



PROTECTION OF CHILDREN WHO ARE ORPHANED OR IN VULNERABLE SITUATIONS

Baphalali Eswatini Red Cross

CASE STUDY

Photo description: Participant at peer support program of Baphalali Eswatini Red Cross
Photo credit: Baphalali Eswatini Red Cross

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Photo description: Participant in Baphalali Eswatini Red Cross household visit campaign
Photo credit: Baphalali Eswatini Red Cross

Background

The Baphalali Eswatini Red Cross is delivering services to children who are orphaned or in vulnerable situations through a partnership with the Lars Amundsen Family Foundation and the Japanese Red Cross Society. The services are implemented in the Hhohho and Shiselweni Regions through clinics operated by the Baphalali Eswatini Red Cross Society.

The interventions primarily target children who are orphaned or in vulnerable situations like those living with or affected by HIV. Like many African countries, the Kingdom of Eswatini was particularly hard hit by the HIV pandemic between 1990 and 2010, with lasting economic, social, and health consequences that rippled across communities. The programme provides psychosocial support that addresses key social determinants of health, which have left many individuals unable to remain in or access care despite the availability of numerous HIV/AIDS-related programmes in the country.

With a specific focus on children who are orphaned or in vulnerable situations and their immediate families and caregivers, the programme ensures that individuals who might otherwise be missed by purely clinical interventions are appropriately supported to achieve their health goals, leveraging Baphalali Eswatini Red Cross volunteers attached to health clinics and guided by nursing staff to build a robust community-level support network that promotes retention in care and improved health and protection outcomes.

Who was Supported and How

The project has been designed around three outcomes. Specifically, to provide orphans and children living with HIV with:

- 1- increased awareness about HIV/AIDS, voluntary counselling and testing (VCT) and drug adherence in three provinces
- 2- mental health psycho-social support for children living with HIV, care facilitators and staff
- 3- health focused care and support

The project maintains strong accountability and protection standards, with all supporting personnel having signed the IFRC/RCRC Code of Conduct for RHMs, volunteers, and staff. Community health trainings, which included participation from the head nurse, fully integrated the Dignity, Access, Participation, and Safety framework to ensure consistent adherence to required standards throughout implementation. The project nurse also applies a structured community feedback mechanism to collect and report concerns from local communities. In addition, support sessions for orphans and other vulnerable children within the teen clubs are conducted as closed, confidential engagements, managed exclusively by clinical staff to ensure discretion, safety, and the highest level of care.

Successes

Five School Clubs were established and through these there have been a number of successes:

- Over 13,000 children and adults have been reached.
- Children were able to raise awareness on sexual and reproductive health rights (SRH), sexual and gender-based violence (SGBV), Human Immuno-deficiency Virus and Acquired Immuno-Deficiency Syndrome (HIV & AIDS).
- Performances by children were delivered during significant international days like World AIDS Day and World Children's Day.
- School Clubs were established and had an average of 33 children who attended monthly. The School Club meetings were supported by Nazarene Compassionate who rendered meals (breakfast) and provided guided facilitation sessions. The meetings helped strengthen adherence to medication by promoting self-driven adherence behaviour.
- During the School Club meetings, children were able to share life experiences that motivated others.
- A School Club Recreational retreat was held for 33 orphans and children in vulnerable situations, providing a environment where they could express themselves. The event highlighted the need for behaviour modification that would enhance personal and social skills.

Orphaned children and those living with HIV were provided care and support.

- Food and Hygiene Packs were distributed to 426 children. School leadership observed a decline in the number absenteeism among the girls due to distribution hygiene packs.
- Medical support was provided to 423 Children.
- Educational support services delivered to 20 children for school fees and 19 children with school uniforms.
- A total of 35 children received training and raw materials. At least 22 of children had viable income generating activities and were able to produce detergents which were sold for profit.

- 15 households received material to construct 6x5 meters backyard gardens. Households were trained tasked to plant 2 fruit trees, potatoes and other vegetables which would enhance food production and generate income.

All personnel involved in the project have signed the National Society Code of Conduct and Prevention of Sexual Exploitation and Abuse Policy, and have been trained on Protection, Gender and Inclusion.

The project reached an estimated 2,340 people with SGBV information and ensured it also strengthened awareness campaigns in schools, sensitizing both teachers and students to ensure that these cases are identified and reported on time.

There were 7 children who reported SGBV cases. All 7 cases were reported and linked to a one stop shop (police, social worker, psychologist, doctor, nurse dealing with SGBV) in the nearest hospital.

Challenges and Difficulties

The programme is implemented in peri-urban and deep rural communities. As a result, many participants face difficulties in accessing health facilities for clinic-based activities and their respective follow-up appointments. This has necessitated the use of Follow-up Assistants and Rural Health Motivators to track and support patients who are lost to care.

Additionally, rising economic constraints within the region have led to the stagnation or discontinuation of certain project activities in order to adjust to increased operational costs. Programme partners have also experienced staff losses due to budget cuts, slowing the implementation of key interventions, particularly in areas such as MHPSS, and resulting in increased responsibilities for volunteers.

Most recently, supply chain interruptions within the country have limited the quantities of ART dispensed to clients, thereby requiring more frequent clinic visits..

Lessons Learned

1. **Early and continuous engagement of school headteachers** improved the efficiency of the project.
2. Collaborating with the schools when planning activities ensured that **schools had a sense of owning activities** rather than feeling like it was being imposed.
3. **Providing individualized care to children was more effective** than a group approach, especially around sensitive topics.
4. **Consistent access to ART and adherence support are critical** for positive health outcomes.
5. **Addressing stigma and discrimination improves treatment** adherence and quality of life.
6. **Age-appropriate health education empowers children** to manage their health effectively.
7. **Working in partnership** with local agencies and donors enhance the reach and quality of programming.