



GOVERNMENT OF SWAZILAND

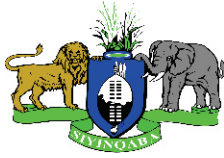


NATIONAL SOCIAL DEVELOPMENT POLICY



DEPUTY PRIME MINISTER'S OFFICE

November 2010



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Deputy Prime Minister's Office Government of Swaziland

VISION

An empowered, resilient and more egalitarian Swazi nation that promotes the holistic, equitable and sustainable development of all its people and is able to care for and support the most vulnerable members of its population as they progress towards self reliance and meaningful participation in the socio-economic development of the country.

MISSION STATEMENT

The provision of integrated, comprehensive and equitable social development services, in partnership with key stakeholders, to improve the quality of life of the Swazi nation, particularly its poorest and most vulnerable members.

ACKNOWLEDGEMENTS

The Deputy Prime Minister's Office and the Department of Social Development would like to thank all development partners who contributed towards the development and production of this policy. A range of partners from civil-society and the international community have worked collaboratively with the Department to conceptualise the key issues raised within this policy. Against a backdrop of the social development challenges facing Swaziland, participatory engagement with role players has been key in ensuring the range of issues covered within the policy will be taken forward.

Special appreciation is extended to the consultants, Dr Edwin Kaseke and Ms Tamara Braam, for their professionalism and commitment in ensuring that a clear road map informs the social development process in Swaziland. The Department would like to thank UNICEF for the technical and financial support it has rendered throughout the drafting and finalisation process.


KHANWEZIWE MARUZA
PRINCIPAL SECRETARY



FOREWORD

The Government of the Kingdom of Swaziland has recognised the need for a framework to guide social service delivery for its citizens, in particular its most vulnerable groups. Previously fragmented social welfare services resulted in duplication of services, which impacted negatively on the accessibility and quality of those services. To address this situation, the Government commissioned the formulation of a National Social Development Policy.

This Policy aims to provide policy guidelines for the Department of Social Development and other stakeholders in social service delivery. It is informed by the 1995 Copenhagen Declaration on Social Development that identifies social and economic factors as key to achieving development through the vehicle of social protection, thereby reducing or eliminating poverty. This Policy, then, will serve as a reference for structured and coordinated social development services provision.

The National Social Development Policy is the product of consultations that began a decade ago, involving stakeholders including the Department of Social Welfare, government ministries, civil society, communities and other relevant players. The formulation of this document has survived a transition from the Ministry of Health and Social Welfare, where it was initiated, to the Deputy Prime Minister's Office, where it is currently located. Further, the approach changed during this time from one of social welfare to the more progressive concept of social development.

As a result, the Policy ushers in a new period in which social development is seen as a cross-cutting national priority. As such, the promotion of social well-being of all Swazis, particularly the most vulnerable, becomes the responsibility of Government as a whole, with the Department of Social Development taking a leadership role. It is my hope that this Policy will contribute significantly towards the overall goal of enhancing the quality of life of all who live in the Kingdom of Swaziland.



**SENATOR THEMBA N. MASUKU
DEPUTY PRIME MINISTER**

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ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
ARV:	Anti Retroviral
ART:	Anti Retroviral Therapy
CBO:	Community Based Organisation
CEDAW:	Convention on Elimination of all Forms of Discrimination Against Women
CRC:	Convention on the Rights of the Child
FBO:	Faith Based Organisation
GDP:	Gross Domestic Product
HIV:	Human Immunodeficiency Virus
M&E:	Monitoring and Evaluation
MIPAA:	Madrid International Plan of Action on Ageing
NDS:	National Development Strategy
NGO:	Non-Governmental Organisation
OVC:	Orphaned and Vulnerable Children
PRSAP:	Poverty Reduction Strategy and Action Plan
SADC:	Southern African Development Community
SDHS:	Swaziland Demographic and Health Survey
SHDR:	Swaziland Human Development Report
SHIES:	Swaziland Household Income and Expenditure Survey
UNCT:	United Nations Country Team
UNICEF:	United Nations Children's Fund
VAC:	Vulnerability Assessment Committee

DEFINITION OF TERMS

CASH TRANSFERS: A form of social protection that involves providing cash or vouchers directly to households (as opposed to providing a service or commodity) to address social and economic vulnerabilities.

CHILD: Any person under the age of 18, in terms of the Constitution of the Kingdom of Swaziland 2005 Section 29 and Article 1 of the Convention of the Rights of the Child.

CUSTODY: Protective care or guardianship of someone. In law, custody refers to, among other things, the parental responsibility placed on someone over a minor child.

DISABILITY: A physical or mental impairment that limits a person's ability to participate optimally in the social and economic functioning of their own lives, that of their family and the broader society.

EMPOWERMENT: The process by which people take control to overcome obstacles.

EQUITY: The fair distribution of resources, without discrimination of any kind, including age, disability, race, gender, ethnicity, socio-economic background, religion or sexual orientation.

EQUALITY: Is the basis for pursuing equity-based service delivery, as it refers to the application of equal, effective and comprehensive rights for all citizens and residents.

EXTENDED FAMILY: A collection of households or families who are related by blood and have social ties and responsibilities towards one another.

FAMILY: A group consisting of one or more parents and/or their offspring and close relatives, which provides a setting for social and economic security, transmission of values, protection and emotional attachment for individual members.

GENDER: The set of characteristics, roles and behaviour patterns that socially and culturally distinguish women from men. These characteristics evolve over time and differ from one culture to another. The concept refers to the roles and characteristics of women and men, and to the relations of power between them.

GENDER-BASED VIOLENCE: All acts perpetrated against women, men, girls and boys on the basis of their sex, which cause or could cause physical, sexual, psychological, emotional or economic harm, including the threat of such action, or the restriction or deprivation of fundamental freedoms, in private or public life, in peace time or during armed or other conflict.

GENDER SENSITIVITY: The ability to acknowledge and recognise gender issues, especially women's distinct perceptions and interests arising from their gender role. Gender sensitivity is the beginning of gender awareness, which is more analytical and more questioning of gender disparities. It means taking into account specific gender needs of both women and men at all levels of planning, implementation, monitoring and evaluation.

OLDER PERSON: Any person who has attained the age of 60 years or more.

ORPHAN: Any child who has lost one or both parents.

POVERTY: The inability of an individual, family or community to attain a minimum standard of living. This is evidenced by an inability to satisfy basic needs such as food, clothing and shelter, or to access services such as basic health care, education etc.

PSYCHOSOCIAL SUPPORT: The promotion of well-being by meeting the emotional, physical, social, mental and spiritual needs of an individual.

PUBLIC ASSISTANCE: Refers to assistance in cash or kind, granted to persons of limited means.

SOCIAL DEVELOPMENT: The process of planned institutional change that improves the quality of human life.

SOCIAL PROTECTION: Public or private arrangements to protect individuals and families against life-cycle crises. These include the provision of social security, basic social services and developmental social welfare. It also includes developing appropriate labour market policies and strengthening livelihoods.

SOCIAL SAFETY NETS: Assistance to vulnerable groups in society. This can be in cash or in kind, enabling beneficiaries to meet their basic needs.

SOCIAL SECURITY: Public measures to protect individuals and families against loss of income as a result of unemployment, workplace injury, sickness, invalidity, maternity, old age and death. Social security also protects persons who lack the means to support themselves.

SOCIAL WELFARE: Conceptualised as a “system of laws, programmes, benefits and services which strengthen or assure provisions for meeting social needs recognised as basic for the welfare of the population and for the functioning of the social order”.

SOCIAL WORK: A professional activity undertaken by qualified social workers to enhance human social functioning. Social work is therefore a helping profession.

SOLIDARITY: Builds on the notions of fairness and motivates redistributive measures, including the more equitable distribution of government social expenditures, to correct inequalities resulting from market failure.

TINKHUNDLA: Are administrative units of Swaziland. They are also the engines of development and the central pillars underpinning the political organisation and economic infrastructure through which social services are facilitated and delivered to the Swazi community.

UNIVERSALITY: Based on the idea that no person should be denied the opportunity to satisfy their basic needs. In certain contexts it implies prioritising those who are excluded from the allocation of public resources, in order to achieve equity.

VULNERABLE CHILD: A child whose rights, for example to personal safety, adequate nutrition, health-care and schooling, at risk, and whose prospects for healthy growth and development are consequently diminished.

VULNERABLE PERSON: A person who has been marginalised and made vulnerable by factors such as poverty, social exclusion and social status and whose rights are at heightened risk.

CHAPTER ONE: INTRODUCTION

1.1. INTRODUCTION

Social welfare services have been provided in the Kingdom of Swaziland since 1952. However, this has been done without a policy framework, and this void has clearly impacted negatively on the delivery and quality of social services. The fragmentation of social services can largely be attributed to the fact that, while there are many service providers involved in the provision of social services, there has been no formal coordination of programmes and services. This has resulted in some individuals, groups or communities benefiting disproportionately from social services, while others are left on their own, without any assistance.

The absence of a national policy has further hindered the development of comprehensive social services which can improve human social functioning in a holistic manner. In addition, many of the services that are being provided are rudimentary in quality and fall short in enabling the intended beneficiaries from realizing their full potential.

Service providers include government departments, non-governmental organizations, community-based organizations and faith-based organizations. Given the cross-cutting nature of social development, the Social Development Policy was developed in consultation with a range of stakeholders including social workers themselves from various regions, development partners, government departments, non-governmental Organizations and other relevant role players. The policy was also aligned with other relevant policy documents.

1.2. CONTEXT OF SOCIAL DEVELOPMENT IN SWAZILAND

The Kingdom of Swaziland is a small landlocked country in Southern Africa with a population of 1,018,449. Nearly 80 percent of the population lives in rural areas. The country is divided into four administrative regions, Hhohho, Manzini, Lubombo and Shiselweni. It has a very young population, with 40 percent of the population younger than 15 years and 52 percent under the age of 20.

Although the Kingdom of Swaziland is classified as a lower-middle income country, the majority of the population lives without adequate income to meet their basic needs. According to the most recent Household Income and Expenditure Survey, the prevalence of poverty in the country is 69 percent. Underlying this is a highly skewed income distribution, with the richest 20 percent of the population attracting 56 percent of income while the poorest fifth receive only 4 percent. Economic growth over the past decade has remained slow, with real GDP growth hovering around 2 to 3 percent in the last 10 years. This falls far short of the 5 percent needed to make a positive impact on poverty. There is also a high level of unemployment, with an official rate of 28 percent. Unemployment among the youth is particularly high, at 53 percent among persons aged 15-24 and 35 percent between the ages of 25 - 34.

In addition, the Kingdom of Swaziland has experienced recurrent droughts in the past decade, threatening the livelihood of the majority of people who are dependent on agriculture. The production of maize, the staple food, declined sharply from 140,000 metric tons in 1996/97 to an estimated 70,000 metric tons in 2009. Rising food prices are also contributing to deepening poverty and vulnerability. According to the 2009 Vulnerability Assessment Committee, an estimated 25 percent of the population are food insecure and require food assistance. Female headed and rural households are disproportionately affected by poverty. The VAC showed that 63 percent of female-headed households are poor, compared to 52 percent of male-headed households, while the prevalence of poverty was 76 percent in rural areas against 50 percent in urban areas.

The problem of poverty is also exacerbated by the HIV and AIDS epidemic, which has had a profound effect on the country's social and economic fabric over the past 20 years. According to the 2006/07 Swaziland Demographic and Health Survey, 26 percent of people of reproductive age (aged 15-49) in Swaziland are infected with HIV, making it the highest recorded prevalence in the world. Women and young people are the hardest hit. HIV prevalence is 49 percent for women aged 25-29 and 45 percent for men aged 35-30. This has resulted in a dramatic increase in the number of orphans and vulnerable children (OVC); in 2006/07 an estimated 31 percent of all Swazi children were OVC.

Swaziland has also witnessed the emergence of “skip generation” households as a result of the HIV and AIDS pandemic, where grandparents are forced to shoulder the burden of caring for orphans. According to the 2008 VAC, 35 percent of households are currently headed by an elderly person. Older persons constitute 5.5 percent of the Swazi population, but they are playing a key role in caring for children and families with their meager social assistance grants. A small number of child-headed households are also beginning to emerge in the country a further indication of the erosion of the caring capacity of the traditional social safety net.

Caring for children orphaned or made vulnerable by HIV and AIDS, and those abandoned or neglected as a result of a range of social and economic factors, is a key challenge facing the country. In addition, anecdotal evidence suggests a rise in the number of children who have fallen victim to abuse, neglect or poverty, including those living on the streets, whose basic physical and developmental needs are not being met by their families and relatives.

The 1997 Census revealed that in Swaziland there were 33,565 persons with disabilities, compared to 15,226 in 1986. This means persons with disabilities constitute about 3 percent of the population. Of the 33,656 with disabilities, a total of 5,398 were children between the ages of 5 and 14. A total of 54

percent were males and 46 percent were females. The statistics further showed that about 50 percent of the disabled population over the age of 10 had no access to basic education. About a third had some primary school education, but only 15 percent had post primary education. It is also noted that persons with disabilities often live in extreme poverty, as the majority are unemployed.

The current socio-economic environment facing Swaziland has created impediments towards the realization of human well-being. The country's standing in the Human Development Index, a broad measure of human development, has declined substantially since the mid- 1990s, now ranked in 141st out of 177 countries.

The situation is aggravated by the fact that Swaziland does not have a comprehensive social protection system that can address human needs effectively. Poor and vulnerable groups are, therefore, forced to rely almost exclusively on themselves or their families for support. The last SDHS showed that 78 percent of households with a chronically ill member, and 59 percent of OVC, receive no external support or school-related assistance.

The imperative of providing social protection stems from many international and national instruments, most notably the Constitution of the Kingdom of Swaziland and the Poverty Reduction Strategy and Action Plan (PRSAP). Both the Constitution and PRSAP recognize the importance of social protection in combating poverty and improving the capacities of, and opportunities for, the poor. The target is to halve absolute poverty by 2015 and eradicate it entirely by 2022.

It is envisaged that this Policy will guide all stakeholders, including Government and its partners, in designing and implementing programmes and interventions that have a significant impact on reducing poverty and vulnerability in the Swazi population. Although there is a need to protect the rights of all children, special attention will be given to orphans and vulnerable children.

1.3 PURPOSE OF THE POLICY

This document proposes a policy framework for the provision of social-development services in the Kingdom of Swaziland. The policy framework is based on the recognition that social development is a broad concept encompassing activities undertaken by different actors, representing different professions and disciplines. These activities, however, have a common purpose in promoting human well-being.

Social work, as a profession, is largely responsible for the delivery of social welfare services, and social workers are increasingly informed by social development values which point to an improvement in the

quality of life as the desired outcome of all development work. This perspective acknowledges that both social and economic factors are important for achieving development. The 1995 Copenhagen Declaration on Social Development is particularly instructive in this regard.

Social protection is based on recognition that poverty remains the biggest threat to human welfare, and therefore pursues well-being through appropriate labour-market policies, the provision of social security, basic social services and developmental social welfare; including strengthening livelihoods of individuals, families, groups, communities and the nation at large.

This policy is necessary to provide a framework for action not only for the Department of Social Development but for other stakeholders. The Policy will provide a direction and vision for social welfare activities, and will guide the Department of Social Development and other stakeholders in the delivery of social welfare services. This Policy provides a framework for structured service delivery, to guide the multiplicity of stakeholders involved in social welfare service provision.

1.4 POLICY AND LEGISLATIVE FRAMEWORK

The Social Policy gives effect to a range of international, regional and national instruments that serve to promote human well-being. These include, among others, the Universal Declaration of Human Rights (1948) (*Article 22*); International Covenant on Economic, Social and Cultural Rights (1966) (*Article 9*); Convention on the Rights of the Child (1989); Convention on the Elimination of All Forms of Discrimination Against All Women (1980); Convention on the Rights of Persons with Disabilities (2006); African Charter on the Rights and Welfare of the Child (1990); Southern African Development Community (SADC) Social Charter (2003) (*Article 10*); SADC Code on Social Security (2007) (*Article 4.4*); Madrid International Plan of Action on Ageing (2002); the Constitution of the Kingdom of Swaziland 2005; the National Development Strategy: Vision 2022 (1999); and the PRSAP (2006).

The following instruments will underpin the provision of social development services in Swaziland:

International

- Universal Declaration of Human Rights (1948);
- International Covenant on Economic, Social and Cultural Rights (1966);
- UN Convention on the Rights of Persons with Disabilities (2006);
- UN Convention on the Rights of the Child (1989);
- UN Convention on the Elimination of All Forms of Discrimination Against Women (1979);

- International Labour Organization (ILO) Convention (n. 138) concerning Minimum Age for Admission to Employment (1973);
- International Labour Organization (ILO) Convention (n. 182) on the Elimination of the Worst Forms of Child Labour (1999);
- Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption (1993);
- Hague Convention on the civil aspects of International Child abduction (1980).

Regional:

- African Union Windhoek Declaration on Social Development (2009);
- African Union Social Policy Framework for Africa (2009);
- African Charter on the Rights and Welfare of the Child (1990);
- SADC Charter of Fundamental Social Rights (2003);
- Code on Social Security in SADC (2007).

National:

- The National Development Strategy: Vision 2022 (1999);
- The National Poverty Reduction Strategy and Action Plan (2006);
- The National Health Policy (2007);
- The Disaster Management Policy (1999);
- The National Food Security Policy (2006);
- The Comprehensive Agricultural Policy (2004);
- The Children's Policy (June 2009);
- The Girls and the Women's Protection Act No. 39 of 1920;
- The Reformation Act No. 82 of 1921;
- The Criminal Procedure and Evidence Act No. 20 of 1938;
- The Adoption of Children Act No. 64 of 1952;
- The Interstate Succession Act No. 3 of 1953;
- The Marriage Act No. 47 of 1964;
- The Child Care Service Order of 1977;
- The Maintenance Act No. 35 of 1970;
- The Children's Protection and Welfare Bill of 2009;
- The Sexual Offences and Domestic Violence Bill of 2009.

CHAPTER TWO: POLICY FRAMEWORK

2.1. VISION

An empowered, resilient and more egalitarian Swazi nation that promotes the holistic, equitable and sustainable development of all its people and is able to care for and support the most vulnerable members of its population as they progress towards self-reliance and meaningful participation in the socio-economic development of the country.

2.2. MISSION

The provision of integrated, comprehensive and equitable social-development services, in partnership with key stakeholders, to improve the quality of life of the Swazi nation, particularly its poorest and most vulnerable members.

2.3. SOCIAL DEVELOPMENT APPROACH

The Department of Social Development, previously known as the Department of Social Welfare, has taken a deliberate decision to refocus its social welfare services to support a national agenda of social and human development, targeting Swaziland's most vulnerable populations. The Department has recognized that addressing those social and economic challenges that render individuals, families and communities vulnerable, is a sustainable approach to human development.

Social development employs a methodology incorporating social work, community development and the provision of social assistance that seeks to empower clients while at the same time providing basic services. Social development represents a departure from services that deliver only “therapeutic” interventions, moving away from describing social problems by applying a “pathological” analysis to poverty, exclusion and social ills.

Instead, social-service professionals and workers need to be cognizant of the factors that cause and sustain poverty and related social ills, and to develop a package of services that assist with the immediate needs of people, while at the same time reducing vulnerability.

A developmental social welfare approach provides people with the capabilities to reduce intergenerational poverty and to empower them to help fight social ills. This approach, therefore, involves transforming institutions so they empower people, rather than merely helping to satisfy their needs, so building human and social capital to advance the general well-being.

This approach includes strategies to:

- Expand individual capabilities and opportunities;
- Promote social inclusion and combat social ills;
- Enrich the social fabric needed for human development.

Successful social development involves:

- Helping individuals, families and communities to develop their own solutions;
- Focusing on the whole package of needs, strengths, and opportunities for individuals, families and communities;
- Ensuring social and economic development interventions support each other and are sustainable;
- Taking a life-cycle perspective;
- Adopting a family-centred approach;
- Government working in partnership with local authorities and the private sector to develop local services;
- Developing solid evidence about good practices, and regularly monitoring the well-being of citizens.

2.3.1 Principles of Social Development

The guiding principles of social development approach are *universality, solidarity, efficiency, and sustainability*. These principles are unpacked in the 1995 United Nations' World Summit for Social Development declaration which states that "the ultimate goal of social development is to improve and enhance the quality of life of all people". The World Summit adopted the Copenhagen Declaration and Programme of Action, which was signed by more than 100 nations. The declaration lays out a set of goals, two of which are central to an effective Social Development Policy in Swaziland:

- to promote democracy, human dignity, social justice, and solidarity;
- to promote the equitable distribution of income and greater access to resources through equity and equality of opportunity for all.

These principles emphasize the importance of promoting social equity, citizen engagement and, most importantly, well-being. Promoting the general well-being of all citizens requires strategies to democratize prosperity and opportunity, so that all who live in Swaziland lead healthy lives in a safe, socially cohesive environment. Well-being describes the life satisfaction of people, and is partly a function of their ability to make choices about their lives. It implies access to finance, health services, education, social participation, cultural activities and a healthy environment. The objective

of the Government of Swaziland is, therefore, to raise the average well-being of all members of society, while ensuring that none are living below acceptable basic minimum standards, or are unable to fulfill their potential. This means focusing on all areas that contribute to optimal health and development, including access to food, shelter, health services, education, sustainable livelihoods and protection from harm, within a cohesive society and sustainable environment.

Social development therefore aims to improve the capacity and capability of the individual, the family or household, and the community to participate productively in society, both socially and economically. The twin pillars of this approach are social protection and social investment. Social protection provides a safety net by providing a guaranteed minimum level of services to the population, for example through cash transfers to people with limited or no income, and noncash transfers such as affordable health services, services for people with disabilities, and assistance for people with housing needs. Social investment further refers to policies, laws and strategies that seek to address the systemic drivers of poverty and vulnerability. These include strategies that actively improve the capabilities of people and communities to improve their own livelihoods.

The social development approach takes a “whole life, whole government” approach to promoting the self-reliance of citizens. The “whole life” component recognizes that people have different needs at different stages in their lives, and all need to be catered for. The “whole government” approach recognizes that all relevant line departments, organs of state in all spheres of government, NGOs, FBOs, CBOs and other civil society actors contribute to improve outcomes for their fellow citizens. A social development approach points to a focused set of strategies that promote societal well-being, while reducing social exclusion.

Social exclusion occurs when people suffer from one or more of the following:

- Poverty;
- Illiteracy and low levels of education;
- Unemployment or poor quality employment;
- Poor health and avoidable mortality;
- Criminal victimization;
- Social isolation;
- Stigma and discrimination; or
- Alienation from political participation.

Reducing social exclusion is key to a social development approach, as it serves to focus on the drivers of poverty and vulnerability. This must be considered at both a protection and prevention level when developing programmes.

2.4. OVERALL POLICY GOAL

The overall policy goal of the National Social Development Policy is to improve the quality of life and human well-being of all Swazis through the provision of appropriate and sustainable social services that are developmental in orientation.

2.5. POLICY OUTCOMES

Social well-being means all people have an opportunity to enjoy long and healthy lives; to function, participate and live independently; and to enjoy civil and political entitlements as well as economic, social and cultural rights. The following table outlines key social outcomes that contribute to improving the well-being of all:

FOCUS AREA	OUTCOMES
Health	All people have access to basic health services.
	All people, particularly those who are vulnerable, have access to care and support services.
Food security	All people have access to adequate food and nutrition.
Shelter	All people have access to proper shelter.
Education and development	All people have access to education.
	All people have the knowledge and skills to participate fully in society.
	Lifelong learning and education are valued and supported.
	All people have the necessary skills to participate in a knowledge-based society, and empowered to be global citizens.
Protection	All people enjoy personal safety and security.
	Society is free from victimization, abuse, violence, exploitation and avoidable injury.
Economic standard of living	Everyone has access to an adequate income and enjoys a standard of living that allows them to participate fully in society and exercise choice as to how to live their lives.
Social cohesion	All people have the right to express different cultural values and practices and to pass on cultural traditions to future generations.
	The national identity reflects the values and aspirations of all Swazi people.
	All people enjoy constructive relationships with others in their families, communities and workplaces.
	All people are able to participate at the political, social and economic levels of society, and have a sense of belonging.
Sustainable environment	A clean and healthy environment is developed and maintained.
	Biodiversity is nurtured and preserved, to meet the varied needs of people, now and in the future

It is clear the achievement of these outcomes is a government-wide responsibility, with the Department of Social Development playing a key advocacy role in ensuring that these outcomes are met for the most vulnerable in Swaziland.

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2.6. TARGET GROUPS

All Swazis should benefit from the National Social Development Policy, particularly those who have been marginalized and made vulnerable by factors such as poverty, social exclusion and social status. Target groups include families, older persons, children, persons with physical and mental disabilities, ex-servicemen, substance abusers, ex-convicts, victims of disasters, widows/widowers, persons infected and affected by HIV and AIDS and terminal illnesses, and any other vulnerable individuals and groups.

2.7. GUIDING PRINCIPLES

The provision of social services shall be guided by the following principles:

Quality Services: All providers of social services will endeavor to achieve excellence in service delivery.

Human Dignity: The provision of social services will be based on the recognition of the worth of every human being and the sanctity of human life.

Partnership: Social services will be provided on the basis of a partnership between Government, non-governmental organizations and the private sector.

Inter-sectoral Collaboration: The goals of social development will be realized through collaboration among the different actors. Interventions will emphasize a multi-disciplinary approach.

Family-Centred Approach: Delivering services to individuals within the context of their families, as the family can serve to support or undermine those interventions. Using families as the focal point for programmes designed to uplift members of those families, or their communities.

Selectivity: Social services will be needs-based; that is, provided to those who need them most.

Non-Discrimination: Social services will be provided to all who need them. No individual or group will be excluded for any reason, such as background or social status.

Human Rights: Social-development interventions will be based on respect for the human rights of intended beneficiaries, and will be provided in a manner that does not compromise or undermine their self-worth or dignity.

Transparency and Accountability: All stakeholders involved in the delivery of social services, including the Department of Social Development, will operate in an open and responsible manner.

Redistributive Justice: Social-development services will be used as an instrument to redistribute wealth so that all citizens enjoy an acceptable standard of living.

Equity: Social services will be based on an equitable distribution of resources. This will seek to address racial and gender imbalances, recognizing urban and rural as well as sectoral disparities. There will be a strong emphasis on reaching the most marginalized and vulnerable, who lack the means to uplift themselves.

Accessibility: All stakeholders involved in the design or delivery of social services will ensure that all intended beneficiaries are aware of those services, and empowered to take advantage of them.

Sustainability: Social services will attract on-going budgetary support from Government to ensure sustainability. Intervention strategies will be sustainable, financially viable, cost-effective and efficient.

Participation: The providers of social services shall respect the right of the public to be involved in the decision making process. They shall also seek to fully engage people in the process of learning, growth and change.

Empowerment: Social services will discourage dependency on welfare. Providers of social services must ensure their services empower beneficiaries to become self-reliant.

Decentralization: Providers of social services will recognize local needs and bring services to people irrespective of their location.

CHAPTER THREE: POLICY ISSUES AND STRATEGIES

This section outlines key policies, and the strategies that will be employed to advance those policy objectives.

3.1. VULNERABLE POPULATIONS

The Government of the Kingdom of Swaziland has committed itself to meeting the challenges faced by vulnerable populations in the country. The Department of Social Development, in collaboration with its partners, is responsible for providing both financial and other support to these vulnerable groups, to promote, protect and uphold their rights and to empower them to become self-reliant. Vulnerable populations include children, older persons, youth, persons with physical and mental disabilities, persons affected and infected by HIV and AIDS and terminal illnesses, victims of disasters, ex-servicemen, widows, women and others who have been abused, ex-convicts, and any individuals or groups who have been marginalized.

3.1.1. Policy Statement

It is national policy to promote and protect the rights of all vulnerable people and their dependents, and to ensure they have the means to support themselves so their basic needs are met.

3.1.2. Strategies

- a) Implement and promote policies and legislation that address the issue of social protection including the Constitution, the NDS, the PRSAP, the National Food Security Policy, the Comprehensive Agricultural Policy, the HIV/AIDS Policy and the Children's Policy
- b) Strengthen the capacity of communities and families to support the needs of poor and vulnerable groups.
- c) Initiate, support and strengthen the livelihoods of vulnerable groups and enhance their productive capacity.
- d) Support efforts to expand social protection in order to prevent poverty. This should provide protection against risks such as unemployment, sickness, disability, maternity,

- e) Strengthen the social safety net for vulnerable individuals and families.
- f) Develop policy and programmatic interventions using an evidence-based and equity-focused approach

3.2. FAMILIES

The family is how society reproduces itself. More importantly, it is the medium through which socialization takes place and human needs are met. While the extended family in Swaziland continues to play an important role in supporting its members, these social structures are increasingly under pressure as a result of HIV and AIDS, urbanization, industrialization and globalization. As a result fewer families are able to care for their members, and many require social development services.

3.2.1 Policy Statement

It is national policy to support and strengthen families through social services and benefits, to enable all families to meet minimum standards of well-being and livelihood, to strengthen their ability to cope with setbacks, and to enable them to rise above poverty and vulnerability.

3.2.2. Strategies

- a) Ensure the development of policies and guidelines that protect and promote the interests of the family as a key social institution.
- b) Strengthen the capacity of the family to provide care and support to its members.
- c) Provide social assistance to destitute families.
- d) Provide social safety nets to cushion vulnerable families.
- e) Provide relevant psychosocial support to families.
- f) Empower families to harness the capacities of members to address challenges and to and become self-reliant.

- g) Promote positive parenting and socialization of boys and girls in ways that affirm the values of equality, human dignity and respect.
- h) Promote social integration of particularly vulnerable groups such as the homeless, ex-offenders, and those who have been in conflict with the law, into their families.

3.3. OLDER PERSONS

Ageing is a component of the life cycle that brings disengagement from the labour market. An older person in Swaziland is an individual who is 60 years old or older. For the majority of the people, old age brings income insecurity, food insecurity, increased vulnerability to abuse, and psychosocial challenges. This in turn means a significant number of people are not able to meet their basic needs. Moreover, many older persons are now caring for grandchildren whose parents have died as a result of AIDS. There is therefore a need to support older people to enable them to meet their basic needs, and the needs of children in their care.

The protection of socio-economic rights is guaranteed by the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. The Livingstone Call for Action 2006 agreed to by delegates from the African Union in 2006 noted that social pensions and social transfers to older persons should be considered a central policy option by African countries.

3.3.1. Policy Statement

It is national policy to protect the rights of older persons, and to provide the poor among them with the means to support themselves and any children in their care.

3.3.2. Strategies

- a) Support the development and enactment of laws and policies that protect the rights of older persons.
- b) Provide universal old-age pensions to older persons in a timely and transparent manner.

- c) Promote and protect the rights of older persons, particularly in relation to their own representation, protection of their interests and access to productive assets.
- d) Raise public awareness on ageing issues.
- e) Provide psychosocial support services to older persons that specifically address the life-cycle challenges they are dealing with.
- f) Promote a family-based care approach to support of older persons, and provide alternative care to older persons who cannot be cared for by their families.
- g) Support and provide a regulatory framework to institutions providing alternative care to older persons.
- h) Strengthen informal social security arrangements that provide protection to older persons.
- i) Provide free health care to older persons in public health institutions.
- j) Promote the participation of older persons in all spheres of life, including participation in the labour market and involvement in decision-making processes at community and national levels.
- k) Promote the establishment of recreational facilities for older persons in their communities.
- l) Provide interim support to needy older persons awaiting approval of their grant applications.
- m) Provide support to elderly persons with little or no economic means, who care for orphans, vulnerable children and others.
- n) Provide services in a manner sensitive to old persons, to facilitate accessibility by all intended beneficiaries at decentralized structures such as Tinkhundla Centres.

- O) Provide social assistance and support to older persons to enhance their productive capacity and facilitate them meeting their needs.
- p) Adopt an older person-friendly approach to all social development programmes and interventions that impact on older persons.

3.4. CHILDREN

This policy recognizes the need to protect the rights of all children. However, special attention will be given to orphans and vulnerable children. There has been an increase in the number of orphans and vulnerable children as a result of the HIV and AIDS pandemic. The SDHS revealed that 23 percent of children are orphaned and that 31 percent of children are considered vulnerable. Specifically, there are about 80,000 orphans, and 130,000 orphans and vulnerable children in Swaziland.

Traditional childcare arrangements have largely broken down, so the basic needs of orphans and vulnerable children are frequently not met. HIV and AIDS, together with social problems such as poverty and substance abuse, are also contributing to the abandonment, neglect and abuse of children, some of whom end up on the streets. Invariably street children come into conflict with the law, resulting in them being channeled through the criminal justice system.

The new phenomenon of street children is mainly attributed to the problem of poverty and unemployment. Children are motivated by the need to earn money so they can meet their basic needs such as food and education. Some have homes to return to at night, but others are on the street due to neglect, abuse, poverty or abandonment.

3.4.1. Policy Statement

It is national policy to protect and promote the rights of children, to ensure their basic needs are met, and they are provided with opportunities to reach their full potential.

3.4.2. Strategies

3.4.2.1. Orphans and Vulnerable Children

- a) Advocate for the protection and promotion of the rights of orphans, including the rights of inheritance, parental support (maintenance) and birth-registration.

- b) Provide public assistance to orphans, child-headed households, and grandparent headed households.
- c) Provide social assistance to foster parents and fostering institutions.
- d) Provide alternative care for orphans and vulnerable children when and where necessary, and register and regulate all forms of alternative care.
- e) Provide safety nets for orphans and vulnerable children to access basic social services, including psychosocial support, so their full potential can be realized.
- f) Enhance and strengthen existing approaches to community care, including community child care development centres and other initiatives, provided they uphold minimum standards.
- g) Provide children with free access to primary health services in public health facilities.
- h) Provide psychosocial support and social assistance to orphans and other vulnerable children and their caregivers.
- i) Promote, guide and regulate a policy framework for local and international foster care and adoption of orphans and other vulnerable children.
- j) Protect the right of children to receive support from both parents, especially in cases where the parents do not live in the same household.
- k) Advocate for the rights of all children, including vulnerable children such as street children, refugee children, child victims of abuse and exploitation, and those who fall victim to trafficking.

3.4.2.2. Street Children

- a) Raise public awareness on the plight of street children.
- b) Promote and support efforts to reunite street children with their parents or relatives.
- c) Provide psychosocial support to improve the well-being of street children.
- d) Provide accessible and quality health care to street children.
- e) Work with families of street children where possible to strengthen their livelihoods, in order to build their capacity to provide care for their children.
- f) Empower children on and off the streets with knowledge of their rights, and with life skills to avoid abuse, violence and exploitation.
- g) Put mechanisms in place to reintegrate street children into mainstream society.
- h) Support parents, families and society to prevent children taking to the streets.

3.4.2.3. Children of incarcerated parents

- a) Protect and promote the rights of children living with an incarcerated parent.
- b) Provide psychosocial support to incarcerated parents and their children.
- c) Promote the use of community service as a sentencing option with respect to mother who has committed less serious offences.
- d) Provide support to children of incarcerated parents.
- e) Establish separate remand centres for incarcerated parents to ensure their children can access health and education facilities.
- f) Provide reintegration and rehabilitation services for children with incarcerated parents.

3.4.2.4. Children in conflict with the law

- a) Provide safe physical space and psychosocial support to children in conflict with the law.
- b) Promote the rehabilitation and reintegration of children in conflict with the law, with the active involvement of their families.
- c) Put measures in place to direct children away from the criminal justice system.
- d) Support the establishment of a Children's Court and other criminal justice measures that protect the rights of children who are in conflict with the law, including diversion programmes.
- e) Provide intermediary services and other support services to the courts for the benefit of children in conflict with the law.
- f) Strengthen inter-sectoral collaboration and coordination of services.
- g) Raise public awareness on children in conflict with the law.

3.5. PERSONS WITH PHYSICAL AND MENTAL DISABILITIES

Persons with disabilities are understood to be those that have a physical or mental impairment that limits their ability to participate optimally in the social and economic functioning of their own lives, that of their family and the broader society. This impairment renders them vulnerable to poverty, abuse, neglect and to other social challenges, and it is therefore critical that they receive support to enable them to function optimally in society.

In particular, many people with disabilities experience social exclusion and discrimination, limiting their access to education, health, employment and other public services. A significant number of people with physical and mental disabilities are not able to meet their basic needs. Persons with disabilities often become victims of abuse, physical, sexual and emotional, as a result of their impairment. There is thus an overriding need to protect and support people with disabilities.

3.5.1. Policy Statement

It is national policy to promote the integration of all persons with disabilities into the mainstream of society. It is national policy to protect the rights of people with physical and mental disabilities, and to provide social assistance to vulnerable populations that are physically and mentally disabled.

3.5.2. Strategies

- a) Advocate for the ratification of the UN Convention on the Rights of Persons with disabilities.
- b) Promote legislation and policy that protects the rights of people with physical and mental disabilities.
- c) Holistically address the needs of persons with physical and mental disabilities by adopting a multi-faceted approach, including the provision of assistive devices to persons with physical disabilities.
- d) Promote and protect the rights of persons with physical and mental disabilities.
- e) Provide a universal grant to persons with physical and mental disabilities.
- f) Raise public awareness on the rights of people with physical and mental disabilities.
- g) Provide rehabilitation services for people with disabilities, including promoting the establishment of rehabilitation centres for people with mental impairment.
- h) Promote the integration of people with physical and mental disabilities in the family and community.

3.6. YOUTH

The population of Swaziland is young, with 40 percent under the age of 15 years. Youth are defined in Swaziland as those falling in the age group of 15 years to 35 years. In the context of HIV and AIDS, their vulnerability is heightened by the fact that many have lost one or both parents, and have to go through key development phases without the necessary social, economic and emotional support. In addition high levels of unemployment, substance abuse, teenage pregnancy and other socio-economic challenges pose particular threats to young people in Swaziland.

3.6.1. Policy Statement

It is national policy to promote the holistic development of young people in Swaziland to facilitate skill development, increase productive capacity and enable them to contribute to their own development and that of the country.

3.6.2. Strategies

- a) Facilitate an integrated approach to youth development as a critical component of the broader social development agenda.
- b) Provide support to youth development initiatives.
- c) Provide psychosocial support to young people.
- d) Provide youth-friendly health care and education services to young people.
- e) Facilitate linkages between child-welfare services and services to young people that are guided by a life-cycle approach to social development.
- f) Promote and protect the rights of young people.

3.7. EX SERVICEMEN

The Swazi people participated in the World War I and II and, in recognition of their contribution; ex-service men receive a military pension. However, this pension is not adequate and there is need to empower ex-service men and their dependents in order to improve their socioeconomic conditions.

3.7.1. Policy Statement

It is national policy to protect and promote the well-being of ex-service men and their families.

3.7.2. Strategies

- a) Provide support to ex-service men through an adequate military pension and linking them and their dependents to other forms of support.
- b) Recognize the role that ex-servicemen played in the Kingdom of Swaziland.

3.8. VICTIMS OF DISASTERS

Swaziland has experienced increasing numbers of both human-made and natural disasters with devastating consequences for human well-being. Various parts of the country have been struck by storms, floods, tornadoes, droughts and fires. The Department of Social Development provides financial and material assistance to victims of disasters. Providing disaster relief and empowering communities to be prepared, and to react positively to disasters, are important interventions.

3.8.1. Policy Statement

It is national policy to mitigate the effects of national disasters by ensuring preparedness, and providing appropriate support to victims.

3.8.2. Strategies

- a) Provide social relief to the victims of human-made and natural disasters in collaboration with the National Disaster Management Agency.
- b) Introduce community development programs in communities affected by disasters.
- c) Put measures in place to prevent and reduce vulnerability to disasters, in collaboration with key stakeholders.
- d) Ensure that appropriate disaster management plans are in place.

CROSS CUTTING AREAS

3.9. HIV & AIDS AND TERMINAL ILLNESS

The prevalence of HIV and AIDS in Swaziland remains unacceptably high. The SDHS revealed a prevalence rate of 31 percent among women aged 15-49 years, and 20 percent among men in the same age group. HIV and AIDS are heightening vulnerability and marginalization in the country. Those who are HIV-positive often fail to access health care and ARVs. AIDS also undermines the capacity of parents to provide adequate care to their children.

3.9.1. Policy Statement

It is national policy to mitigate the effects of HIV and AIDS and terminal illnesses.

3.9.2. Strategies

- a) Contribute to national efforts aimed at reducing HIV incidence and caring for people living with AIDS and patients suffering from terminal illnesses.
- b) Provide public assistance to persons infected and affected by HIV and AIDS, and terminal illnesses.
- c) Provide psychosocial and related support to persons infected and affected by HIV and

AIDS, and to those suffering from terminal illnesses.

- d) Promote home-based care for the terminally ill.
- e) Facilitate linkages for persons on ARVs or having terminal illnesses with food and nutrition programmes and other necessary social services.
- f) Mitigate the effects of HIV and AIDS at family, community and national level.

3.10. SUBSTANCE ABUSE

Substance abuse is an increasing problem in Swaziland, including in public spheres such as schools. Abuse of substances by children and young people increases their vulnerability and the risk they will not achieve their full potential. Similarly, parents who abuse substances are often unable to provide proper care and supervision of their children. This results in poor functioning of families, and triggers other problems such as domestic violence, criminality, road accidents, ill health, mental illness, unemployment, poverty, HIV infection and divorce. There is therefore an urgent need to curb the problem of substance abuse.

3.10.1. Policy Statement

It is national policy to control and prevent the abuse of alcohol and drugs, and to rehabilitate abusers.

3.10.2. Strategies

- a) Ensure the enactment and enforcement of laws and policies that regulate the supply of alcohol and drugs.
- b) Institute measures to reduce both the demand and supply of alcohol and drugs.
- c) Provide intervention services that support abusers of drugs and alcohol, and members of their families, to recover fully.
- d) Promote positive substance-abuse free living.

3.11. GENDER EQUALITY

Gender inequality contributes to the vulnerability of individuals and families. The Government of Swaziland has recognized the need for full and equal participation of women and men at all levels of development, and has adopted a National Gender Policy to guide its approach and interventions. The policy recognizes that reducing gender inequality is a critical step towards sustainable national development. It articulates a vision where women, men, girls and boys have equal opportunities to participate freely as equal partners in all spheres of public and private life, including all decision-making processes. It further advocates that men and women should have equal access to and control over productive resources and services, and to contribute to and benefit from all development processes and initiatives.

3.11.1. Policy Statement

It is national policy to mainstream gender into all areas of national development, including legislation, policies, programmes and projects.

3.11.2. Strategies

- a) Support the implementation of Gender Action Plan
- b) Integrate a gender-responsive approach to programmes and interventions within the sphere of social development.
- c) Take a gender-sensitive approach to all service provision.
- d) Promote strategies that address the vulnerability of women and girls in different spheres of social functioning and development.
- e) Promote positive images of men, women, boys and girls that foster healthy gender relations in all spheres of social and economic development in Swazi society.

CHAPTER FOUR: POLICY IMPLEMENTATION FRAMEWORK

The broader context of social and economic development in Swaziland means that social economic development is the responsibility of all sectors within Government. In addition, the promotion of positive social development outcomes is a collective national responsibility, and cooperation and partnership with civil society and other development partners needs to be promoted and supported.

4.1. MANAGEMENT AND COORDINATION MECHANISMS

The Policy will be translated into a strategic plan, pieces of legislation and departmental work plans and guidelines. The strategic plan will be revised after every five years, while action plans will be prepared, implemented, monitored and evaluated annually.

Relevant systems, standards and guidelines will be put in place to guide service delivery and optimal functioning. The national policy will be implemented by the Department of Social Development in collaboration with all stakeholders. A multi- sectoral committee chaired by Department of Social Development will be established to monitor and evaluate all relevant plans. For purposes of quality control, a Social Workers' Council will be set up. The Council will be responsible for registering social workers, vetting social work qualifications, and setting professional standards. The Ministry responsible for Social Development will provide the infrastructure and working conditions needed to deliver quality services.

A comprehensive database of all social development programmes will be developed in conjunction with stakeholders.

4.1.1. Government

The Department of Social Development will have a clear mandate to coordinate the provision of social services in the country. In order to implement the policy and coordinate social services effectively, a new structure for the Department of Social Development will be developed and periodically assessed and reviewed.

The Department of Social Development will decentralize service delivery to Tinkhundla Centres and chiefdoms to make those services more accessible to the intended beneficiaries. Each Inkhundla should be served by an auxiliary social worker. The Department of Social Development shall harmonize the social services provided by different government ministries. Social development will be mainstreamed in all ministerial plans, each setting clear objectives and outcomes. A multi-sectoral committee, including civil society and development partners, will be established to monitor implementation and chaired by the Department of Social Development. A social cluster of government ministries responsible for the provision of social services will be set up.

4.1.2. Civil Society

Organizations in civil society are well placed to identify local needs, innovate and pioneer new approaches, respond rapidly, and mobilize communities to take action. Working in partnership with civil society has been a critical approach for the Department of Social Development historically in fulfilling its mandate. The private sector plays an important role in providing social services and should continue to be involved. A register of all non-governmental organizations will be maintained and a regulatory framework will be developed.

4.1.3. Development Partners

Development partners have been important role-players for social development in Swaziland, providing financial, strategic and operational support. Development partners will continue to facilitate linkages between international and regional processes, standards and frameworks to augment existing approaches in Swaziland.

4.2. SERVICE DELIVERY MECHANISMS AND MODELLING

Comprehensive, integrated, accessible and equitable services will be provided, promoting self-reliance and facilitating a positive interaction between individuals and their social environment, and vice versa. In view of resource and capacity constraints, a partnership model will be utilized with specialist organizations that are well placed and competent to deliver specific services.

The principles of efficiency, effectiveness, accessibility, transparency and equity will guide how social development services are delivered in Swaziland. Where appropriate and necessary, a public-private partnership model will be employed in the delivery of social services. Inter-sectoral collaboration in the delivery of services will be facilitated, supported and encouraged. Regional and international good practices will guide continued enhancement of service provision.

4.2.1. Community Involvement

Community development is a multi-sectoral and multi-disciplinary approach, which serves to harness the community as a key partner in realizing social development goals. The community is a key resource within the development process and voluntary participation in social and community programmes must be encouraged. Community involvement is a critical tenet of social development services that are sustainable and facilitate self-reliance.

4.2.2. Family-Centred approach

Families are key partners in the implementation of this Social Development Policy, given their role in the

healthy development of individuals and communities. Interventions will actively seek to harness the strength of families as a critical social institution.

4.3. MONITORING AND EVALUATION

Monitoring and evaluation, based on an agreed set of indicators and framework will be undertaken by the Monitoring and Evaluation Unit in the ministry responsible for social development. There will be periodic evaluations, at 5-year intervals, to determine the degree of success in the achievement of policy objectives. The evaluation reports will be disseminated widely. These evaluation reports will provide a basis for policy revision. However, emerging issues will also trigger policy revision.

The Department of Social Development will facilitate the development of minimum standards to ensure quality assurance for social welfare programming. The Department will appoint of a monitoring and evaluation technical advisor who will be linked to the Monitoring and Evaluation Unit in the responsible ministry.

The Department of Social Development will ensure the maintenance of an up-to-date database on all social development programmes and, in collaboration with all stakeholders, will develop a National Management Information System for social services to inform policy formulation, planning and monitoring. The Department will also facilitate the development of annual reports on the social sector, and track the situation of the most vulnerable sections of the population to effectively address gaps in policy, legislation and service delivery.

4.4. HUMAN RESOURCES

In order to achieve its goals, the Department of Social Development will need access to the appropriate set of skills needed to implement these strategies. The core of its human resources cohort should be made up of social-services professionals. Such professionals include social workers, community development workers and other professionals trained in the social sciences, including psychology and sociology graduates.

While some statutory work such as working with children in conflict with the law may require registered social workers, the Department should strive to ensure that it engages both community development workers and other social service professionals to achieve a critical mass of suitably skilled personnel.

The Department of Social Development in Swaziland will partner with counterparts in the SADC

region who have developed policies on social services professionals, as it seeks to develop the human resources necessary for a diverse range of services. This could include partnerships to train auxiliary or Para-social workers and also facilitating access to bridging courses for social science graduates so they are able to do statutory work normally reserved for social workers.

A range of social workers and Para-social workers will be employed to address different needs and problems, and to increase the current capacity in under-served communities and rural areas. The Department of Social Development will complete an analysis of capacity gaps in the social sector and formulate a capacity-development program. The Department will structure itself and its social services in ways that facilitate specialization of particular functions and services.

4.5. FINANCING

The Department of Social Development will implement this policy largely through funding from Government. However, attempts will be made to secure support from development partners, the private sector and other organizations and individuals.

The budget of the Department of Social Development will be informed by the Strategic Plan and approved annual action plans. Government ministries should include funding for social development activities in their respective budgets to address the needs of the most vulnerable.

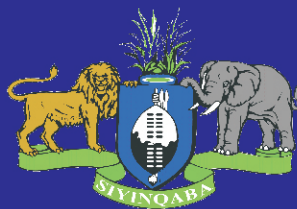
Non-governmental organizations will secure their own resources in implementing aspects of this policy, while Government support is targeted to very specific areas.

4.6. CONCLUSION

This National Social Development Policy provides a framework for addressing the range of social development challenges facing the country. Updated research, policy analysis and development strategies will further inform the roll-out of these policy imperatives as the country works to address the many needs faced by its vulnerable populations.

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