



KINGDOM OF SWAZILAND

Protecting Swaziland's Children

Strengthening Swaziland's child protection system: a mapping and assessment study



PROTECTING SWAZILAND'S CHILDREN

Strengthening Swaziland's Child Protection system: Mapping and assessment study (2013)

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All children in Swaziland deserve to be cared for and protected from harm and to grow up in a safe environment in which their rights and needs are respected. Unfortunately, not all children are properly cared for or protected and sometimes the environments in which children live are harmful to their development and wellbeing. Every adult in Swaziland has a role in ensuring all our children live safely and can reach their full potential. Parents, whether living with their children or not, have the most important role to play and other family members will contribute greatly to a child's wellbeing.

However, even happy children who are well cared for by their families, sometimes need the support of other adults around them, for example, at times of family stress, in the absence of a parent or when playing outside their homes. As children grow and extend their horizons beyond their homes, bodies such as schools and non-government organisations and communities have a particular role in safeguarding children. They also educate children about risks to child protection and how these can be managed.

The aim of this mapping and assessment is to promote the reduction of abuse or neglect of children and to improve the services for children who experience abuse or neglect. It pays particular attention to the needs of children whose family or environmental circumstances are so vulnerable that their future wellbeing is placed at serious risk.

The mapping and assessment, which is the subject of this report, represents the widest enquiry yet carried out into the child protection system in Swaziland. It was carried out by a multi-professional team, was based on up-to-date information on the subject, was supported by information and views provided by a wide range of agencies and organisations and – not least of all – had the benefit of views expressed by children and communities themselves on their perception of the child protection system.

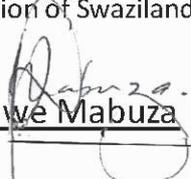
All the work which has gone into this exercise has confirmed the progress which has been made in the past few years to improve protection for Swaziland's children, particularly:

- a) The creation of a children issues and policy focused government agency.
- b) The legal framework incorporating the National Children Policy and the Children Protection and Welfare Act of 2012 which places meeting the best interest of the child to the fore;
- c) The statutory provision of services embracing joint working in order to secure children's welfare; and
- d) The committed goodwill and sustained efforts of professionals in those services.

However the task of protecting children is never done. There are still persistent and serious problems to be tackled in the country, as this report outlines. This is the right time to take the initiative and improve on our systems;

- a) By boosting the performance of agencies which have a major role in protecting children from harm and neglect, not only individually but – since no one holds all the pieces – as partners; and
- b) To secure much better improvements for children's lives from the extensive efforts and resources which are committed to protecting them from harm.

The recommendations in this report are founded on the findings of the mapping and assessment exercise and are designed to introduce change and improvements. They are presented as the basis for a realistic action plan to improve the protection of Swaziland's children.


Khangeziwe Mabuza

Principal Secretary
Deputy Prime Minister's Office

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Acronyms

AMICAALL	Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
CANGO	Coordinating Assembly of Non-Government Organisations
CPWA	Children's Protection and Welfare Act of 2012
CSO	Central Statistics Office
DPMO	Deputy Prime Minister's Office
DPP	Director of Public Prosecutions
DSW	Department of Social Welfare
GBV	Gender-based violence
HMCS	His Majesty's Correctional Services
LL	Lihlombe Lekukhalela
MOEPD	Ministry of Economic Planning and Development
MOET	Ministry of Education and Training
MOJCA	Ministry of Justice and Constitutional Affairs
MOHA	Ministry of Home Affairs
MOH	Ministry of Health
MOLSS	Ministry of Labour and Social Security
MTAD	Ministry of Tinkundla Administration and Development
NCCU	National Children's Coordination Unit
NDMA	National Disaster Management Agency
NCP	Neighbourhood Care Point
NERCHA	National Emergency Response Council on HIV and AIDS
NPA	National Plan of Action for Children
PMO	Prime Minister's Office
PPCU	Public Policy Coordination Unit
RSP	Royal Swazi Police
SACRO	Swaziland Association for Crime Prevention & Rehabilitation/Reintegration of Offenders
SODV	Sexual Offences and Domestic Violence
SWAGAA	Swaziland Action Group Against Abuse

Adoption: The placement of a child in the permanent care of a person or persons who shall assume parental rights, duties, obligations and liabilities of the child with respect to care, guardianship and education as if the child were born to the adoptive parent. (Children’s Protection and Welfare Act of 2012)

Alternative care: Provided where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child. It may take the form of informal care or formal care. With respect to the environment where it is provided, alternative care may be: kinship care, foster care, and other forms of family-based or family-like care placements, residential care, or supervised independent living arrangements. (United Nations, Guidelines for the Alternative Care of Children, 2009).

Child: Any person below under 18 years (CPWA 2012 and UN Convention on the Rights of the Child).

Child abuse: Any form of harm or ill-treatment deliberately inflicted on a child, includes: assaulting a child or inflicting any other form of deliberate injury or harm on a child; sexually abusing a child; committing an exploitative labour practice in relation to a child; exposing or subjecting a child to behaviour that may socially, emotionally, physically or psychologically harm the child; exposing a child to physical or mental neglect; and abandoning or leaving a child without visible means of support.

Child exploitation: Sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs. (Article 3 of the ‘Palermo Protocol’, adopted in 2000, entered into force in 2003.)

Child protection: The prevention and response to violence, exploitation, and abuse against children.

Child protection system: The set of coordinated elements, both formal and non-formal, that enable the prevention of, and response to, abuse (physical, sexual, emotional, stigma), exploitation, violence and neglect against boys and girls. (based on international summaries¹)

Child sensitive: An approach that balances the child’s right to protection and that takes into account a child’s individual needs and views (UN Guidelines on Justice in matters involving child victims and witnesses of crime, 2005).

Child victims and witnesses: Children and adolescents under the age of 18 who are victims of crime or witnesses to crime, regardless of their role in the offence or in the prosecution of the alleged offender or groups of offenders. (UN Guidelines on Justice in matters involving child victims and witnesses of crime, 2005)

Children without parental care: All children not living in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. Children without parental care who are outside their country of habitual residence or victims of emergency situations may be designated as unaccompanied or separated. (UN Guidelines for the Alternative Care of Children)

Civil society organisation: Non-governmental organisations, faith-based organisations, community-based organisations, trusts, foundations, charitable organisations, support groups, and similar organisations or groups that operates in the child protection arena.

Continuum of care: The continuum of care delineates the specific ways in which the system responds to rights violations (promotion, prevention and response). (Wulczyn et al, see footnote 1).

Diversion programme: A programme which is intended to promote a child’s accountability and reintegration into society (CPWA 2012)

¹ Wulczyn F, Daro D, Fluke J, Feldman S, et al. (2010). *Adapting systems approach to child protection: Key concepts and considerations*. New York: UNICEF; Save the Children. (2010) *Building rights-based national child protection systems: a concept paper to support Save the Children’s work*; World Vision. (2011) *A systems approach to child protection: A World Vision discussion paper*; Davis R, McCaffery J & Conticini A. (2012) *Strengthening Child Protection Systems in sub-Saharan Africa: A Working Paper for the Inter-Agency Group on Child Protection Systems in Sub-Saharan Africa*.

Formal: A national or sub-national structure or entity engaged in child protection implies: (i) that the structure or entity emanates directly from the government of the country, is situated within the organisational structure of that government, and is accountable to it in the performance of its functions; (ii) that its mandate is based on national legislation and its scope, functions and objectives derive from statutes or regulations made by a legally empowered body; and (iii) that its mandate is national in intent if not in practice. Also includes NGOs or other community-based structures which provide services on behalf of a formal entity - for example, an NGO which runs a day-centre for disabled children can be considered a "formal" structure (source defined in UNICEF global toolkit).

Informal: Refers to child protection initiatives undertaken by families, communities and children themselves. It is important to note that Formal and Informal should be considered as the two ends of a continuum and that there are likely to be elements of cross-over between the formal and informal systems. In several instances it might be challenging to define elements clearly due to ambivalent roles and mandates (CPWA 2012).

Justice system comprises of both (1) state-run justice and law enforcement institutions, including the judiciary (criminal and civil), justice and interior ministries, the police, prisons, criminal investigation and prosecution services and (2) non-state justice mechanisms, i.e. the whole range of traditional, customary and informal mechanisms that deal with disputes at community levels.²

Physical abuse: Physical abuse involves the use of violent physical force so as to cause actual or likely physical injury or suffering (e.g. hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, female genital mutilation, torture). Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using such terms as fictitious illness by proxy or Munchausen Syndrome by proxy. (Save the Children UK)

Prevention services: services that might include the promotion of knowledge and skills and strengthen the overall capacity of the community for keeping children safe and cared for. It also includes those services targeting families and children that are experiencing difficulties in order to change those situations before they create actual harm to the child (CPWA 2012)..

Protective environment: An environment that promotes respect for children's right to protection from abuse, violence, exploitation and neglect. This involves government commitment and capacity; legislation and enforcement; culture and customs; open discussions; children's life skills, knowledge and participation; capacity of families and communities; essential services and monitoring, reporting and oversight. (UNICEF Child Protection Strategy, 2008)

Residential care: A group living arrangement of children in which care is provided by adults who would not be regarded as traditional care givers within wider society. Today, residential care also includes "children's homes" that are run as family-type group homes and accommodate a number of children of no relation to the person running the home. (National Alternative Care Guidelines, 2012, DSW)

Response Services: Services that respond to circumstances in which a child is at risk of harm or has been abused, exploited, neglected, abandoned, or without appropriate family care harming the child (CPWA 2012)..

Social welfare system: The system of interventions, programmes and benefits which are provided by government, civil society and community actors to ensure the well-being and protection of socially or economically disadvantaged individuals and families, including children. A vital safety net for children and families made vulnerable by challenging circumstances. When a system functions effectively, families and children have access to an array of quality services to promote wellbeing and protect them from harm. (DSW, 2012, Strengthening Social Welfare Systems)

Vulnerable child: A child with or without parents who lacks the basic needs for survival and living in circumstances with high risk or whose prospects for health, growth and development are seriously impaired. (CPWA 2012).

²See UN Common Approach to Justice for Children (2008).

The mapping and assessment of Swaziland's child protection system began in August 2012, with a national workshop convened by the National Children's Coordinating Unit (NCCU) and Department of Social Welfare (DSW), in partnership with UNICEF Swaziland and USAID/PEPFAR. At the workshop, government and civil society stakeholders concluded that Swaziland already has many child protection initiatives underway and the country has broadly supportive legal and policy frameworks. However, the response remains limited in relation to the scale of the problem.

The key components of protecting children from abuse, violence, exploitation and neglect are simple – support families and communities to ensure a protective environment in which children can grow up safely, act to prevent harm from occurring by, for example, setting up mechanisms to reduce the risks of violence faced by children, and act immediately and in the best interests of the child when harm is happening. In remote villages or large cities, communities need to know when the rights of children are being violated, how best to respond, and whether rights violations are being addressed equitably. However, the requirements of operating a child protection system can be complex. Creating the capacity to meet the challenge on a scale commensurate with the challenge requires a dedicated, systematic response tied to the rights of children.

NCCU convened a Secretariat and recruited three technical staff as consultants to conduct the mapping and assessment between February and May 2013. Data came from a literature review, interviews with key national policy makers and service providers, working group sessions with justice, coordination and service delivery experts and focus group discussions with children and community members.

Key findings

In conducting a mapping and assessment exercise of a national child protection system the aim is to provide a full picture of the existing components of the national child protection system, including founding principles and approaches, legal framework, rationale informing the functioning of the system, scope and scale of available services, coordination, data collection and evaluation mechanisms, and interaction of various actors and decision-makers. The toolkit consolidates data in one place, providing a baseline against which to assess effectiveness of interventions and develop a streamlined and prioritised budget.

The report spells out the key findings for all of these components. In brief, this is what was found:

- **Swaziland has a strong commitment to child protection.** The mapping showed the depth of commitment showed by many stakeholders at all levels to actually delivering concrete results for children. Swaziland's national policy and legal framework provides a robust basis for the protection, promotion and realisation of children's rights. There is a supportive Constitution and a comprehensive Children's Protection and Welfare Act of 2012, which will bring together the currently fragmented and sometimes conflicting laws into one overarching framework.
- **The mapping highlighted the need for incisive prioritisation** so that the most urgent child protection related measures are implemented;
- **Regional-level coordination is a priority.** Whilst one of Swaziland's strengths is a clear set of coordination responsibilities for all areas of child protection, there is a lack of regulatory powers for the coordination mechanisms which weakens the ability to work collectively together and hold all actors accountable;

- **Prevention needs a stronger focus** in a child protection systems framework.

Cooperation, coordination and collaboration

4. Develop a regulatory framework with stakeholders with provisions recognising the coordination role of the coordinating bodies on child protection issues.
5. Improve inter-departmental collaboration between existing Technical Working Groups
6. Create functional regional child protection networks

Capacity building

7. Build capacity of policy makers & opinion makers to lobby on child-related matters, including traditional structures.
8. Skills mapping of the child protection sector and the development of a training plan for DSW staff.
9. Strengthen the roles of information officers in key government officers to raise awareness on child protection issues and provide information to NGOs.
10. Develop a training framework for all community-based volunteers and advocate for their adoption by the Ministry concerned.
11. Train more Guidance & Counselling teachers at least one male and one female per school.
12. Advocate for social work to be included in the priority list of government scholarship study areas.

Services and service delivery mechanisms

13. Advocate for the adoption of the Lihlombe Lekukhalela child protectors because they have emerged as key players in community based child protection.
14. Develop a clear referral mechanism and case management for child abuse . .
15. Introduction of a free legal aid service for children.

Communication, education and mobilisation for change .

16. Develop and implement a comprehensive communication strategy on child protection issues at the national and regional level to come up with harmonised messages.
17. Public sensitisation drive on child-related legislation and policies.
18. GBV campaigns should not be limited to the 16 days on activism against GBV but they should be year- long social mobilisation activities and climax at this point.

Accountability mechanisms.

19. Develop regulations and agreements to guide data collection and use by all stakeholders.
20. Establish an NPA database to track the implementation of the results stated on the NPA.
21. Civil society organisations on children issues agree to be accountable and share information on their children centred programmes in the country.

It is clear that Swaziland has a strong commitment to child protection – the mapping showed the depth of commitment showed by many stakeholders at all levels to actually delivering concrete results for children.

The systems building implications in the report highlight the priority areas. Much of this relies on getting multi-sectoral action on core areas, especially regulations for the new Children’s Protection and Welfare Act of 2012, embedding of community responses into a functioning referral system and a stronger focus on the particular challenges of children experiencing all forms of severe abuse,

1.1 Background

Children are Swaziland's greatest resource – they are the future of the country. Yet, as Swaziland's National Plan of Action for Children 2011-15 states, there are serious disparities in children's access to services and there are fundamental inequalities to the support and care they receive. Many children are unable to take advantage of interventions meant to improve their quality of life, despite the existence of laws, policies and programmes intended to meet this purpose.³

Children face huge risks to life and wellbeing in Swaziland. Despite the presence of many good child protection interventions⁴ to prevent and respond to the various forms of children's abuse, including sexual and physical abuse, many children still experience abuse, violence, exploitation and neglect.

Swaziland's Children's Policy of 2009 calls for: *"the protection of children from various forms of harm and abuse that are interconnected by a web of risks and vulnerabilities"* and states that *"there is a need for a strong child protection framework and interventions to improve the welfare of the child"*.⁵ This commitment is in line with commitments from other governments on the African continent and beyond, who are increasingly recognising that children need to grow up in an environment free from harm and in a loving family environment that enables them to thrive, if children and families are to develop healthy bodies and minds and contribute productively to national development.⁶

1.2 Swaziland's child protection mapping and assessment process

In August 2012, a workshop was convened by the National Children's Coordinating Unit (NCCU) and Department of Social Welfare (DSW), under the Deputy Prime Minister's Office in partnership with UNICEF and USAID/PEPFAR. The workshop sought to foster an appreciation of the importance and benefits of a systems approach to child protection for Swaziland and initiate discussions on how to map and assess Swaziland's child protection system. At the workshop, government and civil society stakeholders concluded that Swaziland already has many child protection initiatives underway and the country has broadly supportive legal and policy frameworks. However, the response remains limited in relation to the scale of the problem. In particular, there is need for greater understanding of how formal and informal structures can protect children.

NCCU subsequently convened a Secretariat and recruited three technical staff as consultants to conduct the mapping and assessment between February and July 2013. The mapping exercise used a locally adapted version of a Maestral Global Toolkit on child protection systems mapping and assessment, initially designed by UNICEF and applied in a number of countries in the region and globally. The mapping and analysis process was guided by an inter-agency Technical Working Group (TWG) with representatives from key government, non-governmental agencies and development partners involved in child protection. The consultants gathered data from a literature review, interviews with key national policy makers and service providers, working group sessions with justice, coordination and service delivery experts and focus group discussions with children and community members in three sites. Annex 1 and 2 list the bibliography and list of participating individuals and organisations.

³ Government of Swaziland (2010) *National Plan of Action for Children 2011-2015*

⁴ Such as support to children through the Child Protection Network, Children's Consortium, Neighbourhood Care Points, the national network of community-based child protection volunteers (Lihlombe Lekukhalela) and a strong movement of government and civil society actors

⁵ Swaziland National Children's Policy, 2009, page 52

⁶ Conference on Child Protection Systems Strengthening in Sub-Saharan Africa, May 2012.

1.3 The importance of a child protection system

What is child protection?

It is the prevention and response to violence, exploitation and abuse against children (CRC, Article 19).

What is a child protection system?

A child protection system is the set of coordinated elements, both formal and non-formal, that enable the prevention of, and response to, abuse (physical, sexual, emotional, stigma), exploitation, violence and neglect against boys and girls.

What is a child-sensitive approach?

A child-sensitive approach is an approach that balances the child's rights to protection and that takes into account a child's individual needs and views (UN guidelines on Justice in matters involving child victims and witnesses of crime, 2005).

There are a number of principles that are necessary to the protection children. Child protection must promote a positive environment and prevent risk. Family and community are at the heart of a protective environment for children. However, children's safety and interests are paramount. Children can only be protected from abuse, violence, exploitation and neglect if basic needs are being met.

A systems strengthening approach seeks to ensure that all components and actors work together to protect the child and promote child and family resilience.

Children rarely face child protection risks in isolation. Child abuse, violence, exploitation and neglect have multiple and complex causes. Children who face one risk usually face many others as well - a child on the street may have run away from an abusive home where other children still live, is likely to face violence on the street, make ends meet through harmful behaviour and often come into conflict with the law. Fragmented responses do not meet a child's multiple needs for protection, because the responses focus on the single issue and tend to have specialised skills in certain areas alone.

When child protection responses are delivered as a series of separate programmes, they compete for human and financial resources and pull service providers in many directions. Viewing the individual problems as a set of joined up needs can make the response more effective and sustainable therefore a child protection system means more 'joined up' and effective support from all the different actors who are in contact with such children. It can also make it easier to develop evidence-based, costed programmes. Well-planned and coordinated programmes are more likely to be able to demonstrate long-term positive outcomes for children, which in turn increases the likelihood of mobilising resources.

1.4 Founding principles for a child protection system

While there remains no one clear picture of what a child protection system looks like, some key principles inform the response:

- *Child protection must promote a positive environment and prevent risk.* It is much better to prevent than to respond. Single-issue interventions tend to start with the response.
- *Family and community are at the heart of a protective environment for children.* Children do best with a stable and consistent caregiver, living in supportive and safe environments. Child protection must maintain the positive community practices that have protected children in the past. Strengthening the family requires investment in informal mechanisms that have been the main source of protection for vulnerable children - extended family, religious and cultural groups, friends and neighbourhood support networks.

- *Children's safety and interests are paramount.* There are often harmful practices and beliefs within communities, not least the fact that children's views are not considered. When family or community interests place a boy or girl at risk of harm, the child's interests should come first.
- *Children can only be protected from abuse, violence, exploitation and neglect if the basic needs are being met,* such as food, education and health services.

The systems approach is guided in Sub-Saharan Africa by the African Charter for the Rights and Welfare of the Child, the African Youth Charter and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. The development of a systems approach was also influenced by the recommendations of the UN Violence against Children Study (2006) and is in full alignment with the Convention on the Rights of the Child and other international conventions, instruments and standards to which Swaziland is a signatory and has ratified. These conventions and instruments establish that States have a responsibility for the protection of all children, regardless of local context. The African Charter for the Rights and Welfare of the Child specifically addresses children's protection rights related to child labour, child abuse and torture, juvenile justice, parental care and protection, harmful social and cultural practices, separation from parents and adoption, sexual exploitation, and the sale, trafficking and abduction of children.

A recent summary of children protection systems strengthening has been outlined below, for the forthcoming Inter-Agency Statement on Child Protection Systems in Africa:⁷

- **articulation and understanding** of the existing elements of the child protection system through mapping and assessment, leading to the creation of a national vision and a programme of action identifying priority gaps and sequenced interventions for addressing them;
- **harmonisation of policies, legislation and regulation** with the African Charter for the Rights and Welfare of the Child, the African Youth Charter, the African ' Women's Protocol, and the CRC, while ensuring those policies take into account local social norms and practices;
- **establishment of clearly defined mandates and accountabilities** for child protection system actors, and effective multi-sectoral coordination arrangements;
- **development of and dialogue on the investment case for child protection** and the allocation in national planning of appropriate levels of resources for investment in the child protection system;
- **identification of child protection issues** such as violence against children or the situation of children outside of family care, where focusing action might be the first step in the process of systems strengthening;
- **strengthening of the spectrum of care and protection** from promotion and prevention to response, based on priorities established in accordance with available resources, and including measures to strengthen household resilience (e.g., through child-sensitive social protection programmes);
- **increasing the capacity** (numbers, deployment and qualifications) of the social service workforce, including those working directly with children (professional, para-professional or volunteer), government cadres, non-governmental workers, and academic and licensing organisations;
- **engagement with the processes that address harmful practices** in culturally and contextually appropriate ways, and that strengthen supportive social norms and practices;
- **recognizing and strengthening the work of community-based organisations**, both youth and adult, and assisting in their coordinated efforts; and
- **improving the evidence and information base** to support the case for child protection systems strengthening through high-quality research and data gathering, linking researchers and practitioners and engaging national capacity in research and knowledge generation.

⁷ African Child Policy Forum et al (2013) Strengthening Child Protection Systems in Sub-Saharan Africa: A Call to Action. Joint Inter-Agency statement. African Child Policy Forum; Environnement et Développement du Tiers-monde; Mouvement Africain des Enfants et Jeunes Travailleurs; Plan International; Regional Inter-agency Task Team on Children and AIDS; Regional Psychosocial Support Initiative; Save the Children; Terre des hommes; UNICEF; World Vision.

1.5 Objective of the mapping and assessment exercise and methodology

Conducting a mapping and assessment exercise of a national child protection system aims to provide a full picture of the existing components of the national child protection system, including the following:

- Founding principles and approaches;
- Legal framework;
- Rationale informing the functioning of the system;
- Scope and scale of available services;
- Coordination, data collection and evaluation mechanisms;
- Interaction of various role players, stakeholders, institutions, agencies and decision-makers.

The mapping and assessment was undertaken using the UNICEF toolkit on Mapping and Assessment that has been used in a wide number of countries in East and Southern Africa.⁸ The toolkit consolidates data in one place, providing a baseline against which to assess effectiveness of interventions and develop a streamlined and prioritised budget. The assessment process:

- Highlights the key risks faced by children;
- Describes the current legal and normative framework;
- Identifies formal and informal structures that protect children and assesses their capacity to prevent and respond to child protection issues from national to community level;
- Assesses available resources;⁹ and
- Consolidates priority actions, as identified by stakeholders from community to national level.

The exercise aims to understand how the child protection system actually functions on the ground, by assessing its actual and/or perceived functioning in selected communities. This is not an evaluation but, rather, a sample of perspectives from children, adults and community-based service providers.

The process involved the following key steps :

- i. A literature review of current Swazi laws, policies and frameworks relevant to child protection. The literature review used published sources of information, primarily Government of Swaziland documents, and a range of evaluations and assessments conducted by government, bilateral and multilateral development partners and civil society, highlighting how the laws, policies and frameworks are currently being implemented;
- ii. A launch meeting that identified key areas of focus and prioritised stakeholders who should be involved in the mapping and assessment process, held in August 2012;
- iii. Individual stakeholder interviews with all ministries who have a role to play in child protection, identifying their mandate in relation to child protection, current activities and capacities and how they coordinate with others;
- iv. Working discussion sessions with key government and non-government actors focusing on core child protection areas – children and justice, community service provision, coordination of the system – to identify what is happening, strengths and gaps;
- v. Community discussions with children, community members and local service providers to identify current concerns, what is happening on the ground and priorities;
- vi. Validation of the findings and systems strengthening through a stakeholder workshop that reviewed preliminary findings and identified the top priorities for strengthening Swaziland's child protection system.

⁸ UNICEF (2010) *Global Toolkit to Map and Assess Child Protection Systems*.

⁹ Not undertaken in this rapid mapping and assessment due to time and human resource constraints and because it was felt to be premature

1.6 An action cycle of child protection systems strengthening

The mapping and assessment of Swaziland’s current child protection systems is intended to be a dynamic process, using an action cycle of child protection systems strengthening. As the diagram below shows, an action cycle of child protection systems strengthening includes four stages:

- i. Mapping and assessing the child protection systems;
- ii. Planning how the child protection system will be strengthened;
- iii. Implementing the plans, programmes and policies necessary for strengthening the child protection system;
- iv. Monitoring and evaluating the performance of the child protection system.

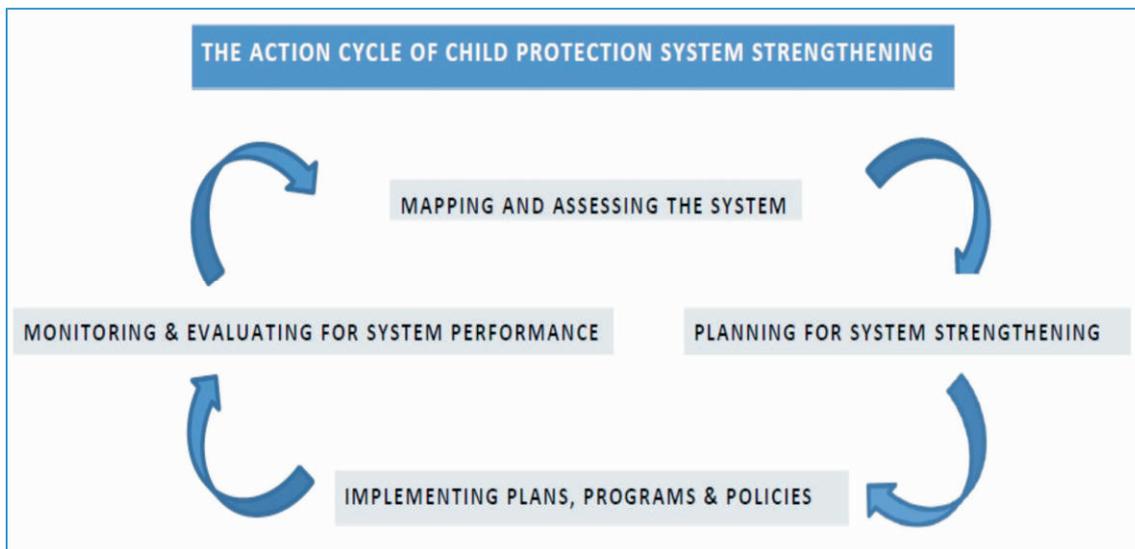


Figure 1 Action Cycle of Child Protection System Strengthening (source: Policy and Programming Resource Guide for Child Protection Systems Strengthening in Sub-Saharan Africa, 2011)

The most important fact is that child protection system strengthening relies on strong national leadership, vision, political will and a wide range of actors from different sectors working at different levels towards a common goal.

The mapping process builds on the systems analysis that was argued in a framework for child protection systems strengthening in 2009, which illustrates how the different components of a system link together and mutually strengthen the response.¹⁰

¹⁰Wulczyn F, Daro D, Fluke J, et al. (2009) *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations*. Chicago: Chapin Hall at the University of Chicago

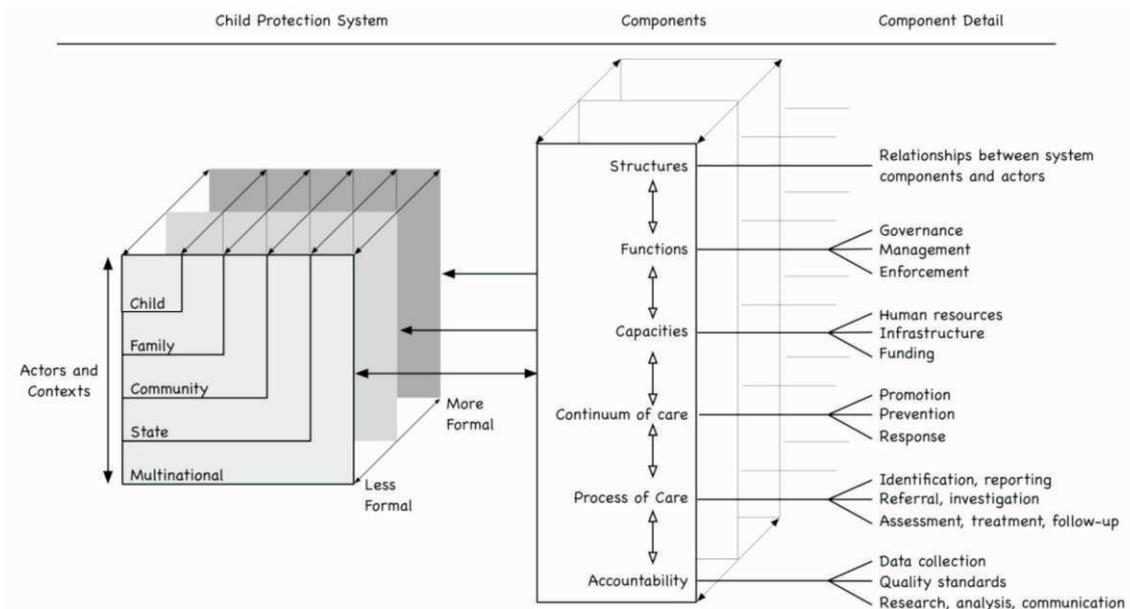


Figure 2 Child protection systems: actors, contexts and components (Chapin Hall, p22)

Child protection systems work best when the system's goals, its structures, functions, and capacities and the normative context in which it operates are all operating in the same way¹¹:

- Any system involves a collection of components or parts that are organized around a common purpose or goal—this goal provides the glue that holds the system together.
- All systems reflect a nested structure - that is, in the case of child protection, children are embedded in families or kin, which live in communities, which exist within a wider societal system. These all fit within each other and what happens in one part impacts on the others.
- Given the nested nature of systems, specific attention needs to be paid to coordinating the how these different sub-systems interact with each other, such that the work of each system is mutually reinforcing to the purpose and goals of related systems.
- Well-functioning systems pay particular attention to nurturing and sustaining acts of cooperation, coordination, and collaboration among all levels of stakeholders, including those managing key activities as well as those performing key functions.
- Systems will achieve their desired outcomes when they design, implement, and sustain an effective and efficient process of care in which stakeholders are held accountable for both their individual performance as well as the performance of the overall system.
- Effective governance structures in any system must be flexible and robust in the face of uncertainty, change, and diversity.

¹¹ Wulczyn et al (2009) *Op cit.*

2.1 Country context

Swaziland is a landlocked country, with an estimated population of just over one million people, of whom just under half a million (495,270) are below 18 years and 146,371 below 5 years.¹² Despite Swaziland’s middle income status,¹³ there are wide disparities between the poor and the wealthy, with 41% of the population living on less than \$1.25 per day. The economy is dependent on manufacturing and agriculture – both economic sectors that are vulnerable to global and local markets and, in the case of agriculture, to the longer-term challenge of climate change. For example, the closure of some manufacturing companies and textile industries in the recent years in Swaziland, combined with the closure and retrenchment of migrant workers in South Africa, is significantly affecting household incomes.

Child protection and the development agenda

A growing body of research on child violence, abuse and neglect strongly suggests that child protection is a key ‘missing link’ in much of the programming, resourcing and monitoring of national development plans in low and middle income countries.

Physical and emotional events that children experience from birth through to adulthood affect their cognitive development and influence their behaviours. The evidence from studies across all continents, age groups and contexts is that it is not so much the individual acts of violence or abuse that harm but the cumulative risks experienced by children and families that do the greatest harm. Cumulative, multiple and chronic exposure all appear to lead to a significant leap in reduced ability for a child, family or community to deal with trauma and shock.¹⁴

A systematic review of mental health resilience in HIV-affected children¹⁵ found that it is the multiple stressors, including HIV, poverty, multiple displacements and living in violent communities that have the most profound impact on reducing the ability of children to recover from severe shocks.

Failure to reduce chronic exposure of children to violence, abuse and neglect leads to a lifetime of reduced health, education and employment opportunities.¹⁶

Overall, 63% of people in Swaziland are classified as living below the poverty line. However, over two thirds (70.1%) of children in Swaziland are classified as living below the poverty line.¹⁷ Households without children are much less poor than households with children, and the poverty rate increases noticeably with each additional child. And poverty and hunger are on the increase. The Swaziland Vulnerability Assessment Committee reports an increase in the number of people facing a food deficit in 2012/13, increasing urban poverty and a continued decline in the rate of growth of the national economy.¹⁸

The links between poverty and child protection risks

¹² Swaziland Population Projects 2007-2030

¹³ <http://data.un.org/CountryProfile.aspx?crName=Swaziland>

¹⁴ Goldman P. (forthcoming) *Child Protection Systems in East and Southern Africa: A Framework for Action*.

¹⁵ Betancourt TS, Meyers-Ohki SE, Charrow A, et al. (2012) Mental health and resilience in HIV/AIDS-affected children: a review of the literature and recommendations for future research. *Journal of Child Psychology and Psychiatry*, 54(4):423-4.

¹⁶ Pinheiro PS (2006) *World report on violence against children*. Geneva: United Nations General Assembly.

¹⁷ Braithwaite J. (draft) *Swaziland Child Poverty*. Report prepared for UNICEF Swaziland.

¹⁸ Swaziland Vulnerability Assessment Committee (2012) *Swaziland Annual Vulnerability Assessment & Analysis Report 2012*

Children living in households with lower parental education, lack of income and overcrowding suffer greater levels of violence.¹⁹ A study of social and child protection in West Africa showed a two-way linkage between poverty and increased child vulnerability to trafficking, exploitative labour, violence, abuse and early marriage.²⁰ The risk continues through generations, with children who in turn become adults who are unable to provide a secure and safe environment and have less time and resources to protect their own children.

2.2 Child protection risks faced by children in Swaziland

2.2.1 Summary of risks faced by children

Swaziland's National Plan of Action for Children 2011-2015 clearly sets out the key risks faced by children.²¹ Children are potentially exposed to abuse, violence, exploitation and neglect both directly (when an adult or another child intentionally maltreats the child) and indirectly (when lack of access to a basic right or need exacerbates the protection risk, or vice versa).

Table 1 Key indicators for children in Swaziland

Indicator	Rate	Source
Vulnerability		
Proportion of children in the population (2012)	44.4%	Swaziland Population Projections 2007-2030
Vulnerable children	29.5%	Swaziland Multiple Indicator Cluster Survey, 2010 (MICS 2010)
Orphans and vulnerable children	45.1%	MICS 2010
Children living with both parents	22.1%	MICS 2010
Children with at least one parent dead	23.6%	MICS 2010
National all children		
School attendance of orphans	97.2%	MICS 2010
School attendance of non orphans	98.6%	MICS 2010
Violence against children		
Violent discipline of children	88.9%	MICS 2010
Early marriage		
Marriage before age 15 (girls)	2.3%	MICS 2010
Marriage before age 15(boys)	0.4%	MICS 2010
Marriage before age 18 (girls)	10.9%	MICS 2010
Marriage before age 18 (boys)	1.7%	MICS 2010
Early pregnancies		
Adolescent birth rate	89/1000	MICS 2010
Early child bearing (15-19)	22.1%	MICS 2010
Child headed households		
Household heads (10-14 years)	1.4%	Census 2007
Birth registration		
Registration of births	49.5%	MICS 2010
Child labour		
Child labour	42.2%	MICS 2010
School attendance among child labourers	93%	MICS 2010
Child labour among students	42.5%	MICS 2010

¹⁹ Pinheiro PS (2006) *World report on violence against children*. Geneva: United Nations General Assembly.

²⁰ Jones N. (2009) *Promoting synergies between child protection and social protection: West and Central Africa*. Overseas Development Institute/UNICEF West and Central Africa Regional Office.

²¹ National Children Coordination Unit (March 2010) *National Plan of Action for Children 20011-2015*.

Immunization		
Tuberculosis immunization coverage (BCG)	98.2%	MICS 2010
Polio immunization coverage	85%	MICS 2010
Diphtheria, pertussis and tetanus (DPT)	90.6%	MICS 2010
Measles	97.8%	MICS 2010
Hepatitis B immunization coverage	90.6%	MICS 2010
Vitamin A supplementation (children under 5)	68%	MICS 2010
HIV and AIDS		
Children on ART (0-14)	6567	M&E Ministry of Health, 2012
HIV Prevalence by age group: 2-4	4.8%	DHS, 2006
5-9	3.6%	DHS, 2006
10-14	3.3%	DHS, 2006
Mortality		
Infant mortality	79/1000	MICS 2010
Under five mortality	104/1000	MICS 2010
Neonatal mortality rate	19/1000	MICS 2010
Post neonatal mortality rate	60/1000	MICS 2010

Birth registration

Only half of all children in Swaziland have their births registered. Rural registration is lower than urban (46.5% compared to 61.5%).²² Birth registration is currently compulsory and the Child Protection and Welfare Act requires all children to be registered. All children are eligible for birth certificates if born in Swaziland, regardless of parental nationality. It is free at birth but there is a nominal fee of E25 after the child is over 6 months

Physical, sexual and psychological abuse and severe neglect

Data in this area is extremely limited, especially worrying given the assumed extent of the problem. 89% of children aged 2-14 years, experience at least one form of psychological aggression or physical punishment by their caretakers or other household members. Boys are more prone to receiving physical discipline than girls.²³ A 2007 study on violence against girls²⁴ found that approximately one in three women experienced some form of sexual violence as a child, one in four women experienced some form of physical violence as a child and three in ten women experienced emotional abuse as a child. Only 8.7% of incidents were reported to the police. Almost all perpetrators are known well to the child (only 10.9% of assaults were by a stranger). A new violence monitoring system is strengthening the tracking of cases of violence and abuse that have been reported to the police – an average of 411 cases per month in 2011-2012 - of whom around 30% among children 0-17 years.²⁵ Data on other forms of violence, abuse and neglect and on self-destructive behaviours amongst children, especially alcohol and drug use, and numbers of children who have run away from home are also not readily available.

The experience of violence significantly impacts on the psychological, health and social well-being of a child. In the short term and longer term there is an impaired ability to learn and socialise, which impacts on their transition to adulthood and increases HIV risk. It also impacts on children, families and communities' abilities to function. It is a concern that almost twice as many adolescent girls aged 15-19 (56.5%) believe a husband is justified in beating his wife/partner, compared to women aged 30-34 years (29%), highlighting the extent to which violence is seen as the norm amongst adolescents.

²² Multiple Indicator Cluster Survey 2010

²³ Multiple Indicator Cluster Survey 2010

²⁴ National Study by UNICEF and the United States Center's for Disease Control and Prevention

²⁵ Data supplied by Ministry of Health for this mapping, *Summary of violence cases, SWAZILAND, 2012*

Children in contact with the law

Children who are in contact with the law include children who are in conflict with the law, child victims, child witnesses and children in need of special legal protection.

Swaziland operates a dual legal system comprising of statutory law and the common law on one hand and Swazi law and custom on the other. Chapter III of the Constitution of Swaziland protects and promotes fundamental rights and freedoms. Section 29 of the Constitution gives specific directives on children's rights. The Child Protection and Welfare Act of 2012 is an enabling legislation promulgated on the strength of Section 29 of the Constitution. This Act brings reforms the child justice system to be in line with the country's international obligations.

As part of the new dispensation Swaziland will introduce restorative justice procedures including diversion programmes. The Directorate of Public Prosecutions has data on numbers and sex of children in custody (*252 boys and 112 girls in detention; 38 boys are in pre-sentence detention; all separated from adults*). The new Act aims to reduce the number of children taken into custody because incarceration is the last resort.

Child labour

In Swaziland, 42.2% of children aged 5-14 years, experience child labour.²⁶ Nearly two in five (39.5%) children in the labour force do not attend school. There is no data on the types of labour carried out or any gender disaggregation. Exploitative child labour can expose children to harm from physical violence, sexual abuse (either through exploitative sex or through exposure to sexual abuse) and neglect. Children who labour and do not go to school are exposed to current and future increased risk of abuse.

Child marriage

The total child marriage rate is low at 2% but 10.9% of girls under age of 18 are married (6.3% of girls in urban areas, 13% in rural areas). *Inhlanti, suncanakazana* and *kwendziswa* were consistently raised as one of the biggest threats faced by Swazi children during the mapping and assessment, from a wide range of stakeholders. Only 1% of women aged 15-49 years were married or in union by age 15.

Children without adequate family care

Swaziland has an extremely high number of children without adequate family care, largely due to the long-term consequences of HIV. 153,534 children have lost one or both parents, of whom 13,912 are due to HIV. One third of all Swazi children are not living with their biological parents.²⁷

Children without family care and alternative care

The Convention on the Rights of the Child (Article 20) focuses on children who do not have, or who are at risk of losing, loving and safe family care. It requires the State to provide special protection and assistance for any child who has been "temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment". This means ensuring 'alternative care', which is culturally and individually suitable for the child but which is overseen by the state, to ensure that the child is protected.

The UN Guidelines on Alternative Care (2010) are clear that this should be family and community-focused where possible.

In cases where the child's own family cannot provide appropriate care, even with support, the State must provide options such as foster care, adoption or – only where all else fails, residential

²⁶Child labour is defined as a child performing at least 28 hours of domestic work in a week, at least one hour of economic work if aged 5–11 years or 14 hours of economic work if aged 12–14 years, Multiple Indicator Cluster Survey 2010

²⁷Swaziland Demographic and Health Survey 2007

care “with or through competent local authorities and duly authorised civil society organisations”. The state must ensure the safety, well-being and development of any child placed in alternative care and the regular review its of appropriateness and that it is in the child’s best interests (best suited to that individual child’s needs and rights) and with the child’s choices fully considered.

The Department of Social Welfare realised the need for a comprehensive monitoring and evaluation system with specific focus on health and education issues to be put in place. Children’s rights include the right to health and education, making it imperative for DSW to ensure that institutionalised children are fully immunised and have access to education. The newly developed M&E system was developed in line with the National Plan of Action for Children. The department has been able to continue carrying out its supervisory and advisory role. This was to ensure that all children were able to access health and education to feed into the National Plan of Action on a quarterly basis.

There are 48 Residential Child Care Facilities registered with the Department of Social Welfare (see table below for data). Children living in residential care institutions, especially children under the age of five years, face an increased risk of developmental delay and all forms of abuse, violence and neglect; regular supervision and monitoring is essential.

Table 2 Number of children in registered residential child care facilities, Swaziland (Source: DPM’s Office Performance Report, June 2013)

Residential child care facility	Total number of children	0 – 5 years immunised	Number of children on ART	Number of children receiving formal education
1 ABC Ministries	2	2	1	-
2 Amitofo Care Centre	73	1	1	40
3 Bulembu Ministries (Persimmon)	58	-	14	58
4 Bulembu Welcome Centre	3	-	2	1
5 Bulembu Baby Home	43	-	10	36
6 Bulembu (Dvudvusi)	185	-	29	185
7 Bulembu (youth Girls)	12	-	0	12
8 Bulembu (Youth Boys)	12	-	0	12
9 El Roi Canaan	31			31
10 Elshadai (Ekufikeni)	39	-	3	39
11 Elshadai (Nkomanzi)	22	-	-	22
12 Elshadai (Babies)	20	20	-	20
13 El-Shadai (South Africa)	3	-	-	3
14 Emmanuel Khayabethu	55	20	12	54
15 Fortress Centre (Joy Mission)	11	1	1	10
16 Half-Way House	22	16	2	2
17 Hawane Children’s Home	20	-	2	18
18 Hawane Children’s Home (Bulembu)	8	-	2	8
19 Hope Centre Motshane	21	-	-	21
20 Jacaranda Girls Home	closed	Closed	closed	closed
21 Jesus Cares	6	-	-	6
22 Johnson Lovelette	6	-	-	6
23 Manzini Youth Care (Enjabulweni)	20	0	0	20
24 Manzini Youth Care (Zakhele)	9	0	0	9 (2 at vocational)
25 Manzini Youth Care (Fairview)	11	0	0	11
26 Manzini Youth Care (Sikhunyane)	12	0	0	12
27 Manzini Youth Care (Ngwane Park)	5	0	0	5
28 McCorkindale Children’s Home (Manzini)	29	0	0	29

29	New Hope Centre (Bethany)	48	7	-	41
30	New Life Children`s Home (Kamfishane)	41	5	4	36
31	Pasture Valley Children`s Home (Nhlangano)	39	7	6	32
32	Positive Vision (Pigg`s Peak)	5	-	-	5
33	Remar Swaziland (Fair View)	29	2	1	26
34	Remar Swaziland (Fair View)	24	3	1	21
35	Remar Swaziland (Trelawney Park)	6	-	-	5
36	Remar Swaziland (Ngwane Park)	14	-	1	11
37	Sandra Lee (Mbabane)	29	-	-	29
38	Selula Sandla A.M.E	17	-	5	16
39	S.O.S (Mbabane)	130	5	16	130
40	S.O.S Youth (Girls)	16	0	7	16
41	S.O.S Youth (Boys)	19	0	8	19
42	S.O.S Nhlangano	143	5	14	94
43	S.O.S Nhlangano (Boys)	16	-	-	16
44	S.O.S Nhlangano (Girls)	16	-	1	16
45	S.O.S (Siteki)	138	11	6	134
46	Tfokotani Lorendana	21			
47	Zondle Women Organisation (Hlatikhulu)	23	-	-	23
48	43. Zondle Women Organisation (Lwandle)	13	-	-	13
	Total	1,525	105	149	1,344

Families caring for non-biological children need legal protection to ensure that they fulfil their statutory obligations to protect the child and also to ensure that they can access economic and other support to provide care for children. Children living in child headed households face economic and social pressures that may increase abuse and violence risks; children are at high risk of neglect.

Child protection in emergencies

During the mapping and assessment process, informants noted that this is not an issue for Swaziland. However, regular food insecurity with a proportion of households receiving food aid is likely to leave children at particular risk. Climate change is a real and growing challenge to all and will have impacts on child protection. There are 150 migrant children at Malindza refuges Reception Center.

Children with disabilities

There is very little data on the situation of children with disabilities. A 2010 situation assessment of children and young people with disabilities²⁸ found that one in four disabled children and young persons were victims of physical, emotional and sexual abuse. Over one in four children aged seven years and over had never attended school. School attendance was especially low for secondary schools, with 15% of secondary school age children with disabilities attending secondary school. Among those who required medical treatment (58%), just over a quarter were actually receiving treatment. 36% of children with disabilities under 5 years have birth certificates, far lower than the national average of 49%. The lack of access to basic services and reported abuse and discrimination were higher in rural areas. Girls and young women were significantly more likely to report that they experienced sexual abuse than their male peers. Caregivers of children and persons with disabilities often had low levels of education and very few were employed.²⁹

²⁸DPMO (2010) Situation Assessment of Children and Young Persons with Disabilities in Swaziland: Key Findings

²⁹ The National Plan of Action for Children has a specific set of targets for disability that focus on these challenges.

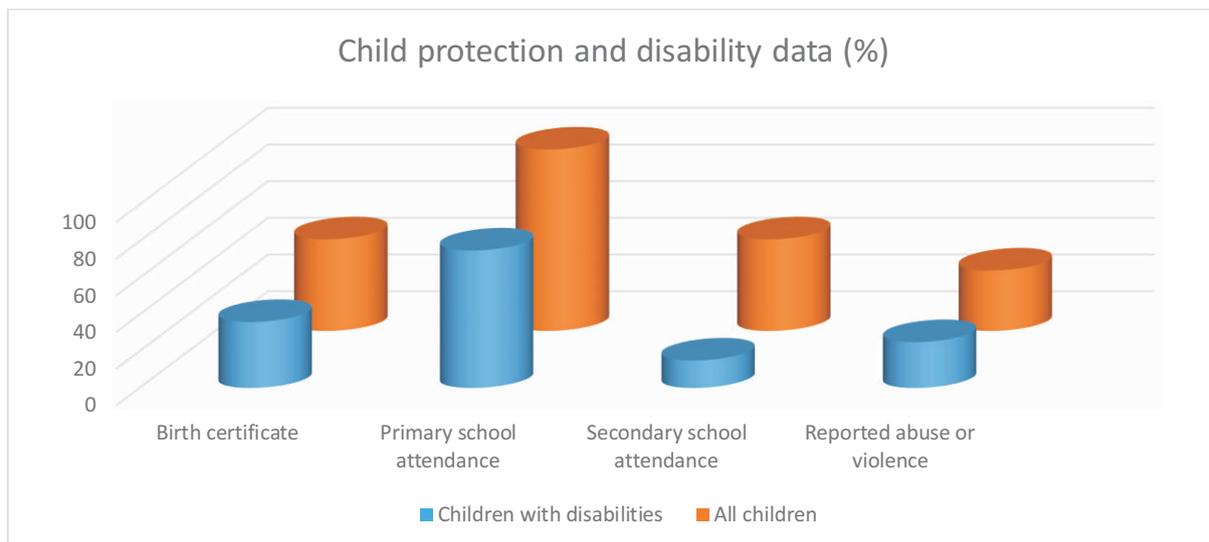


Figure 3: Child protection and disabilities

Stigma and child protection risks

Stigma against children with HIV or with disabilities are widely reported as being very high. Stigma against children is often manifested as physical and emotional abuse against the child.³⁰ Stigma also leads to children being excluded from school, which reduces their opportunity to be in a safe environment during the day and, in the long term, increases their risk of being exposed to abuse or exploitation because of limited education. Exclusion from health services reduces the chance of receiving preventive health care, including sexual and reproductive health, or receiving treatment for abuse.

Education

School attendance is high (96% primary school enrolment ; 92.7% enrolled children stay in school to last primary grade; urban/rural and gender parity³¹) but there is a huge drop from primary to secondary school. 42% of boys and 52% of girls enrol in secondary school.³² Girls' dropout rates are higher than the (fewer) boys who enrol.³³ This is a time of exposure to protection risks such as child labour and sexual exploitation. Secondary school education has a generational impact – maternal education influences the next generation's nutrition, health and subsequent economic wellbeing. Disability-related exclusion from schools is a serious issue (see section on disability below).

Health and nutrition

Overall, health and nutrition are worse than Swaziland's middle income situation would suggest. This has a significant impact on children's protective environment. Both under-five and infant mortality levels are higher in urban than rural areas, highlighting the deteriorating socio-economic situation of children in urban environments compared to rural areas. Under-five mortality is highest in Manzini at 114 per 1000 live births – higher than the urban average at 102 per 1000 live births. On the other hand, there is little difference in neonatal mortality (i.e. the probability of dying within the first month of life) at 19 per 1,000 live births in rural compared to 18 in urban areas.

³⁰This point was made strongly during the validation process and in the 2010 disability assessment cited above.

³¹ Multiple Indicator Cluster Survey 2011

³² Multiple Indicator Cluster Survey 2010

³³ Education Management Information System 2011

This is an indication of equitable distribution of health facilities and to some extent the improved health status of mothers.³⁴

Maternal mortality is very high – 589 women die from childbirth-related causes out of every 100,000 live births.³⁵ Maternal orphans can lack a primary caregiver who is the first point of protection, stimulation and support.

Overall, 83% of children aged 12-23 months are fully immunised. However, stunting is a serious problem, with higher prevalence in rural areas (33%) compared to urban areas (23%).³⁶ Almost one third (30.9%) of all children under the age of 5 are stunted.³⁷ Children who are poorly nourished in the first two years of life face potentially life-long impacts on their cognitive and emotional development, increasing their potential vulnerability to a range of protection risks.

HIV

HIV infection rates in young people (15-24 years) are amongst the highest in the world at 14.3%, with extreme gender inequality (5.9% of young men, 22.7% of young women have HIV).³⁸ Ninety of all pregnant women and 70% of all children aged 0-14 years that are eligible for antiretroviral therapy (ART) receive treatment. Preliminary HIV estimates for 2011 indicate a reduction in percentage of HIV-positive infants from 17% in 2009 to 15%, possibly a consequence of higher levels of pregnant women receiving a complete course of ARV prophylaxis (86% of HIV-positive pregnant women). Fewer infants are testing HIV positive, from 21% in 2005 to around 2% in 2012.³⁹ There is no data on the number of eligible HIV-positive adolescents who are on ART. There are also strong links between HIV-affected households and child protection risks. Poor and HIV-affected households have greater risk of exploitative child labour, school dropout and subsequent abuse and violence risks, possible neglect due to poverty.⁴⁰ There are also even possible links between HIV infection itself and childhood disability, which is in turn a driver of violence, abuse, neglect and exploitation.⁴¹

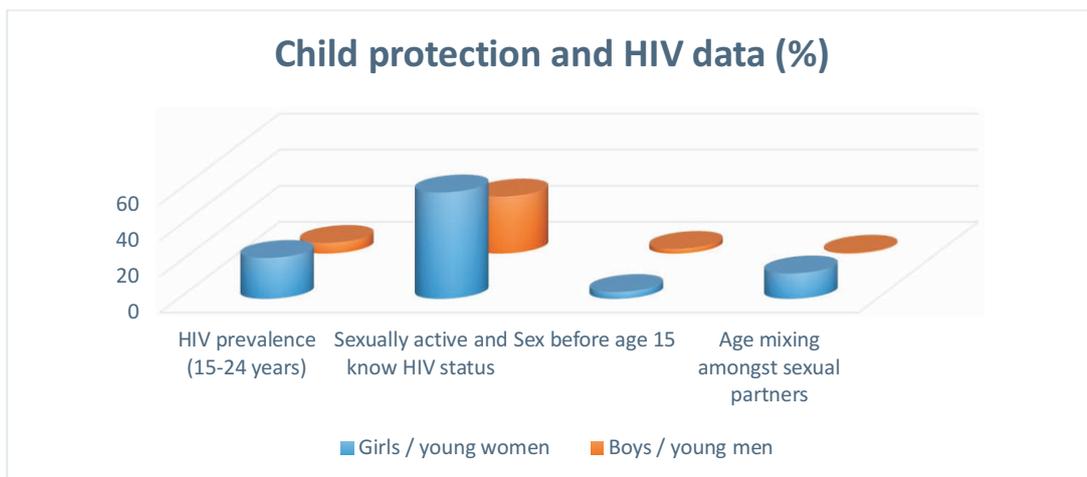


Figure 4: Child protection and HIV data

³⁴ Multiple Indicator Cluster Survey 2010

³⁵ Demographic and Health Surveys 2007

³⁶ Multiple Indicator Cluster Survey 2010

³⁷ Multiple Indicator Cluster Survey 2010

³⁸ Swaziland Demographic and Health Survey 2007

³⁹ Multiple Indicator Cluster Survey 2010

⁴⁰ Emerging data (from South Africa) shows increased chance of neglect and abuse for AIDS-orphaned children and children with AIDS-sick caregivers. Cluver L (2011) Children of the AIDS pandemic. *Nature* 474:27-9; Cluver L, Orkin M, Gardner F, et al. (2012) Persisting mental health problems among AIDS-orphaned children in South Africa. *Journal of Child Psychology and Psychiatry*, DOI: 10.1111/j.1469-7610.2011.02459.x

⁴¹ Sherr, L. (2011b). *Distinct disadvantage: A review of children under 8 and the HIV/AIDS epidemic*.

www.ecdgroup.com/pdfs/LIT_REVIEW_FINAL.pdf

3.2.2 Using data for decision-making about child protection

In general, data is robust, especially data on violence against children.

The National Plan of Action for Children (NPA), with its core indicators and monitoring framework, offers a solid base for monitoring the situation of children. The NCCU has responsibility for overall monitoring of coordination. The NPA was developed in a collaborative way.

However, the mapping and assessment identified several gaps and weaknesses. The biggest challenge is lack of cohesion across the range of child protection risks – data is available in different ministries but is not put together into one overall protection picture, so the focus remains exclusively on ‘violence’ or ‘trafficking’ or ‘residential care’, without consideration of the multiple protection risks that an abused, trafficked or institutionalised child may need to be protected from.

Significant gaps noted by informants were the absence of a tracking system for children without adequate family care. There is no dedicated M&E function within DSW, although this is proposed in the department’s new structuring plan (see 2.6.2). Age disaggregation is weak which makes it hard to prioritise appropriate programming and policy for different ages. Adolescents in particular are not being fully captured in the data.

Much of the programming and advocacy is conducted by government ministries in collaboration with NGOs. There is currently no mandatory requirement to share information (research, evaluations, on-going monitoring) to any national coordinating mechanism.



Systems building implications of current child protection risks

- The establishment of a well-coordinated monitoring system across all the areas that affect child protection is essential, in order to be informed which groups of children, disaggregated by sex and age, are at risk of or experiencing abuse, violence, exploitation and neglect and to be able to monitor and evaluate the impact of policies and programmes.
- There are many data collection tools for many areas, but these are fragmented and at times duplicated. There is a need to consolidate and share information, in order to inform evidence-based programming.
- The violence surveillance system works well, but good surveillance mechanisms are not in place for other groups of children. In particular, the following potentially serious child protection risks cannot be tracked because there is not sufficient data – children with disabilities, child labour, children at risk of emergencies (e.g. food insecurity).
- The eight thematic areas under the NPA important for tracking core protection indicators at national level, but are not sufficient in themselves to measure the effectiveness of a strong national child protection system that addresses all priority areas of abuse, violence exploitation and neglect
- The following specific risks were highlighted in the mapping and assessment, and need to be addressed in a child protection system: child marriage (including *kwenziswa*); children experiencing severe neglect; children in exploitative labour (including exploitative sexual abuse situations); children without adequate parental care; and boys’ experience of sexual abuse.
- There is good data on the risks faced by children. There is far less data that can measure outcomes for children because much of the data comes from surveys such as the MICS or one-off situation assessments, rather than routine surveillance.

3.3 Laws and policies

3.3.1 Global policy context

Swaziland's child protection legal framework has advanced rapidly over the past few years. Swaziland is a signatory and has ratified all the following important international and regional conventions and treaties that are relevant to child protection.⁴²

Global and regional conventions that protect children ratified by Swaziland, with date of ratification

- *Convention Against Discrimination in Education (acceded, 8 October 1970)*
- *Convention on the Rights of the Child (CRC) (25 September 1995)*
- *Convention Relating to the Status of Stateless Persons (16 November 1999)*
- *Convention on the Reduction of Statelessness (16 November 1999)*
- *Convention Relating to the Status of Refugees (14 February 2000)*
- *(Palermo) Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (8 January 2001)*
- *Minimum Age Convention, ILO Convention #138 (23 October 2002)*
- *Worst Forms of Child Labor Convention, ILO #182 (23 October 2002)*
- *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (26 March 2004)*
- *International Covenant on Civil and Political Rights (ICCPR) (26 March 2004)*
- *International Covenant on Economic, Social and Cultural Rights (ICESCR) (26 March 2004)*
- *Convention Against Torture & Other Cruel, Inhuman or Degrading Treatment or Punishment ("Torture Convention") (26 March 2004)*
- *Optional CRC Protocol on Sale of Children, Child Prostitution & Child Pornography (24 September 2012)*
- *Optional CRC Protocol on Involvement of Children in Armed Conflict (24 September 2012)*
- *Hague Convention on Protection of Children & Inter Country Adoption ("Hague Adoption Convention_ (24 September 2012) **
- *Convention on the Rights of Persons with Disabilities (CRPD) (24 September 2012)*
- *Convention Against Transnational Organized Crime (24 September 2012)*
- *Protocol to the Convention Relating to the Status of Refugees (24 September 2012)*
- *African Charter on Human and People's Rights ("Banjul Charter") (24 September 2012)*
- *African Charter on the Rights and Welfare of the Child (ACRWC) (24 September 2012)*
- *African Youth Charter (24 September 2012)*

* Swaziland ratified the Hague Convention on inter-country adoption in 2012.,

⁴² More detail on the implications of these conventions is outlined in the accompanying report, *Literature Review: Child Protection System Mapping and Assessment, Swaziland*, produced by Ms S Dlamini as part of this mapping process.

3.3.2 National laws and policies to protect children

Section 29 of the Constitution of the Government of the Kingdom of Swaziland of 2005 provides for the rights and freedoms of children from abuse and exploitation. It protects the inheritance, maintenance, citizenship and family rights of children. The Constitution prohibits discrimination on the basis of age.

The Government of the kingdom of Swaziland has taken significant strides to ensure the promotion and protection of the rights of children in Swaziland. A number of laws and policies are in place to protect the rights of children. The most notable and laudable strength of Swaziland's child protection policy context is that the Children's Policy covers all child protection issues comprehensively and, with the recent introduction of the Children's Protection and Welfare Act, provides a strong framework that is supportive of child rights and translates the Swazi Constitution into tangible laws and policies.

Swaziland's national legal and policy framework for children is guided by two overarching documents – the Children's Policy of 2009 and Children's Protection and Welfare Act of 2012. The Children's Policy and CPWA are grounded in the rights of the child and the responsibilities of parents and the state. They spell out family and state responsibilities towards children in need of care and protection, children in need of rehabilitation and urgent protection. The Act also pronounces offences in relation to health and welfare of children and provides for adoption, sale, harbouring and abduction of children. The CPWA brings together all legislation on children in conflict with the law into one place. It determines age of criminal responsibility including processes for age determination, spells out police and court powers and duties throughout the justice process and provides for restorative justice and diversion, which were not formerly included in laws. The Act establishes institutions which will promote child protection and ensure the safety of children, especially the role of DSW. The Act addresses some issues that were previously not included in laws, including parentage, custody and guardianship, maintenance, employment and protection of children regarding matters of health.

Other pieces of legislation

The *Employment Act of 1980* prohibits the employment of children in any industrial setting other than a family business, vocational training and other educational activity, with legislation around the number of hours that a child can work. The *Prevention of People Trafficking and People Smuggling (Prohibition) Act of 2009* prohibits the trafficking and smuggling of children and sets out structures and roles for different entities to provide support to child victims of human trafficking and smuggling. The *Citizenship Act of 1992* provides for the right of the child citizenship and provides for children born after the death of their father, children who have been found and sets out proceedings for the application of citizenship in respect of children born to Swazi women and non-Swazi fathers. A number of earlier laws have been repealed because the CPWA of 2012 supersedes these laws.

The Domestic Violence and Sexual Offences Bill of 2009 has been approved by both Houses of Parliament and is now awaiting royal assent. This bill includes important new provisions, such as recognition of male rape. However, the bill remains unclear on issues of child marriage and allows for corporal punishment ('moderate chastisement') in the home.

A proposed Citizen Act plans to amend legislation and enforce compulsory birth registration at birth.

Swaziland has a National Children's Policy (2009) with an accompanying National Plan of Action for Children (2011-2015). This is complemented by other key policies such as the National Strategic Framework on HIV and AIDS 2009-2013, the National Multi Sectoral HIV & AIDS Policy, the National Policy on Gender 2010, the Education and Training Sector Policy 2011, the Social Development Policy 2010 which seeks to provide integrated, comprehensive and equitable social development services, the National Development Strategy: Vision 2022 (1999), the National Health Policy (2007) and the draft Disability Bill and draft Disability Policy 2012.

There are some gaps in the law. The Constitution (Section 29) allows for 'lawful and moderate chastisement for purposes of correction'. This is not consistent with the abolishment of corporal punishment in all settings as stated in

article 19 of the CRC and was raised as a significant child protection challenge by children during the mapping exercise



Systems building implications of the policy and legal context

- The
- The development of regulations to enable the establishment of procedures and processes for all duty bearers under the legislation as articulated in the provisions of the CPWA of 2012.
-
- The mapping highlighted concerns around child marriage from children, community members and national service providers and policy makers, noting that traditional practices of *kuteka* and *kwendziswa* allow for marriage of children below the age of 18. There is wide awareness about implications for statutory rape. However, there is reluctance from a segment of the society to do away with such abuse of customary practices.
- The Swazi concept of *kufaka esiswini* encourages adoption of orphaned and vulnerable children by the extended family. There is a wide spread practice of kinship care within extended family members. However, even where a child is loved and cared for, there is a need to monitor children's wellbeing and to legally protect both children and caregivers and guardians.
- Although there have been children's consultation processes, notably for the development of the National Plan of Action for Children, the level of children's meaningful participation in policy formulation, programme design, implementation, monitoring and evaluation is minimal.

3.4 Structures, functions and capacities to protect children

Children have the right to live in a protected family environment. But in order to be able to do this, there needs to be a set of institutions and individuals from the family level up to national oversight level, who know how to ensure that children are protected and nurtured, and are able to act together to prevent or respond to potential risk of child abuse, violence, exploitation or neglect.

A child protection system needs to have clear lines of communication between different actors, who know their roles, are trained and resourced well to do this and who can share information and act together. This section provides the main findings from the mapping across all the different actors who have a role in child protection.

3.4.1 Coordination of child protection

All children's policy and legislation are coordinated by the National Children's Coordination Unit, a unit within the Office of the Deputy Prime Minister, which has the mandate of coordinating all government ministries and civil society on all issues affecting children.

3.4.1.1 National coordination

A multi-sectoral (government and civil society) Child Protection Network meets biannually, convened by the NCCU.

The National Violence Surveillance Technical Working Group (TWG) is coordinated by DSW and works on issues of violence against children and women; the TWG meets monthly and disseminates incidence of violence cases on a quarterly basis. A Response TWG which meets quarterly are responsible for ensuring the effective functioning nation surveillance system and the use of the evidence produced to inform response. The violence surveillance system routinely captures sub-national information on incidents of violence and abuse from nine organisations (Department of Social Welfare, Royal Swaziland Police, Ministry of Education, Director of Public Prosecutions, SWAGAA, Save the

Children, AMICAALL and NATTIC). A recent assessment of the national violence surveillance system⁴³ found that national coordination and data gathering mechanisms have contributed to a coordinated and more focused response. Sub-national surveillance forums are recommended to improve inter-sectoral collaboration and planning between Government ministries, civil society partners and community based groups.

3.4.1.2 Regional and local coordination⁴⁴

Currently there are weak child protection coordination mechanism at community, inkhundla or regional level. Local referral networks do exist, but on an ad hoc basis. Prior to the Act, the lack of support to sub-regional social work representatives, absence of a formal referral process and the fact that community leaders and community volunteers have no formal responsibility for dealing with child protection appropriately are challenges to effective coordination and accountability at local level.

The Regional Secretary is the officer in charge of coordinating all issues at regional level, including child protection. Informants indicated that such coordination does happen in Lubombo region and this is proving to be effective, but it is not consistently undertaken.



Systems building implications of the current coordination structure

- There is a need for a regulated coordination of the civil society and development partners.
- There is no recognised child protection coordination mechanism at community, inkhundla or regional level, so responses remain ad hoc and depend on individual regional administrators taking leadership.

3.4.2 Lead ministry responsible for child protection implementation⁴⁵

The Deputy Prime Minister's Office (DPMO) is the primary government department with responsibility for implementing child protection services. The CPWA 2012 recognises the central leadership role of the DSW in the overall protection of children.

DSW's core functions (under the Child Protection and Welfare Act of 2012, and Child Care Service order of 1977) are to:

- make provision for orphaned, destitute, homeless and abandoned children;
- protect children from abuse or ill treatment;
- remove children from the custody or care of unfit persons or from conditions that are physically or morally harmful to them or likely to be harmful; and
- perform such other humanitarian services for children's welfare as may be generally or specially authorised by the Minister.

Sectoral management and coordination: The DSW has staff at decentralised level who implement regional social work activities. However, all management and planning occurs nationally.

Human resource capacity: Staffing levels of social workers are extremely low, although the DSW has increased staffing levels from 15 to over 100 approved posts between 2007 and 2011.⁴⁶ The low rate of coverage per child and family, and the fact that household visits are not possible due to human and transport constraints, inhibits effective case management. In addition, an insufficient number of social workers are fully qualified (four social workers at the

⁴³ Department of Social Welfare & UNICEF Swaziland (2013, draft) *An overview of Swaziland's national violence surveillance system*.

⁴⁴ Information provided in a coordination working session with NCCU, DSW, MOLSS, PPCU, Church Forum.

⁴⁵ Information provided in interviews and completed questionnaires from DSW and MOJ representatives.

⁴⁶ Department of Social Welfare & UNICEF (2013) *Strengthening social welfare systems in Swaziland*.

time of the mapping), with others having degrees or diplomas from related social sciences fields but lacking specialist training.

The DSW is currently conducting a skills mapping process, to be completed by July/August 2013. It is envisioned that this process will inform proposed restructuring process at DSW, which needs to be approved by Cabinet. It is anticipated that restructuring will unlock an additional 55 vacancies for auxiliary social workers, who will be posted in the 55 constituencies/ Inkhundla centres.

The proposed new approach within DSW, should the restructuring come into place, is a focus on a broader social welfare workforce, not just statutory social workers. This means considering community-based and auxiliary social welfare staff, as well as the current statutory social workers. Adopting the social welfare workforce approach is intended to ensure that government has the opportunity to leverage opportunities outside the department.

236 community workers have graduated from the Supported Open Distance Learning certificate in community and youth work, designed and delivered by the Regional Psychosocial Support Initiative (REPSSI)/African Centre for Childhood Development, University of KwaZulu Natal (UKZN). This has resulted in a trained pool of para-social welfare volunteers who work directly with children and their families. This lays the foundation for those working in social welfare to provide counselling and guidance support to the most vulnerable. The University of Swaziland (UNISWA) have adapted and accredited the materials with technical support from REPSSI and UKZN. This is expected to significantly improve the capacity of child protection service providers and volunteer caregivers.⁴⁷

One challenge in fast-tracking the training of social workers in Swaziland is the absence of an accredited social work training programme within Swaziland. There has been a growth in private universities offering social welfare -related training, but there is no oversight or accreditation of their training programmes.

Function: DSW staff members undertake statutory child protection functions alongside other social development functions, which limits the time that they have to focus on child protection. For example, DSW staff currently administers the manual disbursement of the old age grant. This is time consuming, with a quarterly payment that must be managed manually by staff and takes one to two weeks per quarter to manage. Government is in the process of sub-contracting this disbursement which will free up some time.

Oversight: Currently there is no professional association for social workers to accredit social work practitioners in Swaziland. The onus is on social work professionals to regulate themselves and advocate for the establishment of a professional body for social workers through an Act of Parliament.

3.4.3 Children and the justice sector

3.4.3.1 Ministry of Justice

Sectoral management and coordination: The Ministry of Justice and Constitutional Affairs has lead oversight of justice for children, supported by the Royal Swazi Police and DSW, along with other ministries, in their service delivery role.

Function: The Child Protection and Welfare Act of 2012 was gazetted on 1st July 2013, shortly after this mapping and assessment process was completed. The new law provides clear guidance about the role of the justice process in relation to children who are victims of crime, witnesses to crime, perpetrators and children who need protection and care from the law (for example, children who are in need of alternative care).

Under the child justice component of the CPWA of 2012, the Act introduces new elements of child protection, including children courts, diversion and restorative justice programmes and other moves toward protecting children who are in conflict with the law. The CPWA also outlines parental and state responsibilities.

⁴⁷ Information from Department of Social Welfare & UNICEF (2013) Strengthening social welfare systems in Swaziland.

Human resource capacity: Currently, there are two child-friendly court rooms in the country. The CPWA of 2012 designates Magistrate's Courts as Children courts - which shall be staffed by trained personnel. Whilst the current child-friendly courts have been well received, future success of an expansion of child-friendly justice services will depend on proper implementation of the Act.

Human resources are limited.

Much of the success of the justice sector depends on collaboration with other actors. Key priorities identified during the mapping were to clarify some of the supporting roles for children in contact with the law.

Another challenge is that there is no overall partnership framework or set of MOUs between civil society providing support to the Ministry of Justice & Constitutional Affairs.

Non-state actors play an important role supporting children who are in contact with the law, as children go through the justice process. However, their support is conducted on a case by case basis. There is no overarching partnership framework, which would be necessary to ensure quality standards and set out clear expectations and responsibilities from all sides.

Oversight: The Human Rights Commission has an independent oversight role of human rights issues including children. However, the Human Rights Commission is constrained by the lack of a Secretariat to support the Commission in the discharge of its mandate. The Supreme Court is the highest court in the land. It has powers to hear and adjudicate on cases lodged by appellants. It also serves as the court with final authority on constitutional matters. The High Court has both review and appellate jurisdiction on matters concluded by the magistrate court.

3.4.3.2 Royal Swazi Police

Function: The Domestic Violence, Child Protection and Sexual Offences Unit under the Royal Swaziland Police (RSP) has the responsibility to enforce the law through prevention and response to all gender based violence and child protection issues. The RSP is described as the sole gateway into the justice system/redress for those who have been violated. The RSP is the sole custodians of police records (a Register of Crimes Contravening Investigated – RCCI), without which no criminal matter can proceed to court. Under the CPWA of 2012, the role of the police has been redefined and it calls for closer collaboration with the Department of Social Welfare. This calls for new working methods on matters involving children.

Human resource capacity: The findings from the mapping exercise recommend that the Domestic Violence, Child Protection and Sexual Offences (DCS) Unit would benefit from having dedicated office and budget allocation along the lines of the Traffic Department, to facilitate greater resource utilisation and enable greater action. Their numbers (87 officers in the Unit, out of a total of just over 4,000 police officers) is very low in relation to the case load. The findings from the mapping exercise underscore the fact that the proportion of DCS police officers is not enough to deal with the burden of reports cases because DCS officers account for approximately 2 percent of the police population, yet approximately 50 percent of the country's population are children.

RSP officers have received core child protection training as part of their core functions of criminal investigation. This involves basic training on domestic violence, child protection and sexual offences. However, training – although carried out from a child rights perspective – is described as not adequate and new recruits, in particular, need more training. Overall, staff turnover is described as high. The process of developing and piloting modules on competency based policing on children's rights is underway and will be implemented from the 2014/15 annual year.

3.4.3.3 Process of law for children

Children in conflict with the law are protected from treatment as adults in a number of ways.

At present there are no diversion programmes (where a child is ordered into specific care and support from social services or family).

Child-friendly facilities do exist in several magistrates courts and have been well received, offering good examples of how this should be done. Facilities include the use of intermediaries, use of CCTV, option to use child-friendly tools such as anatomically correct dolls for child victims, child-friendly interviewing rooms and specialist police officers who have been trained in gender-based violence. NGOs can be present to support children during this process. The court is given the discretion to decide on what is the best interest of the child. Child victims and witnesses primarily receive support from civil society organisations such as Save the Children, SACRO and SWAGAA. The police have been trained in witness support. The court can be cleared before a child makes his or her testimony.

Currently there is very little state support for children who come into conflict with the law. A child who is accused has the right to his or her own legal counsel, but this is not provided by the government other than in cases of murder and treason.

Children are held separately from adults. Boys go to Malkerns industrial school and girls go to a children's section at Mawelawela Correctional Facility.

Once found guilty, support during detention and for reintegration appear to largely rely on NGOs. The detention facilities do provide a care plan and can involve social workers where deemed necessary.

Currently there is no specific set of procedures set out for children who come into contact with the law because they are in need of care and protection (e.g. children who need to be removed from their family setting to a place of safety, children who enter into alternative care). This is provided for in the 2012 Child Protection and Welfare Act but regulations have not yet been developed. Children of imprisoned women stay with their mothers in a separate mother's section of prison until they are three – there is no recorded follow up for such children, who move to stay with family members.

Whilst there is active engagement by civil society partners supporting children through the justice system, there is no overarching framework of partnership, which would be necessary to ensure quality standards and set out clear expectations and responsibilities from all side.

3.4.4 Ministries who play a key supporting role in child protection⁴⁸

Ministry of Health (MoH)

The MoH is a supporting implementing partner on violence prevention and response. Currently MOH has no MOUs with other ministries or non-government actors on this or other child protection issues.

The MOH is one of two government bodies who are the first point of referral for abuse and violence (the other being the police). Currently, post-exposure prophylaxis is reported as being available in almost all health facilities. Previously, victims/survivors would not be treated up until the police have been notified and a police report has been filed. Now the arrangement is that whenever victim/survivors reaches a health facility, the health of the person should be of primary consideration. Other paperwork should follow. A challenge is that doctors are reported as sometimes reluctant to collect forensic medical evidence because they are then required to provide evidence in a court of law, which they find intimidating and time consuming.

The MOH reported the need to provide improved training for frontline health personnel on how to better interact with victims/survivors of abuse and improved legislative backing, including guarantees of confidentiality for survivors of violence and abuse.

Ministry of Education and Training (MOET)

The MOET has a core role in the protection of children within educational and training sites, led by the Guidance and Counselling and the Inspectorate Departments. The mapping did not identify any formal mandate for protecting

⁴⁸ Information provided in interviews and completed questionnaires from relevant ministry representatives. See Annex 2.

children by the MOET. Good working relationships between schools, the police and DSW were reported at local level.

In 2011, the Ministry of Education and Training hosted the first ever multi-sectoral and national dialogues on violence against children in and around schools in Swaziland. The dialogues elicited views of various stakeholders, which provided an entry point for focussed discussions and explorations of issues of violence perpetrated against children in and around schools in Swaziland.

Stakeholders highlighted that even though some children and adults reported acts of violence against children, there is also a culture of silence. The following reasons for the silence and unreported violence were elicited from the children⁴⁹:

- Fear of expulsion from school.
- Fear of the unknown, that is, after reporting, they are uncertain about the outcome of their reports.
- Fear of losing benefits, such as bursaries.
- Intimidation by adults and death threats.
- Children are denied the opportunity to defend themselves, which makes them unable to clarify issues.
- Children's voices are not heard by adults.
- Some children feel that they have no one to report to.
- "I'm baffled why we do not report violence because news travel fast within schools."
- Perhaps some teachers are indispensable at the school such as science teachers because they are not dismissed even when they are perpetrators of violence.
- Some teachers are known as Christians and no one can believe reports that they perpetrate violence against children.
- At times children do not report because they were fondled and not raped. They are tolerant towards such behaviour, which they regard as a better evil.
- Some Head teachers do not report violence cases to protect the image of their schools from attracting bad publicity.
- Some victims forgive offenders.
- Fear to fail and repeat a grade.

Ministry of Tinkundla Administration and Development (MTAD)

MTAD works primarily at administrative coordination of sub-national administrative processes. As such, it has an important referral role and collaborates with other ministries, most notably the MOJCA and DSW. The department with primary child protection responsibility is Community Development. MTAD coordinates with all stakeholders at regional, tinkhundla and chiefdoms.

MTAD has two key child protection functions that play a primary role in the child protection response – liaison with the Lihlombe Lekukhalela and coordination of the Neighbourhood Care Points (NCPs). At regional level, MTAD holds quarterly meetings with civil society groups supporting Lihlombe Lekukhalele. Currently there are 55,000 children attending NCPs, the vast majority of whom are classified as orphan and/or vulnerable. Capacity building is done with key civil society partners, such as Lutheran Development Services, World Vision, Church Forum, Khulisa Umntfwana and Another Hope Foundation.

LL training guidelines were developed by Save the Children. The Community Development Department trains NCP and LL caregivers on psychosocial support. MTAD coordinates the NCP programme, which has an element of capacitating NCP caregivers on identifying the early signs of sexual abuse and other forms of abuse and focusing on referrals.

⁴⁹Stakeholders Dialogue on Making Schools Safer for Children in Swaziland: Lessons Learned and Strategies for Action, 2011, Ministry of Education and Training (MoET)

MTAD stakeholders noted the importance of strengthening the work of LAs, as they work in close collaboration with the police and DSW in their work. They also noted the need for far greater focus on prevention abuse, rather than purely formal response, through a multi-pronged approach.

Ministry of Home Affairs (MOHA)

The main child protection functions of the Ministry of Home Affairs are: civil registration which includes the registration of birth, marriages and deaths registration, refugee child protection; and registration of NGOs and faith-based organisations. The key departments are Civil Registration, Immigration and Refugees Departments.

MOHA is a member of the multi-sectoral Anti Human Trafficking and Smuggling Task Force. The ministry reports working well with neighbouring states (South Africa, Mozambique) and the police for the prevention and quick response to cases of trafficking.

The current priority challenge identified by the MOHA is the need for improved birth registration. There is a need to ensure that the Birth Marriage and Death Act is strengthened. Government is also in the process of planning to introduce a comprehensive E-Civil registration. Birth registration services are available in health facilities, tinkhundla centres and outreach services.

Ministry of Labour and Social Security

The Ministry of Labour and Social Security (MOLSS) is responsible for child labour. The Government of Swaziland recognizes the serious nature of child labour and its impact on the welfare and development of children. Article 29 (1) of the Constitution of Swaziland (Act No1 of 2005) protects children from engaging in “work that constitutes a threat to their health, education or development”. These constitutional protections are given effect through a number of laws relevant to child labour, some of which include the Employment Act No. 5 of 1980, Children’s Protection and Welfare Act No, Sexual Offenses and Domestic Violence Bill of 2009, and the People Trafficking and People Smuggling Prohibition Act No. 7 of 2009. To underscore Government’s commitment to the protection of children’s rights, Swaziland has ratified the ILO Minimum Age Convention (No. 138 of 1973), the ILO Worst Forms of Child Labour Convention (No. 182 of 1999), the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child of 1990⁵⁰.

Child labour is addressed through the formulation of the Action Programme on the Elimination of Child Labour (APEC), which provides the framework for pulling together, for a common cause of action, the different stakeholders in children’s welfare and development. The APEC aims at ensuring that children are not involved in activities that are detrimental to their welfare and physical and social development. The APEC has been formulated through a broad consultation of various stakeholders, including government agencies, social partners, development partners, NGOs, faith and community based organizations.

Currently the ministry is establishing a Task Team with relevant stakeholders to deal with child labour issues, although no MOUs or other coordination mechanisms are in place at present. There is a proposal to employ regional officers to deal with child labour issues, who would report to the Child Labour Unit at national level, although this is not in place yet. A Child Labour Unit is currently being established, which will be the Secretariat for the task team on child labour and responsible for implementing activities on child labour.

⁵⁰ Action Programme for the Elimination of Child Labour in Swaziland (APEC): 2013-2017, MoLSS.



Systems building implications of structures, functions and capacities of service providers

- In general, there is clarity about mandates across government actors. For example, the DSW has a clear mandate for statutory child protection and the new CPWA spells out roles between social workers, police and justice personnel.
- Some ministries have clear operational guidelines for core functions. For example, the MOH has guidelines on post-rape services and MOET on their guidance and counselling functions. These internal guidelines are not always aligned with other sectoral functions which can inhibit good case management. Because of the lack of clear inter-sectoral responsibilities, coordination between ministries is described as ad hoc.
- There are no recognised forms of mutual accountability between ministries providing joined-up care for children in need of protection, such as Memoranda of Understanding or specified responsibilities for inter-sectoral collaboration, or with civil society organisations providing service delivery such as those supporting Lihlombe Lekukhalele. This means that when a member of staff from one ministry does not fulfil their role – for example, a doctor is not willing to complete and submit forensic evidence in case of sexual or physical assault against a child – others are powerless to fulfil their own responsibilities, in this case police, social work and justice personnel are not able to fulfil their roles in supporting prosecution of the offender.
- Human resource capacity is and will remain a challenge. The mapping highlighted a lack of coherent and consistent training for child protection professionals across all ministries. There are seriously insufficient technical, professional and para-professional social work staff at all levels. The problem has been compounded by inadequate training facilities in-country and lack of standardised training standards for DSW staff and community-based child protection volunteers. Individual officers have multiple roles (old age pension, child protection and all other statutory social work and social development tasks in the case of social workers).
- DSW is lobbying for DSW services to be declared as an essential service because of the need to address issues such as gender-based violence and human trafficking, social grants and disaster response.
- The overall management of tracking of integrated child protection responses is weak, in part because DSW does not have a technical Planning, Monitoring and Evaluation Unit (although this is included in the proposed restructuring). Such a Unit would enable preparation and monitoring of Strategic Plans (notably the existing Social Development Strategic Plan). One of the biggest gaps highlighted in the mapping was the lack of standard operating procedures on reporting child protection incidences and referral of cases to relevant offices for further action.
- There is a disconnect between perceptions of those in the formal justice sector and those working with children on the ground about the extent to which ‘traditional justice’ is practiced. Consequently, there has been limited dialogue within the child protection sector about how to align the two processes – or how to ensure that the formal justice process is applied consistently in cases where currently family or informal local processes contravene the law.

3.4.5 Civil society⁵¹

Civil society’s child protection mandate and function

Civil society organisations (CSOs) play a critical role in complementing government efforts for the provision of both formal and informal child protection services.

Coordination: The Coordinating Assembly of NGOs (CANGO) is the umbrella body of NGOs. All NGOs working on children’s issues can be members of the Children’s Consortium, a sub-group of CANGO.

⁵¹ Information provided in a working session with representatives from civil society at a working sessions. See Annex 2.

Resources and capacity: There is no official number or assessment of CSOs active in child protection in Swaziland. The mapping reviewed the five largest CSOs working on child protection in the country. Civil society organisations reported that, despite the strong commitment from NCCU, the lack of a legislative coordination mechanism is a challenge in this regard.

Key interventions carried out by civil society at local level: The mapping did not carry out a detailed assessment of the nature, scope and quality of child protection interventions carried out by CSOs. However, a snapshot picture emerges. In light of the increase in numbers of vulnerable children in Swaziland, facilities have been created to support these children. These include the construction of Neighbourhood Care Points (NCPs), which provide psychosocial support, and Early Childhood Care and Development and kaGogo Centres, which serve as community administrative centre, where children can be registered for birth certificates.

In addition to these interventions, there are 44 registered, and an unknown number of unregistered, residential child care facilities which are mostly privately owned.

Most CSOs provide services to children who are abused neglected and without family care.

The mapping and assessment process in particular identified the Lihlombe Lekukhalela (LL) community child committees as a community-based intervention that was felt to provide a wide range of child protection support. CSOs provide mentorship to these committees. However, at present these are not 'housed' within any government department. This makes it hard for them to be fully aligned with national plans and responses and to promote synergies between the formal and non-formal sectors.

One challenge noted in the mapping is that there are currently no signed agreements (Memoranda of Understanding) between NGOs working on child protection and the DSW and other key agencies.



Systems building implications of structures: functions and capacities of civil society

- There is no overall information about coverage of child protection services– which agencies are providing what services, where, to how many children of what age, gender and other considerations.
- The provision of care is fragmented and not always targeted at those with greatest need.
- Currently there is no formal mechanism for holding individual CSOs accountable for their child protection work, such as Memoranda of Understanding between NGOs working on child protection and the DSW and other agencies.
- Civil society organisations are very dependent on funding and, according to some informants, this makes their work donor driven.
- In part due to resource constraints and external agendas, and in part due to lack of access to services, civil society organisations do not always develop programmes that are informed by the latest evidence about what works best in child protection. For example, the anecdotal rise in residential care homes, which should not be the first resort according to Swaziland's national guidelines on alternative care.⁵²

3.4.6 Non-formal systems and coordination at community level ⁵³

The traditional decision-making mechanisms, at times religious authorities and family processes are an integral component of the child protection system. These informal mechanisms are often the primary support mechanisms and a means of ensuring and, where necessary, enforcing, local culture and norms. There are also a number of

⁵²Department of Social Welfare (December 2010) *National Guidelines on Alternative Care in Swaziland*

⁵³ Information provided in national working sessions and community focus group discussions (see Annex 2).

There are an estimated 10,000 LL protectors working in all four regions of the country. LL volunteers are the main actors who visit the homes of vulnerable families and children and serves as an informal referral mechanism for cases of abuse and neglect. The other main entity is the Neighbourhood Care Point, but this was not identified as a core 'child protection' agency and does not visit vulnerable households, thus potentially excluding children at risk of abuse, violence, exploitation or neglect within their home.

A recent evaluation of LLs highlights the many very positive aspects of the programme, as well as the gaps and challenges.⁵⁵The LL child protectors are a culturally compatible and home-grown child protection service. The mapping consistently and clearly showed the importance of the LL programme.

Effectiveness of the Lihlombe Lekukhalela child protectors

90% of LL respondents indicated that they were easily able to reach all the vulnerable children under their care. This positive view was endorsed by community members.

Most (76%) respondents indicated that vulnerable children were able to reach out to child protection services and opportunities; but most said they did not do this on their own. 55% indicated that such children never sought protection services or opportunities at all.

Some children are not able to report abuse due to fear of intimidation and victimisation, threats to their lives, feelings of shame and embarrassment; stonewalling by parents and guardians, particularly those who consider issues of child abuse as family secrets (tibi tendlu); at times a lack of community support.

The majority (61%) of LL respondents supervised more than 10 households. Only 22% supervised 3 – 5 households, as recommended.

The 'inability of responsible organs to follow up cases to the end' was described as a challenge.

Half of respondents acknowledged that human and physical resources for the protection of vulnerable children, respectively, were adequate to more than adequate; only 5% of respondents felt that financial resources were adequate to more than adequate.

Traditional or cultural child protection mechanisms

The Inner Council (Bandlancane) plays a key role in ensuring accountability of child protection mechanisms at community level. Community child protection committees report to community leadership, as reported in community discussions. There is no formal way that decisions are made, but the chieftdom (Umphakatsi) Court is involved in applying informal justice mechanisms, even in situations where it is clear that the formal justice sector should lead, such as in cases of child rape.

The CPWA of 2012 clearly defines the roles and responsibilities of community leadership structures, on the legal aspect of child protection within communities, especially in relation to child justice issues. Bandlancane have a formal link with the Ministry of Tinkundla Administration and Development at national level. However, child protection does not fall into this mandate at present.

Community members also report that church leader's play a child protection role, as do community HIV committees. However, there is no clarity about what role families and children feel that they should play. Faith based organisations play an immensely important role in sustaining family support, through spiritual but also practical material and social assistance – often the mainstay of survival to struggling families who would otherwise inadvertently expose children to neglect through poverty and emotional distress. However, there are certain groups

⁵⁵Prof. K.J.B. Keregero (2012) *Evaluation of Lihlombe Lekukhalela. Powerpoint presentation of key findings.*

in the communities with extremist religious beliefs that promote harmful practices that harm children, especially when children are seen as not conforming to religious expectations.

Family responses to child protection

Some child protection issues are not referred to community mechanisms – either formal or informal.

National and local stakeholder consultations highlighted the following specific issues that are not routinely dealt with within community responses – kwendziswa (child marriage) and “private family matters” of incest, rape and abuse. Often these are settled within and between families, and in such cases this is rarely done in the best interests of the child.



Systems building implications of the informal community child protection sector

- Currently there is no formal linkage between community-based structures and national service delivery structures (police or sub-regional/regional social worker). In consultations with communities it emanated that all community structures are responsible to the community council and should report on all matters including child protection issues; however, the council does not exist only for child protection issues. Neither are committee members gazetted to respond to child protection. Therefore issues appear and are treated at the discretion of the local committee members and Inner Councils in an ad hoc fashion, dependent on local knowledge and engagement with the issue.
- Community leaders, civil society and government representatives at local level recommended the need for regulations or legislation that would align local mechanisms for protecting children with statutory service provision. With these guidelines in place, it becomes possible to provide standardised and harmonised training across all community members, such as LL members, Neighbourhood Care Point caregivers, rural health motivators and members of Community Councils.
- Community volunteers have a heavy workload, including complex child protection issues, and may require some form of incentive. The absence of incentives to LL was noted as a constraint to commitment by national and regional stakeholders (although the mapping and assessment process did not gather data on turnover rates of community volunteers or reasons for turnover).
- Despite community commitment to the initiative and good collaboration with social welfare staff and other service providers, communities cannot support LL services and LLs remain dependent on external funds for training and incentives.
- There is limited monitoring of the impact of community-based work. Whilst it is clear that LLs, NCPs and a number of community-run initiatives are doing good and increasing awareness of child protection issues, and can liaise closely with police and DSW, more robust monitoring of impact is essential. Data is needed in order to build on the good practices and improve those that need some improvement.

3.5 Continuum of care – formal and informal, preventive and responsive child protection services at community level

A child protection continuum of care is the range of services and interventions that run from overall promotion of a protective environment, through preventive activities to response and then rehabilitation or support to child survivors of child protection violations.

The mapping highlighted overall the commitment and energy of Swazis to address issues of child protection. The legislation and the active engagement of community members and national service providers and policy makers, despite resource challenges, demonstrate this commitment. However, the mapping identified significant gaps in the response. The overall strong policy, legislative framework and immense commitment on the ground to challenge

negative attitudes has not translated into a safe environment for children. The box below highlights some of the interventions.

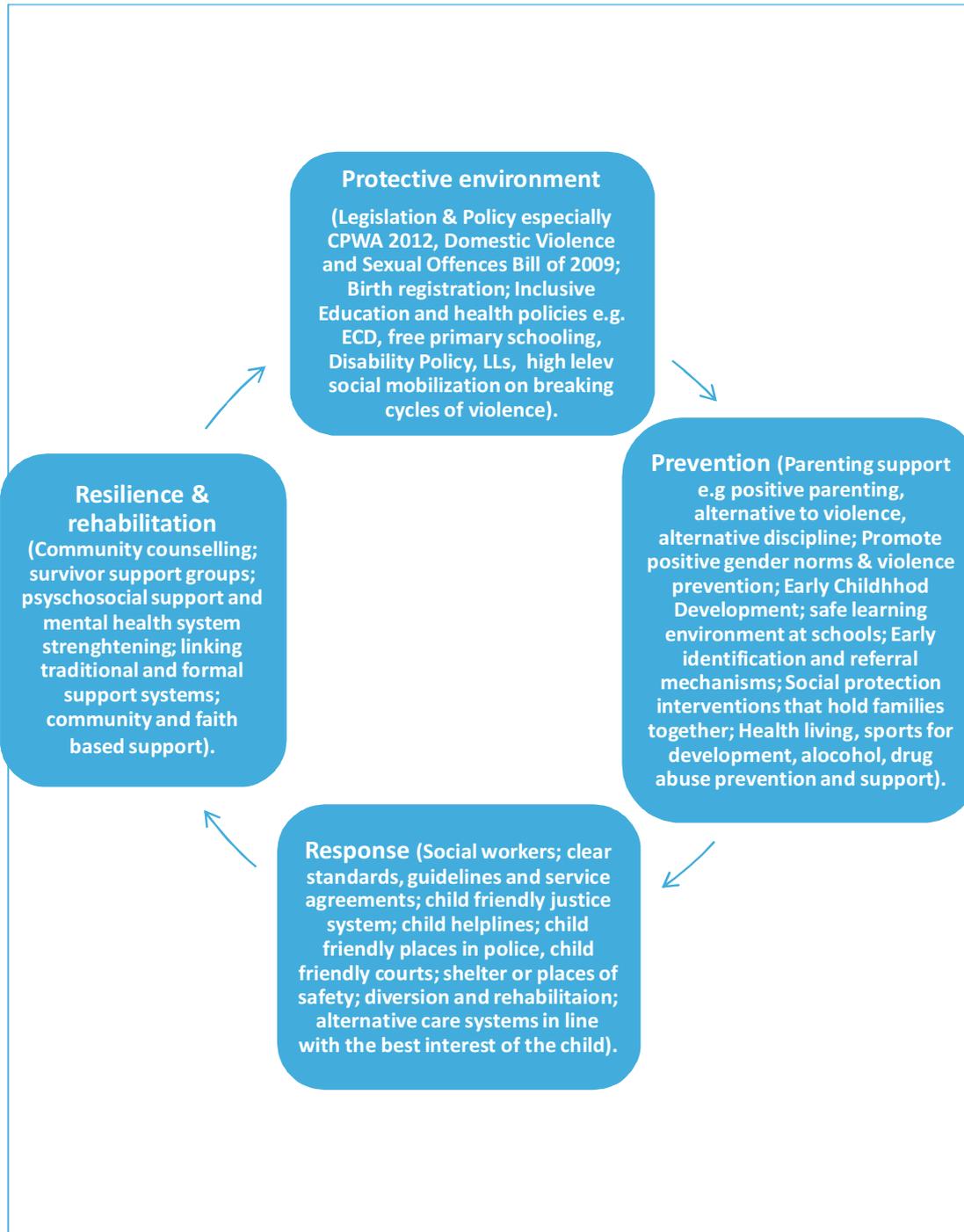


Figure 2: The child protection continuum of care

3.5.1 Harmful attitudes, customs, and practices

In many African settings, children tend to be seen and not necessarily heard. In the mapping, one strong message about children’s role in child protection was that children’s views are not heard in decision making. The main example provided was in ‘adoption’ (when children are taken into extended family care), in which children are never consulted about their own choices. In light of the Swazi culture and custom, children have limited opportunities to make inputs into policy or programme formulation. In a typical Swazi setting, boys and girls are taught issues of growing up according their age groups (*liguma/girls quarters and lisangu/boys quarters*) and children do have access to health education in schools, although notable is an absence of formal life skills development programmes for children.

Day of the African child (DAC) has its roots in the Soweto uprising of 1976 when SA students protested the use of Afrikaans as a medium of instruction. The protest action resulted in many deaths and injuries but what is more important is that students were claiming their right to education. Fifteen (15) years after the Soweto uprising the then OAU declared 16th June as the Day of the African Child.

DAC Themes:

- 2006: Stop violence against children
- 2007: Stop child trafficking
- 2008: Child participation – children to be heard and seen
- 2009: Listen to children : “nika umntfwana indlebe”
- 2010: Stop child trafficking
- 2011: Umhliba loyembili (Children are the future): HIV prevention
- 2012: The rights of children with disabilities: the duty to protect, respect, promote and fulfil
- 2013: Harmful cultural practices

2013 Day of the African Child: Children’s month was launched by the Prime Minister at a launch attended by Cabinet Ministers, Principal Secretaries, senior government officials, UN Agencies, non-governmental organizations including faith based organizations and children from various schools accompanied by their teachers.

Table 3 Common practices used for child rearing⁵⁶

Positive	Negative
• <i>Egumeni/esangweni</i> – where boys and girls were educated about growth and development	Corporal punishment (the Children’s Policy and Education Sector Policy advocates for positive discipline)
• <i>Umcwasho</i> – which promotes abstinence	Early and forced marriage/child marriage
• <i>Umhlanga/lusekwane</i> – which promotes abstinence, self esteem and cultural identity	Milk teeth extraction
• Male circumcision – cleanliness and hygiene	Virginity testing* (NB CPWA Section 239 – 244 promotes access to reproductive health services)
• <i>Kushaya tymphumamlotsa and kudla umule</i> – which gave opportunity to discuss issues of puberty and sexuality education	Nutritional taboos
• Tinganekwane - story telling as means of imparting positive values	Religious beliefs against access to education and health
	Ritual murder of children including children living with albinism
	Giving children derogatory names
	Maintenance of children (NB CPWA Section 212 – 231 addresses issues of maintenance including the role of community)
	Children born out of wedlock not being to their true identification (NB CPWA Section 197 -210 addresses issues of parentage custody and guardianship)
	Property grabbing from orphaned children
	Children living with disability are either ostracized* (NB National Constitution Section 30 – people with disability have a right to access all services)
	Tibi tendlu – hiding criminal activities against children
	Exploitative child labour NB CPWA Section 232 – 238 addresses employment of children

⁵⁶ NCCU (2013) *Day of the African Child Report*

Children and communities speaking out about child protection

The following are the issues raised by community members during the mapping and assessment process:

- *Tibi tendlu (Family secrets)*
- *Neglect by irresponsible parents, parents drunk and not caring for kids at home.*
- *Sexual abuse and cover up using money*
- *Children without care/ child headed homes*
- *Umhlanga (Reed dance) – girls exposed to abuse from rogue males and to bad behaviour*
- *Children learning bad habits from TV, social networks pornographic magazines and books*
- *Wife inheritance (kungena, inhlanti, kulamuta)*
- *Beating of children at home.*

Children had similar views, although with some significant differences:

- *Parents who are poor but use their money on alcohol neglecting children's home and school needs*
- *ill-treatment by stepmothers*
- *Sexual abuse by uncle or relative and the family treats this matter as dirty linen (tibi tendlu)*
- *Adult man marrying young girls – inhlanti*
- *Kwendziswa (marrying) of young girl by parents to someone she does not love so that parents may get some money.*
- *Excessive chores for children and slapping children anyhow and name calling by not so sober parents.*
- *Bad mouthing by stepmother to your father and father taking sides with her*
- *Using foul language at children and children learning to use the bad language at other children in the community and school, e.g. calling children 'dogs'.*
- *Excessive beating of children even on the head which can cause permanent damage*

The mapping and assessment exercise did not undertake a detailed audit of interventions being undertaken across Swaziland (although stakeholders noted that this would be helpful).

3.5.2 Interventions to promote safe environments for children

National service providers identified a range of interventions that *promote a child friendly environment* and which therefore enable targeted child protection interventions to be undertaken. In addition to the strong legislative framework outlined above, the following interventions were mentioned: life skills empowerment programmes and girls empowerment programmes; some programmes on male and boys involvement; a range of sexual and reproductive health interventions for adolescents; Early Childhood Care and Development interventions; and support for adolescents living with HIV (although only provided centrally, with a need for decentralisation). All of these mechanisms are 'informal' in that they appear to be exclusively *delivered* by civil society at this *stage*, with the

exception of health-related interventions. The interventions are delivered separately, but have significant interactions that can strengthen the overall protective environment.

3.5.3 Interventions to prevent child abuse, violence, exploitation and neglect

A number of interventions that directly or indirectly seek to prevent cases of neglect, abuse, violence and exploitation at community level, with impressively wide coverage in many cases. The following interventions were noted as having relatively widespread coverage. Lihlombe Lekukhalela (*LL*) were described as having widespread coverage. They are supported by a large number of national NGOs working on child protection. Neighbourhood Care Points, delivered by NGOs, FBOs and CBOs and coordinated by MTAD, are described as formal interventions and have very wide coverage although informants noted that, whilst some provide high quality care, quality in others and coverage is described as patchy. A comprehensive sexuality education programme, that includes child protection components, is being applied quite widely. Residential care facilities providing care for abandoned children and children in need of care, are mostly being run by NGOs and overseen by DSW. It was observed that there are concerns about quality, given the inability to provide detailed oversight. There were a number of individual early childhood interventions and parenting support which were felt to be of value as prevention interventions.

3.5.4 Child protection response interventions

The mapping sought to identify what are the commonly practiced referral mechanisms, how cases or suspected cases are identified, reported and referred. The referrals that happen are ad hoc, depend on local individual initiative and are described as being of relatively weak quality.

The mapping sought to identify how case management and gatekeeping (assessing a suspected case of child protection, deciding how to act in the best interests of the child, supporting the family) all work but there were no substantive examples given beyond the current pattern of DSW and police response, with active *LL* engagement.

The national violence surveillance system has recently been assessed.⁵⁷ A review of its functions and impact found that it is an excellent initiative that has brought together key actors at national level. However, it highlights the necessity of validating the draft GBV referral mechanisms and considering how to ensure that referrals do not exclusively address violence, but can also take into account other child protection violations. Referral from the first point of contact to prosecution is required to ensure recourse to justice is available, and for survivors not to be re-traumatised by the criminal justice system.



Systems building implications of the continuum of care

- Working relationships between the formal and informal mechanisms appear to work well, with regular meetings by and large.
- The nationwide network of *LL* volunteers is seen by all as a strong base for protecting children. Volunteers play a role across the continuum of care and are reported by children and adults at community level as often being the first people to go to.
- The NCPs and a number of local initiatives are focusing on parenting and support to children at early years, which shows a strong focus on prevention.
- There are more response interventions than those focusing on prevention. Prevention has to play a stronger role. The prevention activities that do exist are not fully aligned with child and community priorities, for example there is very little prevention work on kwendziswa, on physical and emotional abuse or neglect in the home or on prevention of harm to children with disabilities.

⁵⁷ Department of Social Welfare & UNICEF Swaziland (2013, draft) *An overview of Swaziland' national violence surveillance system.*

- There is no formal relationship between the strong community initiatives and a recognised referral and case management process. Therefore responses remain ad hoc and dependent on local individuals.
- There are also no recognised standard operating procedures for community volunteer, NGO and statutory child protection workers and justice workers, which means that there is no regulation or accountability embedded into current practice – nothing that a ‘system’ could monitor and track.
- There is a gap in monitoring, with no central or local monitoring process to measure the success of different initiatives or to see whether local efforts are targeted at the most vulnerable children and providing services that have a demonstrable long-term impact.
- There are a range of diverse training programmes for volunteers, but it is not clear whether all have a core base in child protection, referral mechanisms and quality operating procedures. Training opportunities such as the University of Swaziland adaptation of REPSSI’s regional Supported, Open Distance Learning Programme for community and youth workers are not widely mentioned by implementing bodies.
- There is limited information available on the quality of service provided, for example on residential care for children.

4. SYSTEMS BUILDING PRIORITIES

The mapping and assessment sought to identify common areas of action. This was done by gathering data on what is happening and, more importantly, gathering inputs from informants about the most useful and priority steps needed to build a coordinated child protection response.

Stakeholders involved in the mapping exercise identified the systems building priorities below through two steps. First, all suggestions and recommendations during the mapping for strengthening the system were organised into six categories of systems building blocks:

- i. Laws, policies, standards & regulations
- ii. Coordination, coordination and collaboration
- iii. Capacity building
- iv. Services & service delivery
- v. Communication, education, mobilisation for change
- vi. Accountability

These were then reviewed at a validation workshop in June 2013 and participants focused on those actions that felt to be the most important. These are highlighted below:⁵⁸

Systems building priorities	Actions, actors and time frame
Laws, policies, regulations, standards	
1. Develop regulations to ensure effective implementation for the CPWA 2012.	DPMO (NCCU) will lead the process to draft and produce regulations for implementing parts of the CPWA.
2. Coordinate and lead the process to implement the Act	DPMO (NCCU) must lead a multi-sectoral programme for the coordination and implementation of the CPWA.
3. Develop a regulatory system to ensure that all child protection initiatives are reported by all implementing partners to a central coordination mechanism	This will be coordinated by DPMO (NCCU) within the implementation plan of the CPWA 2012.
Cooperation, coordination and collaboration	
4. Develop a regulatory framework with stakeholders with provisions recognising the coordination role of the coordinating bodies (state and non-state) on child protection issues.	Facilitate development of legal instrument to regulate operations of organisations working on child protection, led by the DPMO (NCCU).
5. Improve inter-departmental collaboration between existing Technical Working Groups	To be led by DPMO (NCCU) and involve all implementing agencies
6. Develop a child protection-focused M&E system based on key indicators for state party reports to the CRC.	DPMO (NCCU) to lead the process.
7. Create functional regional child protection networks	DPMO (NCCU) will map all child protection implementing partners working in the regions and establish regional child protection networks which meet quarterly.

⁵⁸ The initial set of recommendations are included in the completed Toolkit that is available from NCCU.

Capacity building	
8. Build capacity of policy makers & traditional/community leaders to influence child-related matters.	DPMO - NCCU to lead on the dissemination of child protection & welfare-related studies.
9. Skills mapping of the child protection sector and the development of a training plan for service providers tasked with key responsibilities for the implementation of legislation.	Lead government ministries will lead the development and implementation of the training plans.
10. Develop training framework for all community-based volunteers and agree on common standards of training	DPMO - DSW to develop a training framework.
11. Strengthen the Guidance & Counselling programme in all public schools (primary to high school level).	This is to be undertaken by MOET, in alignment with other sectoral child protection capacity building initiatives
12. Advocate for social work profession to be included in the priority list of government scholarship study areas.	The focus is on building up a core body of professional social workers, as part of the broader social welfare workforce strengthening work. To be led by DPMO with support from MOET, DPM, MLSS, Public Service Unit.
Services and service delivery mechanisms	
13. Strengthen the management and coordination of the Lihlombe Lekukhalela (child protectors) programme by the responsible government ministries (MTAD and DSW (DSW)).	DPMO (DSW) to lead on development of a Cabinet Paper for cabinet approval.
14. Finalise and adopt national Child Protection Referral guidelines and case management for child abuse including gender-based violence.	Consultation with key stakeholders, led by NCCU.
15. Introduction of a free legal aid service for children.	Lobbying and sensitisation of key stakeholders; cabinet paper and cabinet approval; led by MoJCA.
Communication, education and mobilisation for change	
16. Develop and implement a comprehensive communication strategy on child protection issues.	DPMO (NCCU) to coordinate the initiative.
17. Conduct public awareness on child-related legislation and policies.	All child protection stakeholders to build on ongoing facilitation of awareness-raising meetings, workshops & campaigns on children's rights, with a focus on CPWA 2012 and Children's Policy.
18. Develop and implement GBV programmes and action plan which will be implemented all year round not limited to the 16 days on activism against GBV.	DPMO (gender unit) and gender consortium to immediately lead on restart of 365 Days of Activism Against GBV campaign.
Accountability mechanisms	
19. Develop regulations and agreements to guide data collection and use by all stakeholders.	To be led by DPMO (NCCU).
20. Develop a well-coordinated child protection-focused Management Information System (MIS) based on key indicators for state party reports to the CRC.	DPMO (NCCU) to lead the process.
21. Develop and implement adherence to a code of conduct for civil society.	Facilitated by DPMO (NCCU).

16. Develop and implement a comprehensive communication strategy on child protection issues.	DPMO (NCCU) to coordinate the initiative.
17. Conduct public awareness on child-related legislation and policies.	All child protection stakeholders to build on ongoing facilitation of awareness-raising meetings, workshops & campaigns on children's rights, with a focus on CPWA 2012 and Children's Policy.
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21. Develop and implement adherence to a code of conduct for civil society.	Facilitated by DPMO (NCCU).

5. CONCLUSION AND NEXT STEPS

The mapping and assessment provides a summary of what is happening in Swaziland in relation to child protection. Overall, it is clear that Swaziland has a strong commitment to child protection – the mapping showed the depth of commitment showed by many stakeholders at all levels to actually delivering concrete results for children.

The systems building implications in the report clearly highlight the priority challenges. Much of this relies on getting multi-sectoral action on some core areas – regulations for the new Children’s Protection and Welfare Act of 2012 that embed responses, within a functioning referral system where all actors have clear mandate and requirement to work together, clarity and focus on the particular challenges of children experiencing all forms of severe abuse, violence, exploitation and neglect and of children living without parental care / alternative care. These two areas of focus are pivotal to an effective response to HIV and to poverty alleviation in Swaziland.

The potential for protecting children remains weak while human resources remain limited – in numbers of trained social welfare staff, lack of clarity about the role and responsibility of key informal carers, most notably LL members. The mapping process has indicated an acknowledgement from most key actors that this human resource challenge (numbers and capacity) cannot be met overnight. Therefore urgent decisions are needed about how to build on the strongest elements that are already working – about what would make the referral system more effective (The commonly expressed perspective during the mapping was the need to have one system of child protection in Swaziland, standing on two legs - formal/legal and the non-formal/cultural.)

These priorities need to be further discussed and reviewed – along with validation of these findings – as a way of identifying the key needs in order to further strengthen Swaziland’s child protection framework, build on the huge commitment demonstrated by many individuals and institutions and enable Swaziland’s children to fulfil their potential and contribute to a bright future.

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Sexual Offence and Domestic Violence Bill (2010)

National Minimum Standards for Residential Care (2010)

National Social Development Policy (Nov 2010)

National Guidelines on Alternative Care in Swaziland (Dec 2010)

Child Protection and Welfare Act (2012)

ANNEX 2: KEY INFORMANTS

Respondents	Name of respondent	Institution
1. Min of Finance	-	Min of Finance
2. Min of Foreign Affairs	Mr. Mabuza, Under Secretary	Min of Foreign Affairs
3. Min of Tinkundla Admin	Ms Tobhi Dlamini, Principal Community Development Officer	Min of Tinkundla Admin
4. Min of Econ Plan and Development	-	Min of Econ Plan and Developments
5. Min of Justice and Constitutional Affairs	-	Min of Justice and Const Affairs
6. Min of Home Affairs	Mr.A.B. Dlamini, Under Secretary; Anthony Mr. Masilela, Principal Secretary	Min of Home Affairs
7. (Min of HA) BMD Unit	Mr. P.J. Gumede, Senior Assistant Registrar	BMD
8. (Min of HA) Refugees	Ms. Babazile Sigwane	Refugees Department
9. Min of Education	Dr. Sibongile Dlamini - Mntshali	Education
10. (Min of Education) ETGPS Unit	Mr. Simon Mazibuko, Assistant Coordinator, ETGPS	ETGPS
11. Min of Labour and Social Security	Mr. Mduduzi Vilakati, Child Labour Officer	Min of Labour and Social Security
12. Min of Health	Dr. Vusi Magagula, Director Ms Thandi Mndzebele, Coordinator Rural Health Motivators, Ms. Maria Dlamini, Coordinator IMCI	RHMS
13. Parliament	Ms. Thandi Shongwe, Senator	Parliament
14. Prime Minister's Office Anti Human Trafficking	Mr. Nduduzo Hlatshwayo, Legal Officer	Anti Human Trafficking
15. Public Policy Coordination Unit	Ms.Lindiwe Mbingo, Officer	
16. DPMO - DSW	Sandile Ndzimande and Cebisile Kunene - Dlomo Assistant Social Workers; Viera Hlatshwayo, Senior Social Worker Mr. Moses Dlamini, Deputy Director Department of Social Welfare	DSW
17. DPMO - NCCU	Ms. Nombulelo Dlamini, M and E Specialist Mr. Mpumelelo Simelane, Child Protection Specialist	
18. DPMO - Disability Unit	Ms. Sindi Dube, Coordinator	Disability
19. Min of Justice - DPP	Ms Lomvula Hlophe, Prosecutor	DPP
20. Min of Justice- High Court	Mr. Mpendulo Simelane, Registrar	High court
21. Prime Minister's Office Correctional Services	ASP, Mr. Thomas Dlamini, Coordinator Rehabilitation and Developmental proramamme	Correctional Services
22. Prime Minister's Office Royal Swaziland Police	Mr Mbongeni Mlangeni, DCS Unit	Royal Swaziland Police
23. NERCHA	Ms. Nozipho Mkhathswa, Child Protection	NERCHA
24. Prime Minister's Office Human Rights Commission	Pastor, Phumelele Thwala	Human Rights Service
25. SAFAIDS	Ms. Margaret Tembe, Director	SAFAIDS
26. AMICAALL	Ms. Fikile Mashaba, Programme Coordinator (Impact Mitigation)	AMICAALL
27. SACRO	Mr. Thando Khumalo	SACRO
28. SWAGAA	Ms. Nelisiwe Dlamini, Programme Manager	SWAGAA
29. Bantwana	Mr. Bheki Mavuso	Bantwana
30. Khulisa Umntfwana	Ms. Stella Lukhele, Director; Inkhosikati LaMaphanga, Officer	Khulisa Umntfwana
31. Caritas	Mr. Spencer J. Ngwenyama, Programme Manager	Caritas
32. World Vision	Ms. Sakhile Dlamini, Legal Officer	
33. WUS SD	Ms. Tjengisile Shabangu, Officer	

Working Session 1 – Children and Justice held on 13th May 2013.

1. Moses Dlamini – Deputy Director Department of Social Welfare / 76264566
2. Cebisile Kunene – Department Director Department of Social Welfare/ 76410730
3. Nduduzo Hlatshwayo – Secretariat Anti Trafficking/ 76053443
4. Thando Khumalo – SACRO / 76322359
5. Mduduzi Vilakati – Min of Labour and Social Security / 76058943
6. Thomas Dlamini – His Majesty’s Correctional Services / 76044416
7. Sikhumbuzo Fakudze – Directorate of Public Prosecutions Chambers / 76118726
8. Lomvula Hlophe – Directorate of Public Prosecutions / 76030177
9. Ncamu Masuku - Directorate of Public Prosecutions / 76145543
10. Mzwandile Masuku - Council of Swaziland Churches / 76174364
11. Mbongeni Mlangeni – Royal Swaziland Police (DCS Unit) / 76375591
12. Sibongile Dlamini – Save the Children / 76224548
13. Nombulelo Dlamini - NCCU
14. Nelisiwe Dlamini – UNICEF
15. Khetho Dlamini – UNICEF
16. Sakhile Dlamini – Consultant
17. Thinie Dlamini-Mutyaba - Consultant

Working Session 2 – Overall Systems Coordination held on 14th May 2013

1. Sandile Ndzimande–Department of Social Welfare
2. Mduduzi Vilakati – Min of Labour and Social Security:
3. Lindiwe Mbingo – Public Policy Coordination Unit
4. Nyawo – Church Forum
5. Nombulelo Dlamini – NCCU
6. Mpumelelo Simelane – NCCU
7. Olivia Ndlangamandla – DSW
8. Khetho Dlamini – UNICEF
9. Sakhile Dlamini – Consultant
10. Thinie Dlamini- Mutyaba – Consultant

Working Session 3 – Civil Society

1. Tj Shabangu – World University ServiceSwd
2. Simon Mazibuko – Ministry of Education (ETGPS)
3. Thando Khumalo – SACRO
4. Mpumelelo Simelane – NCCU
5. Nombulelo Dlamini - NCCU
6. Mpile Sihlongonyane– CANGO
7. Sandile Ndzimandze – DSW
8. Cebisile Kunene Dlomo - DSW
9. Nonjabulo Bhembe - SWAGAA
10. Thinie Dlamini – Mutyaba - Consultant
11. Sakhile Dlamini – Consultant
12. Khetho Dlamini - UNICEF

Working Session 4 – Continuum of Care

- 12. Khetho Dlamini - UNICEF
- 18. Sakhile Dlamini – Consultant
- 19. Thinie Dlamini – Mutyaba – Consultant

Field visits

- 1. Somntongo - (Shiselweni region) 22 people: 5 children (3 girls and 2 boys) and 17 adults (8 males and 9 females)
- 2. Madlangemphisi –(Hhohho Region) 3 males, 7 females
- 3. Murray Camp – (Manzini Region) 8males, 17 females (community FGD); 4 boys, 4 girls (children discussion, aged 14-19 years)

ANNEX 3: PRIORITY INDICATORS FOR COLLECTION

The toolkit contains a detailed list of possibly useful indicators. Stakeholders identify the core child protection issues. In this mapping exercise, all NPAC indicators were identified as core. In addition, the assessment team identified additional indicators that were felt to be important and where there was either an urgent priority for data collection (for example in the case of children without adequate parental care) or where there are already data collection systems that could gather this data.

The proposed priorities below need to be assessed for feasibility.

Demographic and Macroeconomic Indicators	
No additional indicators required	
Child Poverty Indicators	
Percent infants with low birthweight	
HIV/AIDS	
Proportion of HIV-infected adolescents in need of ARV treatment receiving ART	
Children With Disabilities	
Children with disabilities, total	Children reported with a learning impairment
Children reported with a developmental impairment	Children reported with a speech impairment
Children reported with a vision impairment	Children reported with a naming objects impairment
Children reported with a hearing impairment	Children reported with a mental impairment
Children reported with an understanding impairment	Percentage of children with disabilities over 5 attending school
Children reported with a movement impairment	Percentage of children with disabilities in mainstream classes
Children reported with a crisis/fits impairment	
Birth Registration	
Birth registration, rural	
Birth registration, urban	
Child Labor and Child Work	
Children in labor force not attending school	Number of children working on the street
Among working children, % in agricultural sector	Number of child domestic workers
Among working children, % in industrial sector	Other indicator: Child labourer among students
Among working children, % in services sector	Among children who work, percent unpaid
Child Marriage	
No additional information required	
Physically, Sexually and Psychologically Abused and Severely Neglected Children	
Proportion of children, who have indicated via self reports that they have been victims of violence at home/school in the last 12 months	Percentage of schools with protective school policies in place
% of children aged 2-14 years who experienced physical punishment during the past month (preceding a survey)	% of children aged 2-14 years who experienced psychological aggression during the past month
Proportion of children aged 2-14 years that experience verbal punishment during the past month (add rows if information available to disaggregate by age, wealth index, residence, geographic areas, population groups)	Percent of household respondents who believe that a child needs to be physically punished
Homicide rate in children during a 12 month period per 100,000 children	Number of children (0-17) experiencing sexual abuse over her/his lifetime
Percentage of child victims referred to Recovery, Reintegration or Psychological Support Services during a 12 month period	Percentage of child victims who used Recovery, Reintegration or Psychological Support Services during a 12 month period
Children Without Adequate Family Care or Alternative Care	

Child Protection in Emergencies/Armed Conflict

Not indicated but may be recommended

Note: The following indicators are part of the National Plan of Action for Children.

SO3: Remove barriers that prevent children with disabilities from accessing same devt opportunities as other children

IR3.1: % of disabled children who experience abuse stigma and discrimination is reduced

IR3.2: % of children with disabilities attending school is increased

IR3.3: % of children with disabilities who have birth certificates is increased

IR3.4: % of teachers receiving training in disability issues is increased

SO7: Improve environment for child protection, legal support & access to basic rights

IR7.1: % of children reporting sexual abuse is reduced

IR7.2: % of children with birth certificates is increased

IR7.3: % of child sexual abuse incidences receiving counseling is increased

IR7.4: # of NCPs meeting minimum package stds for child protection is increased

ANNEX 4: SYSTEMS BUILDING PRIORITIES IDENTIFIED DURING THE MAPPING

The priorities below were collected during interviews with informants. These were then shared with participants at the validation workshop who reviewed, adapted in places and prioritised those activities that they felt were key for the building of a child protection system.

Stakeholders involved in the mapping exercise identified the following key systems building priorities. Priorities mentioned across the board have been consolidated and those that have been endorsed by multiple stakeholders and / or backed up by supporting evidence from children's risk profile have been prioritised **by presenting them in bold**.

Laws, policies, standards and regulations

1. There is need to **develop regulations for the implementation of the Children's Protection and Welfare Act of 2012**.
2. Establish legislation to enable a regulated coordination environment to provide for mandatory reporting on child protection issues to government (NCCU) by non-government organisations implementing child protection activities in communities.
3. **Develop a regulatory mechanism to formalise informal child protection systems**– in particular, ensure that LLs are somehow formally linked to statutory mechanisms and supported to undertake this role.

Cooperation, coordination and collaboration

4. **Create functional regional child protection networks** to ensure coordination of child protection issues from the regional to national levels / enhance cooperation between organisations on the ground by developing functional regional child protection committees which will also coordinate community child protection structures and report to the national NCCU body through the Child Protection Network.
5. **Develop MoUs with stakeholders with provisions recognising the coordination role of NCCU on child protection issues and** regulating monitoring and reporting on on-going child protection initiatives
6. Clarity on coordination between different national working groups e.g. the DSW is leading the Violence Surveillance National working group but there is a need for this group to meet with the Gender TWG instead of working in silos.

Capacity building

7. There is a need to raise awareness for key government on the new Children's Act.
8. Skills mapping and the development of a training plan for staff members within DSW.
9. Develop a **training framework for all community based volunteers and agree on common standards of training**.
10. Train more Guidance and Counselling teachers in all the schools in the country for efficient service provision to children.
11. Establish information officer function in key government offices e.g. the DSW to raise awareness on issues, and provide information to NGOs and those in need.

Service and service delivery mechanisms

Communication, education and mobilisation for change

18. Public sensitisation drive on the changes brought about by the new legislation.
19. Develop and implement a comprehensive communication strategy on child protection issues at the national level to come up with same messages e.g on corporal punishment. Whilst some organisations speak against it, others say it should be moderately applied. There should be one message to communities based on the best interests of the child as articulated in the Constitution and the Children's Act.
20. GBV campaigns should not be limited to the 16 days on activism against GBV but they should be year long social mobilisation activities and climax at this point.

Financial resources

(Note: this rapid mapping and assessment did not gather detailed cost information on current services, nor on projected services. This is a priority gap that will need further exploration in next steps).

21. Provide incentives for LL members
22. Costing is not done and remains an area for improvement. Monitoring and Evaluation experts (government staff member) are a recent inclusion in some ministries of government therefore improvement is expected.
23. All funds available for child protection work should be utilised according to need and the priorities articulated in the children's policy and national plan for children ensuring that NCCU coordinates the work plan for all the sectors.
24. Development agencies should provide resources for the above-identified actions but also communities should find ways of local resource mobilisation and using what is already available to them.

Accountability mechanisms

25. Develop **clear regulations and agreements to guide data collection and use by all stakeholders** to ensure information is centrally located and cannot be used except for authorised purposes not detrimental to the child.
26. Ensure that organisations conducting research, collecting data, analysing national legislation for compliance with CRC share findings with national structures and disseminate widely through the Child Protection Network and communities. / Publicise all research findings on key child protection issues and **ensure periodic release of information to ensure the public is aware of current child protection issues and the progress towards ensuring adequate child protection for children in Swaziland.**
27. Ensure agreements between NCCU and organisations contain mandatory reporting, audit, monitoring and evaluation provisions which should be reciprocal. This will enhance the reports provided by NCCU to cabinet and parliament and provide a fuller picture of the state of child protection in Swaziland whilst ensuring organisations are also aware of how the NCCU budget has been spent.
28. NPA database, which is being set up at NCCU, needs urgent completion / Provide technical equipment for the establishment and running of data bases on specific child protection issues and train officers on the development of monitoring and evaluation tools to enhance data collection.



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