

# REBA case study. brief

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## About REBA Case Study Briefs

### What is RHVP?

The Regional Hunger and Vulnerability Programme (RHVP) supports improvements in policy and programme approaches to hunger and vulnerability in southern Africa with particular emphasis on the role of social protection.

### The Regional Evidence Building Agenda (REBA)

Evidence-building, together with capacity-building and policy change, is one of RHVP's three interlinked activities. The Regional Evidence Building Agenda (REBA) is a cohesive framework that has guided the Programme's cross-country evidence-related activities between April 2006 and September 2007. The REBA consists of individual case studies of 20 ongoing social transfer programmes together with thematic studies covering cross-cutting design and implementation issues. The studies were carried out by locally commissioned researchers, mostly working through national research and consultancy institutions, in the six southern African countries covered by RHVP (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe). All the case studies involved close collaboration with the agencies – government departments and government-appointed bodies, local and international NGOs, UN agencies and communities – that were implementing the social protection schemes under review. The research was supported and guided by a core team of international mentors which included Stephen Devereux (IDS, Sussex), Frank Ellis (ODG, University of East Anglia) and Lionel Cliffe (University of Leeds) and was coordinated and managed by Philip White (ODG).

### REBA Aims

The REBA aims to support RHVP's efforts to promote improved policy and programme approaches to social transfers as a means of addressing hunger and vulnerability. REBA findings are feeding into a range of policy, advocacy and research outputs and processes, including policy briefs, best practice guidelines, national and regional learning events for policymakers, practitioners and civil society, a film series and research publications. In addition, by working through a network of national consultants, the REBA aims to increase national capacity to carry out analytical research on hunger and vulnerability within the six countries.

### REBA Case Study Briefs

This series of briefs was prepared by Frank Ellis on the basis of the 20 individual case studies undertaken under the REBA. Based on these findings and those of the accompanying thematic studies, a parallel series of thematic briefs that cut across the case studies is also in preparation. The full reports of each case study will be made available in early 2008.

## Neighbourhood Care Points for OVC, Swaziland

### Overview

This is the first of four case-studies examining social transfers to orphans and vulnerable children (OVC) in Swaziland. Such social transfers began in the early 2000s as a response to rapidly rising numbers of AIDS orphans as well as rising vulnerability in the population at large due to a combination of adverse trends and factors. The four policies are neighbourhood care points, school bursaries, chiefs' fields and farm input support to child-headed households, and while these have separate origins in Swaziland government and institutional structures, as well as in partnerships with donors, they were brought together in 2006 in a single overarching strategy called the National Plan of Action for Orphans and Vulnerable Children 2006-2010 (Swaziland, 2006).

A Neighbourhood Care Point (NCP) in simple terms refers to a place or point in a community where neighbours come together to provide care for orphans and vulnerable children (OVC) from the neighbourhood. This place can be in the form of a house, a church, a community shed, a school or any type of shelter available. Some NCPs begin under a tree, until a roofed structure can be secured. The 'ideal NCP' is a place providing emotional support and care, along with a regular balanced meal, in order to secure improved nutrition, health, hygiene and sanitation for OVC. The wish list for such an NCP includes:

- basic day-time shelter from rain, wind and cold;
- warm clothing against winter cold;
- basic interaction, and developmental simulation activities for young children;
- availability of first aid treatments and basic health care;
- teaching and story-telling activities to provide life skills and build resilience;
- play, drama, singing and sports opportunities;
- consciousness raising and protection from abuse and HIV infection;
- gardening and keeping of small livestock;
- non-formal and after-school education activities; and
- psychosocial support and counselling for children with special needs.

In Swaziland, NCPs were first established in early 2001 in four communities in Hhohho region with support from UNICEF and World Vision. They are said to build on the traditional Swazi concept of

bantfwana bendlunkhulu, meaning 'children of the big house' (a reference to the traditional socially inclusive responsibilities towards their subjects of local chiefs). The NCP initiative was a substantial component of the Community Action for Child Rights Programme of a UNICEF-Government of Swaziland Cooperation agreement running from 2001-2005. By the end of 2001 there were NCPs in 18 communities, and by the end of 2002 they were present in 96 communities. In 2003, UNICEF received substantial EU funding to take this initiative further, resulting in 438 new NCPs being established between 2003 and 2006. By the end of 2006, the number of NCPs supported by UNICEF and WFP in partnership with seven NGOs and the Ministry of Regional Development and Youth Affairs had increased to 625.

## Organisation

At the core of the NCP project are unpaid community volunteers known as 'caregivers', who are essential to the functioning of NCPs. These are usually adult women selected by the neighbourhoods themselves, then ratified by the Chief and Inner Council of the chiefdom, to provide care to the children enrolled at the NCPs. The NCP caregivers receive basic training from organisations that support the NCP project. A Management Committee comprising community members is usually set up to oversee the affairs of the NCP. It is this management committee that monitors activities at the NCP and assists the caregivers to carry out their duties. The responsibilities of the NCP caregivers include the preparation and serving of food, organisation and supervision of play and development activities, health promotion activities, training on hygiene, sanitation and basic child self-care, supervision of care for minor ailments (such as diarrhoea, or skin infections), education on HIV and AIDS prevention and protection of children from sexual exploitation and abuse. They periodically receive supplies (monthly) to provide meals (one or two meals per day), hygiene (soap and water purification materials), health (first aid kits) and non-formal education services (stationery) to the OVC under their care.

Assessment studies have shown that the main activities that take place at NCPs are food provision (at least one meal per day), playing of games, story-telling, teaching and learning, drama, singing and dancing. NCP caregivers also render other child care services such as psychosocial counselling of individual children, monitoring the health and physical condition of children and getting medical help from rural health motivators or nearby health facilities, and attending to cases of suspected or actual physical or sexual abuse. In addition, NCP caregivers

have proven to be very effective in getting children to enrol or re-enrol in school. However, it is the serving of cooked meals to the children that is the most common and important activity at NCPs. When there is no food at the NCP, it temporarily closes down until food has been delivered. Most of the food is donated by the World Food Programme, with very little being raised by the communities. Poverty is the main reason why NCPs depend on externally donated food, but there is also a tendency by communities to view NCPs as structures from outside, and thus not a responsibility of the neighbourhoods.

## Vulnerability

The overall picture of poverty and vulnerability in Swaziland is provided in a different case study in this series (see Case Study No.6 on the Old Age Grant). For the purpose of these case studies on social transfers to OVC, the critical consideration is the rising trend in the number of AIDS orphans, together with increasing numbers of orphans and vulnerable children from other causes. The National Plan of Action for Orphans and Vulnerable Children (NPA), prepared during 2005, estimated total OVC numbers at 132,000, of which 69,000 are orphans, 47,000 are children in highly vulnerable families, 15,900 are disabled children and 300 are street children. The total OVC figure is 25 per cent of all children aged 0-18, and 12 per cent of the total population of 1.1 million.

Swaziland has the highest HIV prevalence rate in the world, the latest data from UNAIDS suggesting a total of 220,000 people living with HIV/AIDS, or 20 per cent of the entire population (UNAIDS, 2007). Due to the age structure of the population, the prevalence rate is much higher among adults aged 15 years and over, at around 35 per cent. A much-cited statistic on which many HIV/AIDS estimates are based was the finding in 2004 that 42.6 per cent of all pregnant women attending ante-natal clinics tested as HIV-positive. These proportions mean that the number of AIDS orphans is projected to rise through to 2013 (World Bank, 2006) leading to an associated rising toll on family welfare caused by caring for the sick, purchasing medicines, and meeting funeral costs.

The recognition of an unprecedented social crisis arising from HIV/AIDS began to dawn on politicians and decision makers around the year 2000, and has gathered momentum since. The rising number of children losing one or both parents, caring for sick parents, dropping out of school, living with vulnerable elderly relatives,

losing claim to land access due to their status as minors at the time of parental decease, suffering severe or moderate under-nutrition due to inability to secure enough food, and being prone to social exclusion or sexual exploitation, overwhelmed the capacity of traditional extended family systems to respond adequately. The regional food crisis in 2002 exacerbated this emerging situation, as also has erratic rainfall and food harvest levels in subsequent years.

As described above, the NCP initiative seeks to provide social support within the community for OVC, thus reducing their proneness to neglect, trauma, social isolation, alienation, failure to attend school, health problems, exploitation and abuse. They do this by providing a location in the neighbourhood to which OVC can turn up and be assured of attention by the caregivers, as well as the opportunity to engage in joint activities and be provided with regular meals. In the NPA, the NCPs are also envisaged in the future to play a role in farming and gardening activities, principally as a means to reduce their reliance on externally-provided food rations. This requires NCP caregivers to be trained in home-garden skills that they can then transmit to OVC under their jurisdiction. It is unclear the degree to which NCP farms or gardens are integrated into other OVC agricultural endeavours, principally chiefs' fields (Case Study No.16) and farm inputs for child-headed households (Case Study No.17).

## Targeting

A national definition of orphans and vulnerable children in Swaziland is codified in the 2006 National Plan of Action. According to the NPA an orphan is defined as a child under 18 who has lost one or both parents, and 'a vulnerable child is a child under the age of 18 years who satisfies one or more of the following criteria:

- parents or guardians are incapable of caring for him or her;
- physically challenged;
- staying alone or with poor elderly grandparents;
- lives in a poor sibling-headed household;
- has no fixed place of abode;
- lacks access to health care, education, food, clothing, psychological care, and/or has no shelter to protect from the elements, exposed to sexual or physical abuse including child labour' (Swaziland, 2006: p11).

While this definition is of recent origin, similar considerations applied in earlier years as criteria informing the selection of beneficiaries in OVC schemes. The principal focus of NCPs has been on children aged 0-10, although older children also participate in NCP activities, both as beneficiaries and as contributors to help with the younger children. The children are selected by the community, in consultation with traditional leadership structures. In most cases, the NCP caregivers in collaboration with other community-based workers such as Rural Health Motivators (RHMs) take the leading role in the selection process.

An assessment of its OVC projects conducted by UNICEF in 2006 suggested that selection was not beset by significant problems. This was because selection was done by members of the community with good knowledge of the situation of children in their neighbourhoods. In any event, caregivers were found in general not to enforce a serious policy of excluding children who came to their NCP. They were also mainly found to have made efforts, through house-to-house visits, to ensure that all deserving children were identified and participated in NCP activities.

## Coverage

The first NCPs in 2001 were created in Hhohho region, with emphasis in the next few years on the three regions of Hhohho, Shiselweni and Lubombo. By 2006 NCP roll-out was occurring in all four regions of the country. Nevertheless, the number of NCPs created and supported has tended to be limited by the level of donor funding, and the 625 NCPs operational at the start of 2007 represented about a quarter of an estimated total of 2,520 neighbourhoods across the country. The 2006-2010 NPA foresees NCP coverage rising to 750 by 2010. Since the declared intention is to achieve nationwide coverage, it is possible that 750 is considered sufficient for this purpose, given that a single NCP can serve more than one neighbourhood, and intersections also occur with support provided by schools, churches and other institutions.

## Coordination

The NCP project is a collaborative effort between UNICEF, the National Emergency Council on HIV/AIDS (NERCHA), WFP, Ministry of Regional Development and Youth Affairs, Ministry of Health and Social Welfare, National Disaster Force and NGOs that are addressing issues of orphans

and vulnerable children in the country. It grew out of the evolving strategies and activities of the Community Action for Child Rights Programme (2001-2005). All the organisations involved in the implementation of the NCP project belong to an umbrella body known as the Child Protection Network, an organisation open to all agencies trying to address issues of orphans and vulnerable children in the country, and encompassing both national and international NGOs. The Child Protection Network, through its quarterly meetings and annual joint planning, ensures minimum overlap and maximum synergies in the activities of its members. A Child Coordination Unit has been recently established, which once operational is likely to serve as the secretariat of the Child Protection Network.

## Cost Effectiveness

The cost-effectiveness of the NCP project can be assessed in terms of cost-efficiency and the relationship between the stated intentions and actual outcomes of the project. In general, the costs associated with NCPs are for start-up materials, training of care-givers, monitoring, monthly food donations, and occasional provision of non-food supplies. The resource requirements for setting up an average NCP comprising 5 caregivers and catering for 75 OVC are shown in Table 1. These costs apply to UNICEF-supported NCPs. In the case of non-supported NCPs, the start-up costs are thought to be considerably lower; however, no estimates are available for these.

According to the UNICEF data, and from the point of view of UNICEF administration and support costs which are only 7 per cent of total NCP establishment costs, NCPs appear to be very cost-efficient, particularly since the stream of subsequent benefits (in the form of care provided to OVC) requires minimal subsequent servicing. However, an important factor missing from this picture is the delivery cost and transfer value of food supplied by WFP to NCPs, which seems to be the single most important consideration in their successful operation.

Once started, the UNICEF-supported NCPs are left to the communities to run, with occasional visits made for purposes of monitoring and delivering non-food supplies. Food is supplied by the World Food Programme on a monthly basis. While the delivered food is for the children, WFP has also started a 'food-for-work' distribution programme from which caregivers in some

**Table 1: Average Costs for Establishing a New NCP**

Start-Up and Recurrent Activities	Cost per NCP (\$US)
Mobilisation: transportation, meetings with community leaders, then with 100-150 community members, sensitisation on OVC rights and needs	500
Procurement: cooking pots, utensils, buckets, water tank, recreational and educational materials, hygiene and health supplies	1,900
Training: five caregivers trained for six days (includes transportation, stationery costs, meals, and venue hire)	1,800
Implementing Partners: distribution of supplies, coordination of training, monitoring, transportation, staff time, ongoing training	2,500
Monitoring and Evaluation	1,000
Coordination Costs	300
<b>SUBTOTAL</b>	<b>8,000</b>
UNICEF administration and project support	560
<b>TOTAL</b>	<b>8,560</b>

**Source:** UNICEF, Swaziland Country Office

NCPs benefit. This has proved to be an important incentive for the caregivers, who have to juggle NCP responsibilities and their own domestic responsibilities, without any pay. However, in some communities the caregivers' food packages have created tension in the community, with other community members agitating to replace existing caregivers in order to benefit from the food-for-work programme.

## Market Effects

It is not considered that NCPs create significant market effects. The food supplied by WFP to support meal provision for OVC at NCPs is a trivial quantity in relation to the Swaziland food market overall. At the same time, provision of this food does potentially protect the meal component of NCPs from being eroded at times of rising food prices in the domestic market.



## Asset Building

NCPs address the nutrition, health, education, socialisation and life skills of vulnerable young children, and therefore address future human capital. They also may have the effect of strengthening collective community responsibility and reciprocity in communities seriously affected by the downstream social effects of HIV/AIDS, and in this sense contribute to protecting and enhancing social capital.

## Strengths

Neighbourhood Care Points are seen to display considerable strengths, that can be identified as follows:

- (i) NCPs appear to build on traditional norms of community solidarity and reciprocity, and may help to strengthen these in the face of adverse trends that otherwise have disintegrating effects;
- (ii) they are inexpensive to start up relative to the outreach they achieve in terms of beneficiary OVC, and are certainly much more cost-effective than either individually targeted support to OVC or the creation of special institutions for them;
- (iii) this cost effectiveness is achieved due to the voluntary work provided by members of the community at the NCPs, typically up to 5 caregivers in each NCP;
- (iv) NCPs are incorporated into the 2006-2010 National Plan of Action for OVC, which has the stated objective of scaling up to every community by 2010.

## Weaknesses

An assessment carried out by UNICEF (2006), while in general reaching positive conclusions about NCP experience so far, nevertheless identified a number of weaknesses from interviews with key informants, caregivers and beneficiary OVC:

- (i) it is possible that up to one third of the total NCPs created since their launch in 2001 are non-functioning or barely functioning, the principal reason being failure to secure regular food supplies to provide meals, although other reasons such as intra-community conflict were also noted;
- (ii) community support to NCPs is not as robust as the rhetoric of their origins in traditional cultural norms typically suggest: in many instances caregivers were found to undertake practically all the responsibilities

in their construction, maintenance and operation, with little assistance and even suspicion and jealousy on the part of other members of their communities;

- (iii) NCP structures are mostly rudimentary comprising a shelter of thatch and poles, an earthen floor, no storage facilities, no piped water and no toilet; only 17 per cent of sampled NCPs were constructed of brick, 35 per cent had access to a borehole or piped water, and 19 per cent toilet facilities of any kind;
- (iv) provision of meals is the principal and by far the most valued function of NCPs by beneficiaries and their carers, yet their capability to provide this function is highly dependent on WFP support, and efforts to achieve food supplies from OVC fields set aside by communities have shown little visible progress to date.

## Policy Lessons

NCPs address a very real child deprivation problem in Swaziland, and they appear to do so in a cost-effective manner. The potential numbers of children for which they can provide support can only grow in the future as the effects of the world's highest recorded rate of HIV infection feed into increased premature death rates of the productive adult population.

The UNICEF assessment of NCP performance up to 2006 concluded that the government commitment to national coverage by 2010 should be followed through, including maintaining a consistent level of start-up support to NCPs, continued training and support to caregivers including remuneration in cash or in-kind for the work they perform, upgrading of NCP facilities, and provision of piped water to them. These proposals are in the main addressed in the budgetary provisions of the NPA.

As far as food supply is concerned, the NPA both extends food provision across all currently operating and proposed NCPs, while at the same time reducing the proportion of total food to be met by external supplies (WFP and other agencies) from 100 per cent to 40 per cent between 2006 and 2010. The reason for this is an intention that a rising proportion of OVC food needs should be met from multiple food production initiatives including NCP gardens, backyard gardens, school farms, chiefs' fields, and child-headed household farms. Nevertheless, these farming initiatives have proved to be the weakest in terms of outcomes of all the various OVC policy responses devised to date (see also Case Study Nos.16 & 17). It would seem sensible to be realistic about the future role

demanding of WFP in NCP expansion, since the consistent daily provision of meals is undoubtedly the cement that holds together the broadly positive features of NCP experience so far.

The UNICEF assessment also strongly recognises the failure so far to ignite communities in support of NCPs, notwithstanding their purported foundations in traditional norms of social reciprocity. This almost certainly reflects the enormous social and economic stress that communities have been placed under over the past decade, such that community members no longer feel that they have the capacity or the inclination to provide the kind of help (in voluntary work or social interaction or food supplies) that NCPs need in order to provide their full array of intended social support to OVCs. When individuals and families find themselves permanently under livelihood stress, it can also happen that external assistance to particular social categories stirs up jealousy and resentment amongst those that are not helped in this way. UNICEF is probably correct in perceiving that more effort is required in actively involving community members in NCP management and activities; however, additional effort in this direction will not be costless, and that has to be taken into account too.

## Sources

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## More Information

REBA material, including these briefs and fuller case study reports, as well as information regarding the REBA process can be viewed and downloaded from: [http://www.wahenga.net/index.php/core\\_activities/building\\_evidence](http://www.wahenga.net/index.php/core_activities/building_evidence)

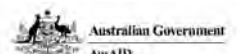


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