders: MOHSW, MOE, DPM, RS, MOAC, MOJ, MRDYA, MOF, MOEPD, Relevant NGOs, UNICEF, CANGO, Charity Organizations, Nutritional Council, and NERCHA

National Child Protection Network

This shall comprise all stakeholders involved in child related programmes and all members of technical working groups. The network shall act as a forum for stakeholders meetings for information on progress regarding children's programmes at grassroots level and obtain feedback from NCCU and technical working groups on progress related to the child protection programmes. Meets quarterly

Sub Networks/Task forces – meet monthly

PSS, LL, NCP, Disability, Schools as Centres of Care (SCCS), WASH, ECCD,

Regional Level

Regional Multi- Sectoral Coordinating Committee (REMSHACC)

This will operate at regional level and will be chaired by RS. Its role shall be to review all community and NGO initiatives/proposals and make recommendations for support to NCCU through TWGs. They will also facilitate project implementation and ensure efficient utilization of public resources by implementers.

Community Level

Tinkhundla Multi-sectoral HIV and AIDS Coordinating Committee

This Committee shall comprise Indvuna yeNkhundla, Bucopho, iNkhundla Secretary and shall be chaired by Indvuna yeNkhundla. Its role shall be to coordinate child related community activities, inform communities on new policies or programmes, eliminate duplication of the same activities in the same areas, facilitate implementation of child related programmes, monitor the child related programmes and ensure that standards required are met by each grassroots organization

Community Multi- Sectoral HIV & AIDS Coordinating Committee (COMSHACC)

This committee shall facilitate community level problem and project identification and community needs assessment for child related initiatives. It shall identify community capacity and select vulnerable children with the help of experts and recommend them to relevant authorities for support. The committee will further promote the improvement of the welfare of the child, identify community development activities to reduce the vulnerability of the child, and maintain database for vulnerable children. In collaboration with Bucopho, the committee shall inform Bandlancane on progress of child related programmes and request for assistance where necessary. Most importantly, the committee shall ensure that child rights are mainstreamed in children's programmes.

3.6 MONITORING & EVALUATION SYSTEM

Monitoring and evaluation functions for the NPA for ALL Children shall be undertaken at all levels to enhance accountability and effectiveness of tracking progress and impact of programmes in relation to the NPA including re-planning of interventions. This will require developing and establishing monitoring and evaluation mechanisms, which include the following:

- a) Develop and strengthen the M&E coordination mechanisms for the NPA at national, regional, district and community levels through relevant structures
- b) Develop an M&E Framework for the NPA for All Children
- c) Conduct a situation analysis and baseline study to inform the M&E Framework
- d) Develop and strengthen M&E tools for tracking data collection, analysis and dissemination at all levels
- e) Develop capacity for M&E coordination at all levels including stakeholders
- f) Establishing internal monitoring and evaluation structures to regularly look at the effectiveness and impact of the NPA for All Children
- g) Develop and strengthen a reporting system for the M&E system to ensure unhindered flow and utilization of information

The NCCU will be at the centre of championing this process because of its strategic positioning in the DPMs office, the host for the NPA for All Children.

3.7 THE NPA FOR ALL CHILDREN (2011-2015) MATRICES

3.7.1 CHILDREN'S POLICY ISSUE: EDUCATION

Strategic Objective: Quality of education strengthened for all children through improved learning environment and enhanced access to enhance their right to education

Key actors:

1. Ministry of Education
2. Ministry of Regional and Youth Affairs
3. National Emergency Response Council on HIV and AIDS
4. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
1.1 Improved access to free compulsory inclusive basic education for all children	1.1.1 Access to appropriate remedial education to facilitate the retention of most vulnerable children in the education system provided	1.1.1.1 Net school drop out in ECCD, primary and secondary school	School attendance ratio of orphans as compared to non orphans (2-18 of age) : a) ECCD, b) primary b) secondary school
		1.1.1.2 Absenteeism rate in ECCD, primary and secondary school	Net enrolment rate in primary education by sex
	1.1.2 All children attending non-formal education or no education at all integrated into formal education	1.1.2.1 Revised policy to extend free primary school education policy to cover pre-schools and the non formal education sector	Gender parity index for primary school
1.2 Improved access to quality, relevant basic education which meets children's individual needs.	1.2.1 Relevance and quality of basic education improved to meet individual needs of the most vulnerable children	1.2.1.1 Average # of teachers trained in LSE, rights education and provision of PSS per school	
	1.2.2 Children's access to nutritious and well-balanced meals during school hours improved.	1.2.2.1 Proportion of ECCDs and primary schools running a comprehensive school feeding program during school time	

	1.2.3 Teacher training quality improved to address needs of most vulnerable children	1.2.3.1 Revised teacher training curriculum to incorporate PSS, LSE, rights education and gender	
1.3 Equitable access and opportunities within the education system taking into consideration gender balance	1.3.1 Universal quality ECCD services and programmes that are affordable and accessible to all children provided	1.3.1.1 Trained care giver to child ratio in ECCD	
	1.3.2 Initial and continuous access to education, irrespective of life circumstances improved for the most vulnerable children	1.3.2.1 % of pregnant girls and children with disability retained in school	
	1.3.3 Educational programmes aimed at addressing the educational needs of the most vulnerable children integrated	1.3.3.1 Proportion of vulnerable children accessing the bursary fund by gender and age	
1.4 Secure and child-friendly environment at schools.	1.4.1 PSS integrated into all aspects of education for holistic provision and support to children	1.4.1.1 Child to trained teacher counselor ratio	
	1.4.2 Schools and children empowered to deal with any forms of child abuse and discrimination among children	1.4.2.1 Life Skills Education (LSE) approved as an examinable subject in primary & secondary school	

3.7.2 CHILDREN'S POLICY ISSUE: HEALTH, CLEAN WATER AND SANITATION

Strategic Objective: The health status of all children improved by providing preventative, promotive, curative, and rehabilitative social services that are of a high quality, relevant, accessible, affordable, equitable and socially acceptable to enhance their right to health.

Key actors:

- i. Ministry of Health & Social Welfare
- ii. National Emergency Response Council on HIV and AIDS
- iii. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
2.1 Improved child, survival, well being and development and reduced mortality.	2.1.1 The integrated management of childhood illness approach strengthened and expanded to effectively target the most vulnerable children.	2.1.1.1 Proportion of eligible children immunized by age and gender	Ratio of orphans accessing health care compared to non orphans
		2.1.1.2 % of children aged 6-59 months who have received vitamin A, zinc and iron supplementation by age and gender	Ratio of orphans accessing clean water compared to non orphans
		2.1.1.3 Proportion of children that have been de-wormed by age and gender	Ratio of orphans accessing sanitation services compared to non orphans
		2.1.1.4 Proportion of children growth monitored by age and gender	Under-five mortality rate and Infant mortality rate
	2.1.2 PMTCT strengthened and expanded	2.1.2.1 Proportion of HIV+ pregnant women receiving ARVs for PMTCT	
		2.1.2.2 Proportion of HIV infected children receiving ART	
	2.1.3 Linkage between ECD and health for children strengthened	2.1.3.1 Proportion of ECCD centres linked to health services	
	2.1.4 Nutrition and hygiene of the most vulnerable children	2.1.4.1 Exclusive breastfeeding rate (<6 months)	

	improved		
		2.1.4.2 Proportion of schools implementing the “building capacity of schools as centres of care and support”	
2.2 Improved access to HIV and AIDS prevention for children	2.2.1 Comprehensive services for prevention including VCT responsive to the needs of the most vulnerable children improved and expanded.	2.2.1.1 % of young people between 14-18 tested for HIV in the last 12 months and know their status	
	2.2.2 Access to RH services responsive to the needs of vulnerable children in and out of school strengthened and expanded	2.2.2.1 Proportion of health facilities meeting minimum standards for provision of youth friendly RH services	
		2.2.2.2 Proportion of adolescents engaging in sexual debut before 14 years of age	
2.3 Improved access to HIV treatment for children	2.3.1 Comprehensive services for care and treatment including positive treatments responsive to the needs of the most vulnerable children improved and expanded.	2.3.1.1 % of HIV exposed infants receiving CTX prophylaxis	
		2.3.1.2 % of vulnerable enrolled on HBC	
2.4 Increased access to water, sanitation and hygiene in schools, NCPs and households	2.4.1 Safe water services at schools, NCP and households supported by sustainable maintenance mechanisms improved	2.3.1.1 # of schools, NCPs and HH meeting minimum standards for accessing safe water sources with sustainable maintenance mechanisms	
	2.3.2 Sanitation facilities and hygiene at schools, NCPs and households improved	2.3.2.1 # of schools, NCPs & HH meeting minimum standards for accessing improved sanitation facilities	

3.7.3 CHILDREN'S POLICY ISSUE: CHILDREN WITH DISABILITIES

Strategic Objective: Barriers which prevent children with disabilities from accessing the same development opportunities accessed by other children removed to improve their quality of life to enhance their enjoyment of rights and fundamental freedoms without distinction.

Key actors:

1. Ministry of Health & Social Welfare
2. National Emergency Response Council on HIV and AIDS
3. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
3.1 Improved environment for 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.	3.1.1 Legal and policy environment improved for children with disabilities	3.1.1.1 Sign language legislated as one of the official languages of communication.	Proportion of children with disability that have 3 locally defined basic needs met
		3.1.1.2 # of constitutional provisions protecting the rights of children with disabilities translated into national laws.	School attendance ratio of children with disability as compared to children without disability: a) ECCD b) primary b) secondary school
	3.1.2 Capacity for dealing with issues affecting children with disability improved at household and community level strengthened	3.1.2.1 # of children with disability trained in vocational skills	
		3.1.2.1 % of children with disability experiencing stigma and discrimination because of their orphan and vulnerable status	

	3.1.3 Research on child disability issues and data management on status of disabilities improved.	3.1.4.1 Updated data on child disability issues and status of disability	
3.2 Mainstreamed disability issues in all existing and new programs and structures for children.	3.2.1 Capacity for mainstreamed disability programming for children strengthened.	3.2.1.1 # of physically challenged vulnerable children supported with basic infrastructure, equipment and support	
		3.2.1.2 Disability desk for children created in all sectors of society including the private sector and Parliament.	
	3.2.2 Awareness activities and measures aimed at preventing disability among children including early identification of disability expanded.	3.2.2.1 # of professionals & care givers trained in early identification and assessment of disabilities	
3.3. Improved access to basic and specialized services to children with disabilities.	3.3.1 Access to free health care and medical services to children with disabilities improved.	3.3.1.1 Proportion of children with disabilities supported with free health and medical care	
	3.3.2 Rehabilitation & assistive technology services and devices for children with disability improved.	3.3.2.1 Proportion of children with disabilities supported with assistive technology services and devices	
3.4 Improved basic educational opportunities to all children with disabilities.	3.4.1 Capacity for addressing educational needs of children with disability in schools improved	3.4.1.1 Proportion of schools with standard facilities and infrastructure for physically challenged children	
	3.4.2 Access to quality ECCD services to children with disabilities improved.	3.4.2.1 Proportion care givers offered the standard ECD skills training including care for children with disability	

3.7.4 CHILDREN'S POLICY ISSUE: CARE AND SUPPORT

Strategic Objective: Coordination of service delivery to reach all children in need of care and support improved to enhance their right to enjoy opportunities and provision of basic needs such as clothing, health, shelter, safe water, and hygiene.

Key actors:

1. Ministry of Health & Social Welfare
2. National Emergency Response Council on HIV and AIDS
3. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
4.1 Improved coordination and monitoring of quality care and support services for children	4.1.1 Regulatory and mechanisms to maintain standards, and monitor the quality of care provided to all children to ensure adherence improved.	4.1.1.1 Standard tool for assessing whether a child is in need of care and should be placed in residential care (vulnerability/means test)	Proportion of vulnerable children that have 3 locally defined basic needs met
	4.1.2 Coordination mechanisms for service delivery to vulnerable children strengthened.	4.1.2.1 Functional national data base and registry for all children	
		4.1.2.2 # of forums held on children's issues	
4.2 Improved capacity for government, community leaders, caregivers and families on their roles and responsibilities that affect children.	4.2.1 Traditional structures at family, community and national levels that are conducive for the growth and development of the child identified & strengthened.	4.2.1.1 # of vulnerable children accessing formal foster care or adoption	
		4.2.1.2 % households caring for orphans	
		4.2.1.3 Proportion of registered orphanages	

4.3 Improved capacity for provision of vulnerable children with basic needs such as, health, emotional support, and a safe environment to foster security and belonging.	4.3.1 The psychosocial environment (internal and external) conducive for the growth and development of vulnerable children improved.	4.3.1.1 % of children enrolled on HBC	
		4.3.1.2 # of school health nurses	
		4.3.1.3 Proportion of ECCD centres meeting IMCI guidelines of child care	

3.7.5 CHILDREN'S POLICY ISSUE: PSYCHOSOCIAL SUPPORT

Strategic Objective: A holistic psychosocial environment for the well being and development of children improved to meet their physical, social, emotional, spiritual, cognitive and mental needs to enhance their right to live meaningful and positive lives.

Key actors:

1. Ministry of Health & Social Welfare
2. National Emergency Response Council on HIV and AIDS
3. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
5.1 Improved capacity of families, communities and all sectors of society on a holistic psychosocial support that will promote a conducive environment for children to cope with situations affecting their wellbeing.	5.1.1 Capacity for families, community leaders, organizations and caregivers on holistic psychosocial support strengthened.	5.1.1.1 % of vulnerable children experiencing stigma and discrimination because of their orphan and vulnerable status	Proportion of OVC that receive appropriate PSS
	5.1.2 Programmes and advocacy on PSS targeting vulnerable children to all sectors of society strengthened.	5.1.2.1 Proportion of vulnerable children reached with PSS support	% of vulnerable children aged 0-17 whose household receives external emotional support in caring for the children
	5.1.3 Research focusing on the PSS and interventions for most vulnerable children to provide a holistic psychosocial supportive environment strengthened.	5.1.3.1 Updated data PSS and interventions for most vulnerable children	
	5.1.4 National capacity to provide professional clinical personnel for PSS improved.	5.1.4.1 # of professionally trained clinical personnel in PSS.	

5.2 Improved national coordination mechanism on psychosocial support programs and activities at all levels of society.	5.2.1 Coordination at national, regional and community level of all stakeholders dealing with PSS of all children strengthened.	5.2.1.1 # of functional PSS networks for children at national, regional and community level	
		5.1.1.2 PSS mainstreamed in all relevant services and programmes for children particularly in education and community health sectors	
	5.2.2 Resource delivery to enable the provision of PSS and implementation of programmes and activities at communities, families and all sectors of society improved.	5.2.2.1 Child to LL (child protectors) ratio	

3.7.6 CHILDREN'S POLICY ISSUE: FOOD SECURITY AND NUTRITION

Strategic Objective: Improved short and long term household food security and nutrition status of children to enhance their right to physical well being.

Key actors:

1. Ministry of Agriculture and Cooperatives
2. Ministry of Natural Resources and Energy
3. National Emergency Response Council on HIV and AIDS
4. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
6.1 Improved subsistence and commercial agricultural productivity of households and the access to markets.	6.1.1 The role of children and youth in agricultural skills strengthened with a special focus on children heading households.	6.1.1.1 Proportion of child headed households engaged in agricultural production	Malnutrition ratio between orphans and non orphans
	6.1.2 Access to water for irrigation & small scale agriculture improved to reduce dependence on rain-fed agriculture.	6.1.2.1 Proportion of backyard vegetable land under irrigation farming at NCPs, community and schools	Proportion of households with vulnerable children that receive free basic external support in caring for the children
	6.1.3 Use of land & water according to bio-physical suitability and viability by NCPs and households keeping vulnerable children improved	6.1.3.1 Proportion of backyard vegetable land under soil conservation at NCPs, community and schools	% of children under five who are stunted
	6.1.4 Children's and household access to farm inputs, small credit and appropriate production technology improved	6.1.4.1 # of Village Savings and Loan (VS&L) Clubs formed and running S&L schemes	

6.2 Improved start in life for infants by improving the infant and young child nutrition.	6.2.1 Breastfeeding as well as optimal infant feeding improved	6.2.1.1 Exclusive breastfeeding rate (<6 months)	
	6.2.2 Capacity of health workers and communities in supporting mothers on Infant and Young Child Feeding (IYCF) strengthened.	6.2.2.1 # of health workers trained in supporting mothers on IYCF	
		6.2.2.2 ILO maternity protection bill enacted so as to safeguard the Swazi Women in their dual capacity as workers and mothers.	
6.3 Improved access for children to a nutritionally balanced diet on a sustainable basis.	6.3.1 Capacity for nutrition rehabilitation for all children improved	6.3.1.1 Proportion of children of school going age receiving one nutritious meal per day	
		6.3.1.2 % of children who benefit from fresh vegetables from backyard vegetable gardens on a weekly basis	
	6.3.2 Nutrition education for children, parents and guardians, on 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 improved.	6.3.2.1 Proportion of HIV+ mothers and U5 children receiving food aid in clinics	
6.4 Improved disaster preparedness and response to safe guard food availability for vulnerable children during crisis.	6.4.1 Community based early warning food security systems and disaster prevention mechanisms for informed decision-making strengthened.	6.4.1.1 Nutritional sentinel surveillance system in place to facilitate data availability on nutrition status of children	

	6.4.2 Social safety nets for children integrated into one child-friendly social protection system.	6.4.2.1 Existing social safety net policy for children reviewed and integrated	
	6.4.2 Advocacy initiatives on climate change enhanced	6.4.2.1 Climate change issues mainstreamed in children's programmes	

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3.7.7 CHILDREN'S POLICY ISSUE: SOCIO-ECONOMIC SECURITY

Strategic Objective: The economic coping capacity of vulnerable children, households and communities strengthened to enhance their right to basic needs.

Key actors:

1. Ministry of Industry and Trade
2. Ministry of Regional and Youth Affairs
3. National Emergency Response Council on HIV and AIDS
4. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
7.1 Improved socio-economic empowerment of vulnerable children, their families and communities to break the cycle of poverty and vulnerability, and enhance quality of life.	7.1.1 Access to life skills, vocational training and apprenticeships for vulnerable children improved to create opportunities for formal, informal and self-employment.	7.1.1 Proportion of out of school vulnerable children attending vocational training and practicing vocational trades	Proportion of children that have 3 locally defined basic needs met
	7.1.2 Capacity for sustainable entrepreneurial development to foster small and medium-scale enterprises among vulnerable children and care givers strengthened.	2.4.2.1 # of trained vulnerable children and care givers benefiting from formal technical and financial service providers in business management	
	7.1.3 Environment for women and children accessing land, credit and other economic resources improved.	7.1.3.1 Proportion of women & children in VS&L clubs participating in VS&L schemes	
		7.1.3.2 Linkages between VS&L groups and formal financial lending institutions.	
	7.1.4 Social safety net measures to support children and their families strengthened.	7.1.4.1 # of vulnerable children benefiting from social safety net programmes	

7.2 Improved socio-economic environment for the welfare of vulnerable children.	7.2.1 Advocacy initiatives for improved policy and legal environment for improved socio-economic welfare of vulnerable children strengthened	7.2.1.1 Legal restrictions on women and children accessing land, credit and other economic resources removed.	

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3.7.8 CHILDREN'S POLICY ISSUE: CHILD PROTECTION AND LEGAL SUPPORT

Strategic Objective: Environment for child protection, legal support and access to basic rights improved

Key actors:

1. Ministry of Justice and Constitutional Affairs
2. Ministry of Regional and Youth Affairs
3. National Emergency Response Council on HIV and AIDS
4. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
8.1 Improved child focused and rights based protection of vulnerable children.	8.1.1 Child protection mechanisms against all forms of child abuse strengthened	8.1.1.1 Proportion of abused children protected by the law	Policy, legal and strategy index reflecting the progress and quality of national policies, laws and strategies for the support, protection and care of vulnerable children
	8.1.2 Capacity for child protection at family, school and community level strengthened.	8.1.2.1 Proportion of orphans that live together with all their siblings	% of vulnerable children 0-17 whose household received external support ^{viii} to provide socialization and protection
		8.1.2.2 % of vulnerable children receiving appropriate referrals in cases of abuse and exploitation	
	8.1.3 Family and community mechanisms for prevention of loss of inheritance for vulnerable children strengthened.	8.1.3.1 % of widows who have experienced cases of property dispossession	
	8.1.4 Child friendly social protection improved	8.1.4.1 # of vulnerable children accessing formal foster care or adoption	

	8.1.5 Provision of basic and targeted services for prevention, recovery and integration improved.	8.1.5.1 Proportion of children who are living on the street or are in institutional care	
8.2 Improved legal framework for and accessible to vulnerable children for their protection and welfare	8.2.1 Policy & legal framework & mechanisms for birth and other forms of registration of children strengthened.	8.2.1.1 Proportion of children with birth certificates	
		8.2.1.2 # of BMD registrations conducted	
	8.2.2 Policy & legal framework & mechanisms for addressing child trafficking, child labour, establishment of orphanages, CBOs, foster families and other institutions providing care for children strengthened.	8.2.2.1 Proportion of registered orphanages	
		8.2.2.2 # of policies, laws amended, approved and passed	
	8.2.3 Functional child-friendly systems in place to implement the law and to redress abuses and grievances.	8.2.3.1 # of child friendly spaces at police stations	
		8.2.3.2 # of child friendly courts established	
	8.2.4 Capacity for people working in the administration of justice improved to uphold the rights of children	8.2.4.1 # of trained care givers, community leaders and child protectors trained on child rights	
	8.2.5 Community awareness initiatives about the existence of legal protection structures, procedures and facilities for children improved.	8.2.5.1 Increased awareness of children's rights and child protection among professionals, guardians, care givers, NCPs and schools	
8.3 Improved environment and platforms for children to	8.3.1 Proportion of children participating in policy and	Proportion of children, (including vulnerable children), that have	

articulate their needs, provide feedback and influence policy and legislation	legislation increased	actively participated in articulating their needs to influence policy and legislation	
	8.3.2 Mechanisms for children to articulate their needs, provide feedback on access to services and state protection and to inform policy and legislative priorities strengthened	8.3.2.1 # of children's and youth forums established and meeting std functional criteria at community, Inkhundhla, regional and national levels	
	8.3.3 Capacity of children, youth groups and government structures on how to engage with young people and their participation in decision making processes improved	8.3.3.1 Proportion of children and young people participating in projects that affect them	

3.7.9 (A). CROSS CUTTING ISSUE: NPA COORDINATION, PARTNERSHIP & CAPACITY BUILDING ARRANGEMENTS

Strategic Objective: Improved coordination, partnerships and capacity building arrangements on children's issues at community, inkhundla, regional and national levels

Key actors:

1. Ministry of Economic Planning and Development
2. Ministry of Regional and Youth Affairs
3. National Emergency Response Council on HIV and AIDS
4. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
9A.1 Improved coordination mechanisms and partnerships for implementation of the NPA	9A.1.2 Capacity for national, regional and community level structures strengthened to effectively coordinate the NPA implementation	9A.1.2.1 Staff positions/vacancy ratio (technical and administrative) in the NCCU secretariat	Increased community, donor and political engagement in care, protection and support of vulnerable children
		9A.1.2.2 Planned/achieved meetings ratio held by national, regional and community level structures on children's issues	
	9A.1.3 Communication among national and local organizations dealing with child support and protection (including networks) improved.	9A.1.3.1 # of national consultation meetings on children held with partners with a mandate to review and redirect strategies for the NPA	
	9A.1.4 Coordination, support, monitoring and evaluation of all children's programs improved.	Proportion of successful against unsuccessful programs	
9A.2 Improved capacity building arrangements for implementation of the NPA	9A.2.1 Capacity building strategy for implementation of the NPA strengthened	9A.2.1.1 % of trained care givers retained	

		9A.2.1.2 % vulnerable children supported	
	9A.2.2 Resources for facilitating Child Protection Programs within and outside government improved.	9A.2.2.1 Proportion of funds provided & used for implementation of the NPA	
	9A.2.3 Financial & project management capacity improved among partners for implementation of the NPA	9A.2.3.1 Proportion of funds reaching children	
		9A.2.3.2 Proportion of partners projects implemented successfully	

3.7.9 (B). CROSS CUTTING ISSUE: RESEARCH, MONITORING AND EVALUATION

Strategic Objective: Improved capacity for research, monitoring, reporting and evaluation of children's issues at community, inkhundla, regional and national levels

Key actors:

1. Ministry of Economic Planning and Development
2. Ministry of Regional and Youth Affairs
3. National Emergency Response Council on HIV and AIDS
4. National Children's Coordination Unit

BROADER OUTCOMES	KEY RESULTS	RESULTS BASED INDICATORS	OUTCOME INDICATORS
9B.1 Improved research, monitoring and evaluation of children's issues at all levels	9B.1.1 M&E system for the NPA for all children improved	9B.1.1.1 % partners reporting on key activities of the NPA	Effective national & decentralized data management system in place on children's issues
		9B.1.1.2 NPA data base with updated data on child vulnerability trends & effectiveness of interventions	
		9B.1.1.3 Proportion of partners using M&E guidelines for the NPA for children	
	9B.1.2 Data management system for children not living in households eg. street children, and those in institutions improved to monitor trends and possible shifts between different types of care as well as track those outside the recognized care systems	9B.1.2.1 Updated data base on children living outside households and those in institutions at NCCU & partners	
	9B.1.3 Regular monitoring and assessment of the quality of care given to children improved	9B.1.3.1 Updated database on quality of care given to children at NCCU & partners	

	9B.1.4 Systems at school level for recording basic information on vulnerable children's home circumstances improved to obtain information that would inform action eg. appropriate referrals	9B.1.4.1 Proportion of schools keeping regularly updated records on vulnerable children's home circumstances	
9B.2 Improved evidence based advocacy and communication on vulnerable children's issues	9B.2.1 Advocacy and communication strategy on issues in the children's policy and for implementation of laws for the protection of children's rights strengthened	9B.2.1.1 Proportion of partners using the evidence based advocacy tools	
		9B.2.1.2 # of national macro policy frameworks explicitly integrated vulnerable children	
		9B.2.1.3 # of national laws amended or formulated to address vulnerable children's issues	

ANNEX 1: COSTED NPA ACTIVITIES IMPLEMENTATION PLAN (2011-2015)

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ANNEX 2: TORS FOR KEY NPA IMPLEMENTATION STRUCTURES

Institutional Key Players	Key Role	Secretariat Services
Parliament Portfolio Committee for Children	Facilitate the approve Children Bill, legislation, ratification of Child rights and advocate the rights of the child, monitor cabinet members and government implementation of programmes for children	Parliament Clerk
Cabinet Poverty Sub-Committee	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
NCCU Project Steering Committee	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
Poverty Reduction Task force	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
National Children's Coordination Unit	Coordinate all stakeholders involved in children's Programmes. Formulate legislations, policies and strategies related to children's programmes. Ensure the 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.	NCCU
Monitoring and Evaluation Committee,	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.	NCCU Monitoring and Evaluation officer

Technical working groups (Law & Policy, Health, Children's Forum, Education, Social Welfare, Community Development Monitoring and Evaluation)	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. (One representative from each relevant institutions, MOHSW, MOE, DPM, RS, MOAC, MOJ, MRDYA, MOF, MOEPD, Relevant NGO, UNICEF, CANGO, Charity Organizations, Nutritional Council, NERCHA Chair by Directors of relevant Ministries)	NCCU Technical officers
National Child Protection Network - ALL stakeholders involved in child related programmes. All members of technical working groups	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.	NCCU Technical officers
Regional Multi- Sectoral Coordinating Committee at regional level Chaired by RS	Review by ability of all community and NGO initiatives/proposals and recommend to TWG (NCCU). Facilitate project implementation, ensure efficient utilization of resources.	Assistant Community Development Officer
Tinkhundla Multi-sectoral HIV and AIDS Coordinating Committee (Indvuna yeNkhundla, Bucopho, iNkhundla Secretary Chaired by Indvuna yeNkhundla	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	Inkhundla Secretary
Community Multi-Sectoral HIV and AIDS Coordinating Committee (COMSHACC)	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.	Chiefdom Clerk

ANNEX 3: ORGANIZATIONS THAT PARTICIPATED IN DEVELOPING THE NPA 2011-2015

This report was prepared in consultation with the following organizations, representing the National Child Coordinating Committee (NCCC), TWGs and other implementing partners:

1. AG's chambers	29. National Early Warning Unit (NEWU)
2. Another hope foundation	30. National Psychiatric hospital
3. Caritas	31. NERCHA
4. Central Statistics Office	32. PPCU
5. CDC	33. RSP
6. Children's Cup	34. Red Cross
7. Cheshire homes	35. Salvation army
8. Council of Swaziland churches	36. Save the Children
9. Deputy Prime Minister's Office	37. Sebenta national institute
10. DPM – social welfare	38. SHAPE
11. European Union	39. Social welfare
12. Emavulandela Scouts	40. Supper buddies
13. FAO	41. Swaziland National Youth Council
14. Fundza	42. SWATCYP
15. FLAS	43. Swaziland Police, Domestic violence Unit
16. Hand in Hand	44. SWAGGA
17. Khulisa Umntfwana	45. Tinkhundla Administration and Development
18. Lutheran Development services	46. UNICEF
19. Mental Health	47. UNAIDS
20. Ministry of Health and Social Welfare	48. UNDP
21. Ministry of Economic Planning and Development	49. UNFPA
22. Ministry of Finance	50. USG
23. Ministry of labour	51. WHO
24. Ministry of Public Service and Information	52. WFP
25. Ministry of Education	53. WLSA
26. Ministry of Agriculture	54. World university services
27. MOTAD	55. World Vision
28. MRDYA	56. Young Heroes

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- ^v The Constitution of the Kingdom of Swaziland, 26th July 2005.
- ^{vi} Kingdom of Swaziland, Towards Shared Growth and Empowerment: A Poverty Reduction Strategy and Action Programme (2006).
- ^{vii} Kingdom of Swaziland, Towards Shared Growth and Empowerment: A Poverty Reduction Strategy and Action Programme (2006).
- ^{viii} The minimum package for enabling socialisation would include protection (from abuse, violence and provision of housing), socialisation, provision of access documents (birth and death certificates, immunisation cards etc) and availability of a caregiver.