

Caring for Orphaned and Vulnerable Children in Swaziland

The southern African nation of Swaziland has the world's highest rate of HIV infection, and nearly half of its children are orphans or living in otherwise vulnerable circumstances. An innovative UNICEF-supported program is caring for these children at nearly 1,500 community-based centers known as Neighborhood Care Points. Here, UNICEF-trained volunteers provide at-risk boys and girls with health care and other vital services. The children receive two meals a day, supplied largely by the World Food Program and the Global Fund. A \$2 million contribution from Kiwanis International's Key Club has dramatically improved the program, spurred contributions from other organizations, and helped UNICEF work with the government to set up a national child safety and protection unit. Dr. Jama Gulaid, UNICEF Representative in Swaziland, spoke to *Every Child* about how Neighborhood Care Points began and how they are making a critical difference in children's lives.



Every Child (EC): Can you describe the challenges facing Swaziland's orphans as well as other vulnerable children?

Jama Gulaid (JG): Imagine a home where the head of the household is a child. This child has all the responsibilities of an adult and has to care for all the other kids. Children who have become caregivers have to put food on the table. If trouble occurs, they have to seek help. When their parents were alive, they would fix the home and replaster the walls of the traditional house if it was damaged in the rain. In Swaziland today, if there is no adult, the children are left with responsibilities such as looking after

siblings, putting food on the table, and fixing dwellings. Take the example of the traditional dwelling. After two rainy seasons, it develops gaping holes in the mud walls, thus exposing children to the elements. And the winter can be cold in Swaziland. The orphans are also very vulnerable to violence and exploitation, loss of their inheritance, and hunger. On top of that, some of them have inherited HIV from their parents and require a lot of attention and care.

EC: Can you tell us how Neighborhood Care Points work?

JG: The care points give assistance to community-based caregivers, who are mostly women and who have volunteered to aid these children. With the help of UNICEF, the government, and other partners like the World Food Program, these caregivers get training and can make sure children get adult supervision, psychosocial support, food, medications (including antiretroviral drugs), and referrals to health facilities as needed... And since the government recently began removing primary school fees, with UNICEF's help, the care points



Key Club members Joe Hartsoe, Rob Gulick, Amanda Thain, and Grace Greenwell visited children at an older Neighborhood Care Point in Swaziland in 2007, before Key Club made a \$2 million contribution to improve the program.



have also become a conduit to school. The caregivers know that these children need to be directed from here to the school, so the Neighborhood Care Points have just become a channel that nobody anticipated initially when we started investing in them.

EC: How is health care delivered at the Neighborhood Care Points?

JG: We bring health workers to the care points so they can provide immunizations and vitamin A supplements. They also screen the children and, if needed, refer them to health facilities.

EC: How did the concept of Neighborhood Care Points evolve?

JG: It came about in response to a drought emergency in 2003. UNICEF staff and representatives from non-governmental organizations were traveling around the countryside; they discovered that there were a lot of children out there, all by themselves... They found children sitting alone in isolated homesteads after the premature death of parents, mostly from AIDS-related diseases. The drought made things even harder. But the more the teams looked around, they met people

who were willing to look after some of these children... So UNICEF got initial funding from the European Commission Humanitarian Aid Office and said to the volunteer caregivers: "You look after the children, and we'll bring you some support." UNICEF and other partners then worked with the government to set up the care points and provide basic materials. At first, the meeting place was often a tree or simple mud home. Now, we have a blueprint for the building – it's a concrete structure with a latrine, a storeroom, and a kitchen. The new structures are more child-friendly.

EC: What kind of impact is Key Club's \$2 million contribution making?

JG: The Key Club contribution has significantly improved the overall program. With this assistance, UNICEF has been able to provide more stimulation and more psychosocial support for the children, and more training for the caregivers. It has strengthened the existing centers and enabled us to open 100 new ones and provide crucial start-up items like cooking pots, and feeding utensils, and water and sanitation materials.

