

MOYA TRUST SWAZILAND

1. ORGANISATION

Moya Trust

2. TITLE OF PROJECT

Moya Centre

3. ADDRESS

Postal

P.O. Box 74

Malkerns

Swaziland

Physical

Malandela's Farm

Mahlanya/Malkerns Road

Malkerns

Swaziland

4. TELEPHONE

(+268)604 8752 cell (+268)52 82043 phone

EMAIL

moya@swazi.net

5. CONTACT NAME WITHIN ORGANISATION

Mrs. Jane Cox, MBE.

6. CONTACT NAME POSITION

Director

Signature:

7. FINANCE OFFICER'S NAME

Mr. Peter Thorne

Signature:

8. AMOUNT OF FUNDING REQUESTED

Please see the attached detailed budget

Funding requested in 2005 E 589,512 / £ 56,144 Pounds Sterling

2006 E 785,048 / £ 74,766 Pounds Sterling

2007 E 861,956 / £ 82,091 Pounds Sterling

9. PREFERRED METHOD OF PAYMENT:

Bank Transfer

Bank: Standard Bank of Swaziland

Branch: Matsapha

S.W.I.F.T. Address SBIC SZ MX

Account Name: Moya Trust

Current Account No: 0140022317601

10. NOT-FOR-PROFIT

Yes

11. DESCRIPTION OF ORGANISATION

Trust

Notarial Deed of Trust No. 27 of 2002.

12. SUPPORTING DOCUMENTATION

- a. Notarial Deed of Trust No. 27 of 2002 (outlining constitution)
- b. Audited Account June 2003
- c. Financial Management and Accounting Procedure
- d. Copy of latest Annual Report

13. DATE OF INTERNATIONAL GENERAL GRANTS FUND APPLICATION

31 March 2005.

14. DESCRIPTION OF ORGANISATION AND CURRENT WORK

Provide a brief statement, including:

a) How long you have been established?

The Moya Centre was established in June 1999 to assist those affected and infected by HIV/AIDS. We work with communities and local leadership, in collaboration with the Deputy Prime Ministers office and UNICEF.

b) The geographic area and target population served?

Our pre-school and after school facilities serve the community of Mahlanya, population approximately 7,000. Our Primary Health clinic is open to people nationwide, however due to the restrictive cost of travel the majority of our patients are from the local communities of Mahlanya and Malkerns in the centre of Swaziland. Our trench gardening and school fees services are national services which we deliver to communities across the country. The national population at last census was just over 1 million people.

c) The services you currently provide to people living with and/or affected by HIV/AIDS giving estimates of the number of service users?

We currently provide the following services:

Primary Health Care:

We run a primary health care clinic open to all on a first come first served basis with no charges made for any services. We provide basic medical treatments and provide health information and education in group sessions and on an individual basis. Where appropriate we refer patients to other services for more specialist treatments (450 patients treated per annum).

Education :

Our pre primary school serves the Mahlanya community, providing the only fee free pre school in the area. Children attend the pre school 5 mornings per week. We have space for 11 children on the pre school programme. These children are subsequently sponsored to attend the local primary school.

Our Orphans and Vulnerable Children (OVC) sponsored primary education programme administers fees for 19 children each year. These fees are sourced from our private donations. We take an active role in these children's schooling to ensure that they receive the required understanding and support within the educational system.

Trench gardening :

Trench gardening is a drought tolerant organic method of growing vegetables which was developed in South Africa as a low cost sustainable method of enhancing food security and boosting nutritional intake at a household or community level. In the absence of advanced medical treatment of HIV and AIDS good nutrition is key to maximising people's length and quality of life. This belief underpins the trench gardening programme at the Moya centre and is endorsed by our operational partners UNICEF and the deputy Prime Ministers office.

In conjunction with UNICEF we run community based agricultural training workshops leading to the establishment of vegetable gardens and orchards. In 2004 we established gardens in 6 rural schools training 195 people, and 5 Neighbourhood Care Points (NCPs) training 80 people. These training programmes fit into a broader UNICEF led initiative to mobilise and support communities to take responsibility for their OVCs essential needs ie food, shelter, nurture and care, clothing etc at community Neighbourhood Care Points (NCPs).

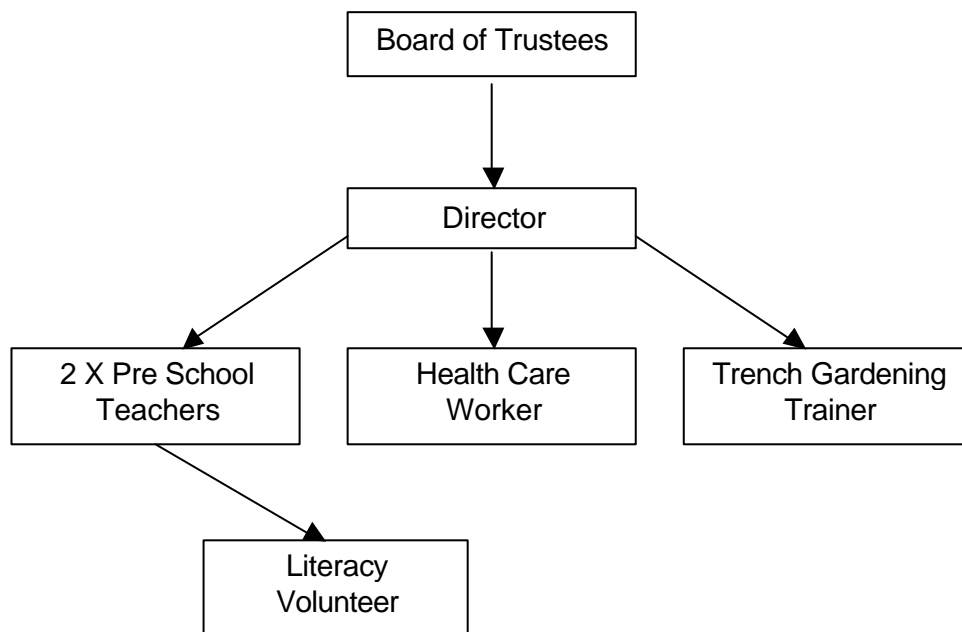
We also train staff from other organisations to run community trench gardening courses. In sharing this knowledge with other national

organisations we are building national capacity to counter food insecurity. In 2004 we trained 100 government agricultural extension officers each from a different community and 30 community members from 7 different communities.

d) Number of paid staff and volunteers of the organisation and organisational structure?

We have one volunteer and 4 paid members of staff. The paid members of staff are one health worker, two pre school teachers and one agricultural worker. The Director is currently an unpaid position.

Existing Structure



15. PROBLEM STATEMENT

A brief description of what the need is and why your organisation should be funded. Where possible this should be in the context of local HIV/AIDS epidemiology and existing projects local to your proposed programme area.

Swaziland, like other Sub-Saharan Countries, continues to be deeply affected by the HIV and AIDS pandemic which poses a threat to the country's economic and social development. In 2002 results from 17 antenatal clinics identified an HIV and AIDS prevalence of 38.6% (Sentinel Surveillance 2002). This figure has escalated from 3.9% in 1992¹. An estimated 17,700 people died of AIDS-related deaths in 2003. The pandemic, combined with widespread poverty, a weakening economy and regional drought has affected 63% of the population who are living below the poverty line. More than 70% of the population live in rural areas and are subsistence farmers. There are currently 262,000 people living on World Food Aid due to poverty, drought and the effects of HIV/AIDS. Approximately 20,000 people are living with full blown AIDS. There are only 2,000 hospital beds in the country. One third of children are left in a state of emergency, with orphaned and vulnerable children destitute, not at school and forced to fend for themselves. Currently the number of orphans in our country are estimated to be 69,000 and are predicted to reach 120,000 by the year 2010. Swaziland has reached the "second cycle" of the epidemic where the impact of AIDS itself, exacerbating poverty and vulnerability of children, enhances the risks of further HIV infections among increasingly marginalised young people and women.

The Swaziland government has established NERCHA (National Emergency Response Committee for HIV/AIDS). NERCHA has utilised Governmental Ministries to impact on rural communities, using traditional chieftaincy structures. In conjunction with NERCHA, UNICEF has established a network of NGOs, with the guidance of the Deputy Prime Minister's (DPM) Office to build the capacity of communities to be able to respond to the needs and rights of Orphans and Vulnerable Children (OVCs).

Our research indicates that orphans and vulnerable children highlighted their primary needs as food, protection from abuse, winter clothes and access to education and healthcare. Inadequate health services, food shortages, a lack of free education facilities and severe delivery capacity gaps within Government Ministries and NGOs severely hamper positive progress in meeting these needs. According to the Rapid Assessment Report by UNICEF, dated September 2004, food insecurity is the critical area. HIV/AIDS has compounded the effects of unpredictable climate and severely reduced the yield of traditional subsistence agriculture, creating a national food shortage which is only partially made up by the FAO food program

The Moya Centre provides services in areas not covered by government ministries and other NGOs, in effect filling gaps in national service delivery to some of the poorest people in Swaziland. Our services are crucial to the overall success of the aims of both Government and UNICEF:

Our Primary Health Care service focuses explicitly on self help, healthy lifestyles, health education and basic nutritional information to encourage and support people to cope with their own and their families' HIV status. Given the lack of mainstream health care services available this method of empowering and educating people to care for themselves has proven to be sustainable and effective.

Our Education services provide for the most vulnerable marginalised children within the Mahlanya community. These children are offered a pathway through the education system from our preschool through to local primary and secondary schooling. The Moya centre will sponsor the school fees of these children ensuring

¹ Statistics from UNICEF National Reports.

basic literacy and numeracy skills are acquired. Education is crucial if these children are to break the cycle of HIV/AIDS related chronic poverty.

Our trench gardening programme has received national recognition as an essential service working with communities to enhance food security. We work with communities identified by regional coordinators from the deputy Prime Minister's office where there is a particularly acute need to enhance food security. Our training programmes culminate in the establishment of community vegetable gardens, owned and managed by a local committee, which provides fresh organic produce year round. This produce enhances local nutritional intake for the most vulnerable members of these communities (children orphaned or made destitute by HIV/AIDS) in a way which is financially sustainable for even the poorest communities. The result is an improvement in community health which is not dependent on emergency food aid or expensive medical services. Moya Centre was the first organisation to bring this technology to Swaziland and continues to be looked to as the leading organisation in the field. We continue to share our knowledge and expertise in our 'training of trainers' programme where we train people from other NGOs to train communities in this method.

The Moya Centre provides front line services directly to some of the poorest people in Swaziland. Our Education service is the only one available in that community to people with limited financial means. The children it serves would be unable to access education through mainstream channels as they lack the financial means to do so. Our health service enhances people's knowledge and skill to care for one another. Boosting community health capacity is of paramount importance where national health services are overwhelmed by the current AIDS pandemic. Our Trench gardening service has proven to be effective in empowering communities to take responsibility for the food security of their most vulnerable members. This reduces the dependence of communities on emergency food supplies by providing them with a sustainable alternative. We believe these services are of paramount importance in the current situation in Swaziland as they fill some of the service capacity gaps currently unmet by government or other agencies.

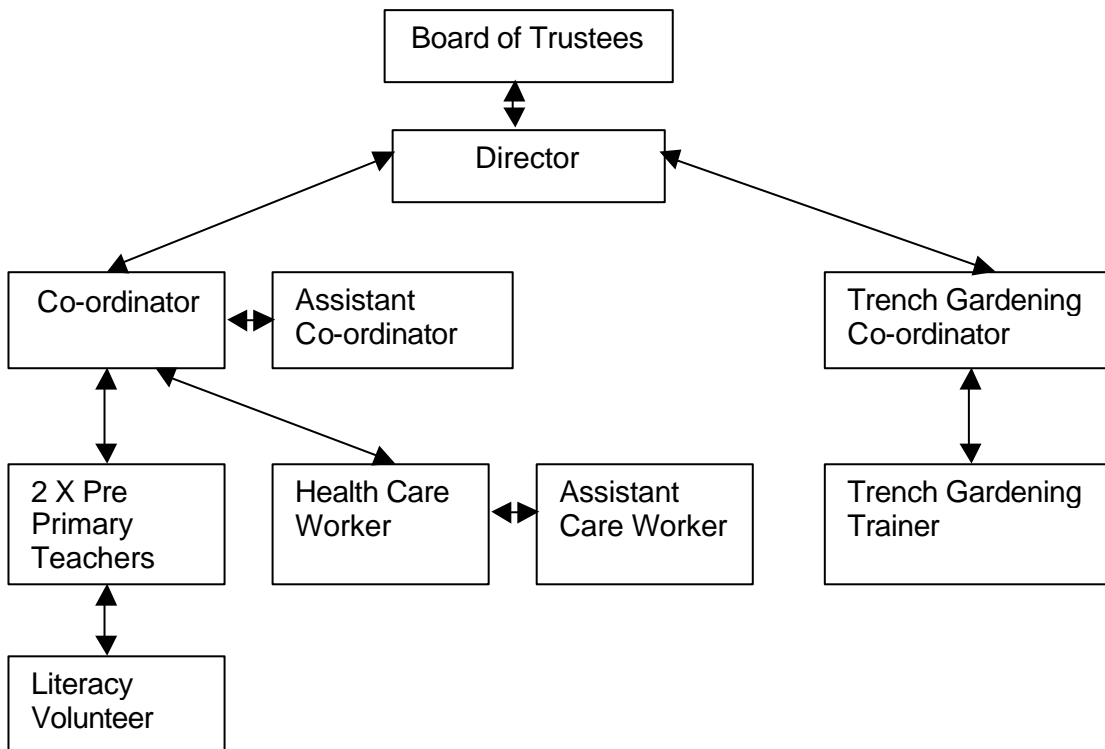
The Moya Trust is seeking funding in order that we can:

- Expand and develop our services to enable us to reach a greater number of people.
- Enhance the sustainability of the organisation through increasing staff capacity and expertise.
- Have a stable budget to cover organisational operating costs.

16. OBJECTIVE OF ACTIVITY

Please state what the organisation wants to accomplish?

The Moya Centre aims to increase the number of people reached by the three key services currently operating. We plan to do this through building our organisational capacity and sustainability. In order to do this we aim to recruit staff, invest in existing staff to maintain their commitment to the service, and have a stable budget for operational costs, planning and development. With this funding secured we envisage an organisational structure as follows:



The critical area within the Moya Centre where we need to build capacity is at a management and Co-ordinator level. With increased capacity at this level we will be in a position to plan and implement our services more effectively and reach a greater number of service users as we illustrate below.

Include:

a) who will benefit from the activity

Primary Health Care Service

The patients who come to the clinic will be the main beneficiaries of the expanded service. With an intended increase in capacity from the current 2 mornings per week to 4 full days per week we will be able to treat many more patients. Currently we have to turn people away on a daily basis because we don't have the resources to treat people.

Our existing health care worker will benefit from the support of an assistant who will take responsibility for a large part of the administrative and record keeping responsibilities, enabling her to focus on patient care work. This envisaged structure will provide a level of sustainability within the organisation which is a marked contrast to the existing pressure placed upon staff by the shortfall in our capacity to meet the existing demand on the service.

Education Service

Orphaned and Vulnerable children across Swaziland will be the beneficiaries of the expanded education service. Approximately one third of children are orphaned and vulnerable. The pre school provides education, a regular meal and a place of safety and security. The pre school serves as a demonstration of the Moya centre's professionalism

and commitment to OVC care and support. This is essential in attracting more funding for sponsorship of orphans and vulnerable children (OVCs) at a primary level. This is how we have attracted funding for the current 320 children being sponsored. This expansion of the OVC funding programme is dependent on administrative support and management which will be made possible by expanded staff capacity.

Trench Gardening Programme

The communities and organisations with whom we offer the trench gardening training service will be the main beneficiaries of the increased service capacity. We will be able to offer community based training and training of trainers services to a greater number of communities. Crucially we will be able to offer a more comprehensive follow on support and monitoring service to ensure the long term success of the work.

The increased capacity at coordinator level will ensure adequate time is spent planning work schedules, providing funders and partners with progress reports, and fully participating in national food security planning meetings.

b) how many or how much will be accomplished.

Primary Health Care Service

With the increased opening hours made possible by funding our current capacity of 450 patients per annum is predicted to increase to 1,200 pa.

Education Service

Our current intake of 11 pre school children will remain. However 320 primary school children are benefiting through sponsorship which will continue until the end of 2006, this is a significant expansion from the 19 children sponsored in 2004. Comprehensive administration, monitoring and reporting of the expanded primary sponsorship, made possible by the expanded capacity of the organisation, will attract more funding for further primary education of OVCs.

Trench Gardening Programme

Ten new communities will have community gardens established at NCPs, with caregivers and OVCs being trained (approximately 200 caregivers and 300 children). Their new found trench gardening skills will enable them to establish sustainable gardens at home. Training of three groups of trainers per annum will be accomplished (75 people).

You should include why this strategy is likely to be successful for the target group including your organisations specific suitability for this activity.

Currently the Moya centre is experiencing ever increasing demands on all 3 of the key services offered. At our current staffing level and resource capacity we are not able to fully meet the needs of those people attempting to access these services. We believe that through increasing our capacity in the planned way we will be able to reach a far greater proportion of those people most in need. Our suitability to undertake this work rests on the experience and commitment we have built up in each of these key areas over the last 6 years. This is detailed for each service below:

Primary Health Care

This funding will build the capacity of our existing health care service which fills a gap within national health care in Swaziland. We have a health worker with long standing experience and training in this field. There are very few fee free health services in Swaziland and even fewer offering these services. We have built up 6 years of experience in this field and always strive to refine and improve the service. In an country where mainstream health services are unable to cope with the demands made on them during the current AIDS pandemic a focus on self reliance and home care is particularly important. To this end our primary health care service aims to empower people to:

- Improve their health and well being
- manage HIV/AIDs at home
- manage STDs
- encourage testing

reduce HIV infection rates

Education Services

This funding will build the capacity of an existing service which is specifically suited to this target group because it responds to the educational needs of orphans and vulnerable children as identified by the local community leadership. Without our support these children would not have access to preschool or primary school education and consequently would be significantly disadvantaged in adult life. This service addresses one impact of HIV/AIDS related poverty which threatens to severely hamper the development of this young generation.

The Moya centre is specifically suited to this activity because our teaching staff are trained in early childhood development, the psycho social needs of orphans and vulnerable children and early childhood teaching methods. We provide a holistic service which caters for the complex needs of these children.

We have good working relationships with the Ministry of Education and a number of individual schools enabling us to feed into education policy concerning OVCs and monitor the progress of individuals in various schools. In addition to administering fees we aim to train teachers and community leaders in identifying and enrolling OVCs and sensitize teachers to the circumstances of OVCs so they can provide psychosocial support in all schools where we provide OVCs fees.

Trench Gardening Service

This sustainable method of empowering communities to become more self reliant is suitable to this target group of poor rural people because it is low cost, drought resistant and low maintenance, producing financially and environmentally sustainable organic food with a high nutritional value. This boosts nutritional intake for the most vulnerable people which is essential for maintaining immune health when HIV +.

The Moya Centre is well suited to continue with this work because we have a proven track record in delivering this service to communities and other organisations working in food security within Swaziland. Since 2001 we have worked in partnership with UNICEF and the DPM's office under the title of the 'OVC Network' to address food security and related education on nutrition and HIV/Aids. Our agricultural trainer has received extensive training with 'Ecolink', one of South Africa's leading organisations in sustainable food production. He is committed and passionate and is recognised as leading figure in field. Our partner organisations UNICEF and the DPM's office are fully supportive of this methodology, having seen the results of our collaborative work over the last 4 years.

17. COVERAGE

Please indicate the actual number of people who will be reached by this activity/project.

Primary Health Care

In the five years from June 1999 to June 2004 our health care service has treated 450 patients on average per annum in the two mornings per week that we currently open. In this time the demand on this service has constantly exceeded our capacity. With additional resources to open 4 days per week, we envisage being able to treat 1,200 patients per annum.

Education Services

Currently we have 10 children in full time attendance at the pre school. They are aged between 3 and 6 years. Our teaching staff work with the children's guardians and care givers sensitizing them to the particular needs of these vulnerable children and offering support and guidance with any issues and concerns they may have. This support is given to all 10 households where the children live.

The provision of primary school fees is wholly dependent on donations made to the Moya centre for this specific purpose. In 2004 we sponsored 19 OVCs. Priority is given to children moving on from our pre school to primary education. Any additional funds are then used to sponsor OVCs who are brought to our attention through our partner organisations and our

own work in the field. Once a child is sponsored through our private donation scheme, we endeavour to support their education until the end of primary level.

Following a significant donation to the school fees programme in 2004 we are planning to increase the number of OVCs receiving sponsorship to 320 in 2005, focussing on 3 communities with a particularly high proportion of OVCs currently out of school. In these communities we plan to hold training workshops for teachers and caregivers to sensitize them to the particular needs of these OVCs in the same way we currently do with the Mahlanya community surrounding our preschool. Basic financial and budgeting skills will be given to the teachers to ensure smooth running of their schools. Basic literacy teaching skills will be imparted to improve standards.

Trench Gardening Programme

In 2004 we conducted trainings at 6 EFA schools (3 days training). There were on average 32 attendees for each workshop, consisting of children, teachers, school committee members, rural health motivators, and parents/guardians.

We held 5 two week trainings at NCPs where we assisted with the establishment of gardens (first week preparation – collation of material, fencing and second week training and establishment of garden) There were on average 22 attendees, being children, caregivers and guardians, with 35 OVCs benefiting from each garden.

In 2004 we held 'training of trainers' workshops for agricultural extension officers from all four regions of the country, a total of 100 trainers were trained. These officers have been commissioned by the FAO to work in communities across the country establishing community vegetable gardens. We have received requests from the 'Lutheran Development Service' to train 30 staff and the US Peace Corps to train 50 volunteers. We are currently unable to meet these requests.

This year, with our expanded capacity we will be in a position to train and establish 10 community gardens and hold 3 trainings of trainer workshops for other partner service providers for development of rural communities. We will monitor the trained agricultural extension officers, doing spot checks in all four regions. They are establishing 70 NCP gardens and 30 EFA school gardens together with their respective communities. The gardens we established in 2004 will continue to be monitored monthly for 12 months.

18. DESCRIPTION OF ACTIVITY

Please provide a description of how the activity will be accomplished, from **planning** through **implementation** to **evaluation**. You should include a timeline for these activities.

The following timeline is a guide to how the funding will be implemented to increase our capacity.

Month 1

Funding secured and received.

Existing staff receive pay rise in line with proposal.

Write job descriptions and person specifications for Co-ordinator and Trench Garden Co-ordinator. Determine I/V panel and I/V schedule for these posts.

Advertise Co-ordinator and Trench Gardening Co-ordinator positions.

Shortlist and invite for I/Vs.

Take up references from shortlisted applicants.

Key services continue at current capacity.

Month 2

Interview for Co-ordinator and Trench Garden Co-ordinator posts.

Appoint people to these posts, arrange start dates for these posts.

Plan induction package for two co-ordinator posts.

Write job descriptions and person specifications for assistant Co-ordinator and assistant care worker.

Key services continue at current capacity.

Month 3

Advertise assistant Co-ordinator and assistant care worker posts.

Shortlist and invite for I/Vs.

Take up references from shortlisted applicants.

Co-ordinators both take up post.

- * Implement co-ordinators induction package: meeting with director and existing centre staff, familiarisation with centre and service provision, planning meetings for immediate future, prioritising tasks. Shadow existing staff to learn and experience first hand the services. Introductions and agency visits to all partner organisations.

Key services continue at current capacity

Month 4

I/V for assistant co-ordinator and assistant care worker posts (newly appointed coordinators on I/V panels)

Appoint people to these posts and arrange start dates.

Plan induction package for the assistants posts.

Continue with induction of co-ordinators; guidance from Director and close monitoring and support.

Key services continue at current capacity.

Month 5

Assistants take up posts.

Induction packages delivered by Co-ordinator.

Director able to fully hand over service co-ordination to inducted co – ordinators.

Director able to resume strategic planning role and work towards securing future funding.

Each service holds planning meetings with full compliment of staff. Timetable and work plan for service expansion developed.

Key services continue at current capacity

Month 6

6 monthly report written to Donor by director.

Health service opens 4 days per week. Assistant and Health Care Worker develop working systems and practices in line with proposal under guidance and management of Co-ordinator.

Education service expands provision of primary school fees. Systems of administration, accounting and monitoring of programme implemented by Co-ordinator and assistant.

Pre School continues at current capacity. Co-ordinator develops training and development programme for teachers.

Co-ordinator actively seeks out donors for school fees programme using pre-school as illustration of high standards and accountability.

Trench Gardening team begins implementation of expanded work programme drafted previous month.

Month 7

Services now running at expanded capacity.

Progress assessments carried out for each service. Outcomes and actions required are noted and carried through.

Staff support and supervision implemented in line with staff structure.

Any necessary revisions to service capacity implemented, Donor informed.

Month 8

Evaluation of services continues. Director and Coordinators check and refine record keeping and internal monitoring systems to ensure transparency and quality of reporting.

- * Key services running at expanded capacity.
Open day held where all partner organisations and national NGOs invited to Moya Centre to learn about recent developments.

Month 9

Key services continue running at expanded capacity.
Staff support and supervision continues in line with staff structure.
Director continues working on securing future funding from Donor and others

Month 10

Key services continue running at expanded capacity.
Director continues working on securing future funding from Donor and others

Month 11

Key services continue running at expanded capacity.
Staff support and supervision continues in line with staff structure.
Director continues working on securing future funding from Donor and others

Month 12

Key services continue running at expanded capacity.
Director writes and submits end of year report to Donor, including annual report, and audited accounts.

The following section details the 3 key services through their initial planning stages to their current implementation and evaluation:

Primary Health Care

Planning

When we started in 1999, it was apparent that there were no medical services that lay emphasis upon nutrition, home remedies and the use of vitamins and supplements. There was a need for informal discussion groups where information could be disseminated on STDs, HIV/Aids, home based care and positive living. We had undergone training from an American nutritionist, Margaret Keen, under whose guidance we had worked from 1996 to 1999. We had been in touch with Salvation Army Clinic who had agreed to be our clinic of referral for STDs and voluntary testing and counselling. We decided not to charge for this service to make it accessible to the most vulnerable members of our communities.

Implementation

We are open two mornings of every week, from 8 a.m to 10 a.m. we give general information on nutrition, HIV/Aids, STDs, positive living, home based care and teach self help methods. This information is delivered by our health worker to everyone who attends the clinic in an informal discussion group. These sessions provide invaluable opportunity for people to share experiences, ideas and opinions in an environment where people feel secure. The subject of HIV and sexual lifestyles remains heavily shrouded in misunderstandings, untruths and suspicions in Swazi society. These sessions provide an opportunity to demystify these topics and for people to gather factual information and practical skills to cope with the impact of HIV/AIDS. People attending these sessions are encouraged to share the information and skills they acquire here with their families and communities to maximise the impact that these sessions can have. Key elements of the service are:

- STD symptoms. Patients recognise the need to return with their partner for referral to Salvation Army Clinic.

What is HIV/AIDs?
Methods of transmission.
Progression of HIV to AIDS
Voluntary Testing and Counselling
ARV programme
Positive Living
Home Based Care
Support Groups
Home remedies for opportunistic ailments

From 10 a.m. to 2 p.m. our health worker treats individuals in confidential one to one consultations. We use vitamins and supplements to boost immune strength where there is evidence that someone has a compromised immune system. We encourage the use of indigenous vegetables and organic methods of home vegetable production to sustainably maximise immune system health. Treatment of parasites, scabies, skin rashes, diarrhoea, candida, thrush, influenza, stomach ulcers, etc are all treated with various vitamins, and home remedies. Eg. Pumpkin seeds crushed and made into a tea are useful for expelling parasites.

Undiluted lemon juice instantly reduces fevers. Colloidal silver has been useful for various skin and eye conditions. Bach flower remedies have been of paramount importance in cases of grieving, shock or extreme stress. Garlic is used to treat candida and thrush. Wounds and cuts are dressed, but in all cases where further medical intervention is needed, patients are referred.

Where necessary we refer patients to the Salvation Army Clinic for medical treatment of STDs and HIV/AIDS voluntary testing and counselling. Each individual is given in depth counselling and support to prepare them for any testing or treatment they are considering. We refer others where pertinent to hospitals for specialist treatment such as Tuberculosis. We have found that without our initial support and encouragement people are reluctant to access other medical services. One of our key roles is empowering and supporting people to access medical services where initially fear and apprehension prevent this.

Evaluation

Clients are encouraged to return within a month of any treatment for re assessment and further treatment. Evidence of improved health, knowledge of HIV status or increasing desire to know status, an increased awareness of the need to change high risk lifestyle and sexual behaviour and the establishment of a home food garden are the key indicators which demonstrate to us that our service is proving effective for a particular patient. This information is recorded in individual client case notes for every visit to the centre. The Salvation Army clinic provides monthly feedback on all clients referred, where pertinent this information is added to client case notes. Clients continue to express their appreciation of the service and continually return and refer others, demonstrating that the service is of benefit. Clients who return are consulted for feedback as to their progress and which other institutions they had visited and benefited from.

In the past, due to work pressures and time constraint, there has been little time to discuss in depth with our health care worker progress of our health services and feedback from clients and partner organisations. When these discussions have taken place, it has been as and when time permitted. This needs to be structured into Moya monthly meetings where strengths and weaknesses are identified and discussions conducted on the way forward. Six monthly reviews with Salvation army are also needed.

Education services

Planning

At the beginning of each year our local traditional chieftaincy leadership choose OVCs from Mahlanya Community to attend the pre school. We assist the community to accurately

identify the most at risk OVCs while retaining community involvement and ownership of the school which is vital to its success. The annual selection of students is a crucial element of this community involvement.

One of our teachers underwent Montessori training and was seconded to a pre school for a term, which engaged in regular pre school education. Our curriculum was set up by the Montessori lecturer and one day a week for the first year, an experienced Montessori teacher took the class with our teachers as assistants. Within the Montessori context, we follow the required stipulations set out by the Ministry of Education.

The primary school fees programme developed in 2002 as a logical continuation of the preschool. There was a significant risk that our preschool children would finish their programme of education with the Moya Centre and be unable to progress to primary school due to financial constraints.

In each of the additional communities where we are planning to sponsor OVC's primary fees we set up a meeting between the education officer of UNICEF, a representative from the DPMs Office, the Regional Education Officer from the Ministry of Education and the relevant teachers, head teacher and school committee. In this meeting we discuss how to accommodate as many OVCs as possible without compromising teaching standards. The teachers, head teacher and school committee identify eligible OVCs from the community. Community participation is discussed eg. sewing uniforms at cost, to bring down school fees. We then meet and decide on how many children can be sponsored based on the funds available and the cost per child. The Moya centre draws on the expertise and knowledge of these partner organisations in this field.

Implementation

The preschool programme runs Monday to Friday from 8am until 12pm. Children are required to speak English as much as possible to equip them for school readiness.

They learn about who they are, express names and greetings and parts of the body. Pre maths skills (shapes, counting, simple addition and subtraction) and pre reading skills (alphabet, enlarge vocabulary, fruit, vegetables, farm animals, wild animals, transport, weather) are key parts of the programme.

Basic health and hygiene, road safety, basic life skills (dressing, brushing hair, and promoting awareness to keep children safe from possible sexual abuse) make up the practical aspect of the programme.

Art and crafts are used to develop fine motor skills

Games involving balls, skipping ropes, musical chairs etc. are used develop social skills, a sense of balance and eye hand co-ordination.

Writing skills and very basic word recognition are developed.

From Monday to Thursday from 2pm to 4pm we run an after school club open to children from any age up to 15yrs. Many of the children who attend are at school, however literacy and numeracy skills standards are generally very poor and so we offer them basic literacy and numeracy lessons and access to teaching materials. We have a feeding programme, monitor general health and welfare and assist them with extra lessons where needed. Our Moya Centre garden provides food for these children.

Private sponsors for our 20 children at primary school are contacted before the beginning of the new academic year, to remind them of their commitment. We purchase individual uniforms, shoes, bags etc for each child who is starting school and enrol them at school. The school report results are communicated to each sponsor mid year and end of year. Our major donor of the school fees programme has remitted funding which we have held in a high interest earning bank account. The financial statements for this project will be opened for each school to peruse. Each meeting/workshop has been minuted and circulated to our principle donor and to each project member.

Our teaching staff plan to develop skills on how to make simple teaching aids with resources which are within easy reach of any homestead within a rural setting. Most children in

Swaziland are given no stimulation whatsoever, especially OVCs who receive the least attention from family members. There is a need to impart these skills to communities and families where OVCs are living to ensure a stimulating foundation for these children. We are looking at the possibility of giving workshops to caregivers in early childhood development and deepening their awareness of how to support OVCs psychosocially in the informal classroom.

Evaluation

Children enrolled at the preschool are monitored and evaluated on an individual basis and records are kept. Termly reports are given to guardians and regular meetings are held with guardians. Our teaching staff assess children and they graduate to the next class when ready, ultimately they are enrolled into primary school. This progression demonstrates the impact of the education programme on an individual. Where this progression is not occurring at an expected pace a more in depth review takes place to pinpoint and remedy possible factors inhibiting development. A child's home environment must be safe and supportive; this is a key factor in the evaluation process. More widely, evidence of increased community awareness of OVCs is an indicator of the program's success.

The school fees programme is monitored and evaluated by ourselves and our partner organisations. The Ministry of Education school inspectors monitor schools regularly.

The Moya Centre monitor individual children's progress through school reports and meetings with teachers at the end of each school term. Funders will visit schools once a year in order for us to demonstrate their funds are being appropriately used and to encourage future support of the programme.

Trench Gardening programme

Planning

We hold planning meetings with UNICEF field staff and the OVC network coordinator from the DPM's office to assess which areas of the country are experiencing particularly severe food insecurity. UNICEF field staff are out in the country continually assessing the severity of the OVC phenomenon. This partnership allows us to tap into their current and extensive knowledge of the situation on the ground and make up to date assessments of where to direct our resources. This happens three times a year.

Once potential communities have been identified, a community focal point is identified, this is often a school, an NCP or a homestead where a household have become particularly involved in caring for OVCs. We then arrange a planning meeting where the regional coordinator from the DPMs office, will introduce us to the community identified and we outline what is involved. If the community are interested in the programme we arrange a start date for the training and outline the preparation required. The average time from the community being identified at the initial planning meeting to a training beginning is two/three weeks.

Our training of trainers programme has developed in response to requests we have received from other organisations. A planning meeting is held with the relevant coordinator/manager to identify the specific requirements of the trainers concerned and make arrangements. Due to our current limited capacity we are only able to meet a small proportion of this demand. There is scope to expand and formalise this service to meet this increasing demand, enabling far more communities to be trained.

Implementation

Our training programmes vary in their length, content and style to suit the particular location and community group. We work with a wide variety of people from primary school children, to secondary school children and youth groups, to older community members, teachers and agricultural workers. Certain areas of the country are more drought prone and the local climatic factors affect the emphasis of the program.

The first week involves facilitating a group discussion to outline the purpose of the garden, the provision of food for the local OVCs and their caregivers, emphasising the commitment

required to the programme. The community are then requested to identify a suitable site for the garden close to a water source, ie river/stream which runs year round or a tap. Three days are then spent purchasing, transporting and erecting a fence around the garden site to prevent the cattle, goats and chickens which roam freely from eating the produce. In the past SPTC (Swaziland Post and Telecommunications Corporation) have provided funding for the fencing materials, tools and seedlings. Labour is provided by the community under our supervision. Two days are spent collating and transporting organic material, tools, catering and teaching material.

The second week begins with three days of teaching on the theory of trench gardening. Key topics include the construction of the trench beds, watering, mulching, rotational planting, insect control and organic spraying. The following two days are spent establishing the garden. All initial inputs; manure, compost, organic material, seedlings and seeds, tools and lunch for all participants is provided. At the end of the programme the community elect a garden committee to manage the garden and ensure the food produced reaches those most in need. The course is reviewed and discussed and an extensive question and answer session takes place allowing all participants to clarify any part of the course content.

Our training of trainers programme usually run for 5 days. The first 3 days include training on organising and facilitating community group projects, the stages of establishing a trench garden including locating a site, fencing and a practical demonstration of how to construct a trench bed. Effective gardening techniques are then covered; mulching, watering, organic insect control, rotational planting and interplanting. Throughout discussion and questions are encouraged. The last 2 days cover the importance of nutrition for health with specific reference to the current HIV/Aids situation. We include the use of vegetables and herbs in healthy cooking, kitchen remedies and some cooking demonstrations.

Evaluation

An integral part of all community training is a year long monitoring and evaluation programme consisting of monthly visits to gardens. We assess the quality and quantity of food growing in the garden, and offer support and guidance to the people running the garden. Local school and NCP staff provide feedback on the health impact the garden has had on the local OVC population using basic primary health indicators. We look for evidence of sustained community commitment and support for the project. Where there is evidence that enthusiasm for the garden is diminishing we can call on DPMs office regional co-ordinator to mobilise and re-establish support for the garden. We keep records of all visits to each community garden and supply monthly progress reports to UNICEF. UNICEF carry out their own spot checks to all gardens and DPM staff conduct monthly evaluations. This information is collated at subsequent 'OVC network' meetings and results are continually used to inform future practice.

All trainers whom we train are visited in the field to ensure the quality of their community work for the first 12 months. We provide support with any problems they are experiencing and evaluate their work using the same indicators mentioned above. Feedback is provided to the relevant organisation's management.

19. PREVIOUS WORK

If this is a follow on project please provide a brief summary of the results of the initial project, lessons learned and how lessons are being integrated into this project.

The Moya Centre was established in 1999 with the gift of a piece of farm land where we are currently based. Prior to this Mrs. Jane Cox had been working in conjunction with two American nutritionists in rural areas of Swaziland for two years using vitamins, supplements, teaching self help methods, and giving information on diet. The American funding for this service ended and the nutritionists left Swaziland.

Members of the community had felt their impact on their health and asked if this service could be continued.

The obvious impact this service inspired what is now our board of trustees to form the Moya Trust.

We opened a primary health care clinic to support and serve those who are affected and infected by HIV/Aids in 1999. From the outset this service focussed on vitamin and supplement treatments, teaching self help and home care methods, providing in depth information on HIV/AIDS and the importance of good nutrition.

This service has proven successful as evidenced by the ever increasing demand and number of returning patients.

From the outset the demand on this service was far greater than our capacity, hence the need to expand this service which is at the centre of the proposal for the Primary Health Care aspect of the Moya Centre proposal.

In 2000, the Indvuna (Chief's Assistant) requested that we open a pre primary school for OVCs.

We found that a large proportion of children from the poorest backgrounds were not attending school due to financial constraints. Out of school children are being increasingly abused/used as child labour

It was also important that the Moya Centre was seen to cater for the needs of the local community before expanding to work elsewhere. Through the establishment of the pre primary school followed in 2002 by sponsorship of OVCs at primary school level the Moya centre has proven to be committed to the needs of the local community.

Through the recruitment and training of our teaching staff we have learned of the importance of staff support and training as they have taken over more of the school management aspect of the service and developed their teaching abilities. Teachers need to feel supported through workshops specifically aimed for their guidance.

Community awareness and responsibility for OVCs needs to be continually reinforced.

In 2001 we formed a partnership with UNICEF/DPMs office under the umbrella of the OVC Network to address food security, education on nutrition and HIV/Aids. This was the beginning of the trench gardening programme.

The success of these projects are ensured through community participation from the beginning ensuring that ownership and responsibility is taken by the community.

Motivation and encouragement must be provided by actively assisting in establishing the garden. Visits by sponsors and the regional co-ordinator from DPM's office boost prestige of the garden and accordingly boost community commitment.

Provision of fencing and tools are imperative, as cattle roam freely and people do not have extra tools at home to use for a community/school project.

Monthly visits for a year are of paramount importance to encourage and guide communities through the seasons.

When we trained trainers in 2003 we had not built into the budget monitoring of their work, although we had made ourselves available for any trouble shooting. This is not enough support in the field and so in 2004 we have built in costs for field visits to monitor work of trainees to ensure support for all in the field.

The amount of time and energy required for the trench gardening service to be successful and effective requires many weekends and evening hours of paper work. We are critically short of staff at a managerial level.

We are in need of a second vehicle to cover all monitoring requirements.

Agriculture is a popular activity, so receptivity to the trench gardening programme by communities is high.

Each of these key lessons learnt over the last 6 years has informed the proposed expansion and is integrated into our vision for the future of the Moya centre.

20.APPLICATION BUDGET

| | 2005 | | | 2006 | | | 2007 | | |
|---|--------------------|--------------|-------------------|--------------------|--------------|-------------------|--------------------|--------------|-------------------|
| | Monthly cost (SWE) | No of months | Annual cost (SWE) | Monthly cost (SWE) | No of months | Annual cost (SWE) | Monthly cost (SWE) | No of months | Annual cost (SWE) |
| 1. PERSONNEL | | | | | | | | | |
| Co-ordinator's salary | 10000 | 12 | 120000 | 11000 | 12 | 132000 | 12100 | 12 | 145200 |
| Assistant co-ordinator | 3000 | 12 | 36000 | 3300 | 12 | 39600 | 3630 | 12 | 43560 |
| Pension 8% | 1040 | 12 | 12480 | 1144 | 12 | 13728 | 1258 | 12 | 15101 |
| SNPF | 60 | 12 | 720 | 66 | 12 | 792 | 73 | 12 | 871 |
| Preschool | | | | | | | | | |
| Teachers x 2 | 3000 | 12 | 36000 | 3300 | 12 | 39600 | 3630 | 12 | 43560 |
| Pension 8% | 240 | 12 | 2880 | 264 | 12 | 3168 | 290 | 12 | 3485 |
| SNPF | 60 | 12 | 720 | 66 | 12 | 792 | 73 | 12 | 871 |
| Staff training/support | 20 | 12 | 240 | 22 | 1 | 22 | 24 | 1 | 24 |
| Primary Health Care Unit | | | | | | | | | |
| Health care worker | 2000 | 12 | 24000 | 2200 | 12 | 26400 | 2420 | 12 | 29040 |
| Assistant care worker | 1500 | 12 | 18000 | 1650 | 12 | 19800 | 1815 | 12 | 21780 |
| Pension 8% | 280 | 12 | 3360 | 308 | 12 | 3696 | 339 | 12 | 4066 |
| SNPF | 60 | 12 | 720 | 66 | 12 | 792 | 73 | 12 | 871 |
| Staff training / support | 20 | 12 | 240 | 22 | 12 | 264 | 24 | 12 | 290 |
| Trench Gardening | | | | | | | | | |
| Project co-ordinator | 7000 | 12 | 84000 | 7700 | 12 | 92400 | 8470 | 12 | 101640 |
| Trainer | 1500 | 12 | 18000 | 1650 | 12 | 19800 | 1815 | 12 | 21780 |
| Pension 8% | 680 | 12 | 8160 | 748 | 12 | 8976 | 823 | 12 | 9874 |
| SNPF | 60 | 12 | 720 | 66 | 12 | 792 | 73 | 12 | 871 |
| Staff training / support | 20 | 12 | 240 | 22 | 12 | 264 | 24 | 12 | 290 |
| Total personnel | | | 366480 | | | 402886 | | | 443175 |
| 2. ADMINISTRATION | | | | | | | | | |
| Bank charges | 200 | 12 | 2400 | 220 | 12 | 2640 | 242 | 12 | 2904 |
| Stakeholder meetings (trustees and employees) | 50 | 6 | 300 | 55 | 6 | 330 | 61 | 6 | 363 |
| Total administration | | | 2700 | | | 2970 | | | 3267 |
| 3. OFFICE COSTS | | | | | | | | | |
| Rent | 1500 | 12 | 18000 | 1650 | 12 | 19800 | 1815 | 12 | 21780 |
| Phone & email | 500 | 12 | 6000 | 550 | 12 | 6600 | 605 | 12 | 7260 |
| Cell phone (x3) | 300 | 12 | 3600 | 330 | 12 | 3960 | 363 | 12 | 4356 |

| | | | | | | | | | |
|------------------------------|-------|----|---------------|-------|----|---------------|-------|----|---------------|
| Stationery | 100 | 12 | 1200 | 110 | 12 | 1320 | 121 | 12 | 1452 |
| Photocopying | 20 | 12 | 240 | 22 | 12 | 264 | 24 | 12 | 290 |
| Educational materials | 200 | 12 | 2400 | 220 | 12 | 2640 | 242 | 12 | 2904 |
| Tea/cleaning materials | 50 | 12 | 600 | 55 | 12 | 660 | 61 | 12 | 726 |
| Total office costs | | | 32040 | | | 35244 | | | 38768 |
| 4. OTHER OVERHEADS | | | | | | | | | |
| Electricity | 100 | 6 | 600 | 110 | 12 | 1320 | 121 | 6 | 726 |
| Water | 100 | 6 | 600 | 110 | 12 | 1320 | 121 | 6 | 726 |
| Total other overheads | | | 1200 | | | 2640 | | | 1452 |
| 5. TRANSPORT | | | | | | | | | |
| Vehicle insurance/tax (x3) | 24000 | 3 | 72000 | 26400 | 3 | 79200 | 29040 | 3 | 87120 |
| Service/parts (x3) | 45000 | 3 | 48000 | 49500 | 3 | 148500 | 54450 | 3 | 163350 |
| Petrol & oil (x3) | 3000 | 12 | 12000 | 3300 | 12 | 39600 | 3630 | 12 | 43560 |
| Fares | 200 | 12 | 1500 | 220 | 12 | 2640 | 242 | 12 | 2904 |
| Total transport | | | 133500 | | | 269940 | | | 296934 |
| Total items 1 - 5 | | | 535920 | | | 713680 | | | 783596 |
| 5. AUDIT/CONTINGENCY | | | | | | | | | |
| 10% of total costs | | | 53592 | | | 71368 | | | 78360 |
| TOTAL BUDGET (SWE) | | | 589512 | | | 785048 | | | 861956 |
| TOTAL BUDGET (GBP) | | | 56144 | | | 74766 | | | 82091 |

EXCHANGE RATE: 10.5
Swazi Emalangeneni (SWE) to
1 Pound Sterling
Please only note figures for
2005.

21. EVALUATION PLAN

Describe what should happen if the activity is to be considered successful – what will be measured and how will it be measured. Please include outputs of the activity and outcomes as per the objectives of Q.16. We are looking for measurable outcomes that are realistic, achievable and sustainable, rather than inflated targets that are difficult to achieve. You can include quantitative and qualitative data.

Primary Health Care

Our primary indicator of the success of the clinic is an increasing number of patients, both first time users and returning patients. This is recorded in our attendance log. This data provides statistics of service use over any given period.

The quantity of vitamin and mineral supplements distributed are recorded as outputs. In 2004 this broke down in the following way:

- Multivitamins 13 000 tablets
- Vitamin C 8 000 tablets
- Vitamin B Co 8 000 tablets,
- Calcium 10 000 tablets
- Iron 1 000 tablets
- Albendazole 600 tablets
- rescue remedy 5 x 30 ml concentrate
- 4 litres colloidal silver.

Numbers of patients referred to the Salvation Army Clinic for voluntary testing and counselling and treatment of STDs are recorded as outputs. In the year 2004 there were 211 patients referred to Salvation Army.

Of specific importance as an indicator of success are the proportion of clients who are returning for follow on support and the proportion that come as a result of word of mouth recommendation of the service. In 2004 156 patients self referred to the clinic as a result of positive word of mouth recommendation.

Patient files contain details of patient's symptoms, the treatments offered and any subsequent change in their condition. Our health worker makes a professional assessment of the impact of treatment on a patient focussing on physical health improvement or stabilisation and general well being. Changes in attitudes and understanding of HIV and other STDs as well as improvements in health and well being are noted as key outcomes.

A qualitative client centred assessment takes place where patients identify the benefits they have gained from the service. These two perspectives together give an indication of the success of the service. 85% of our patients find our service of significant benefit, especially those who are referred for voluntary testing and counselling. One patient stated:

"My life was saved having found that my partner is positive and we as a couple now practice safe sex. He too feels completely supported by Moya Centre through ongoing consultations."

Surmising these records gives a qualitative indication that the service is beneficial to the health of those people accessing the service.

Education

The successful operation of the preschool is primarily measured by the educational and psycho social development of the pupils. Our teaching staff monitor and record each pupil's development from the beginning of their education programme on a termly basis using the following criteria:

- Pre maths skills – Draws number symbols 1 – 20, counts, names and draws basic shapes.
- Pre reading skills – Names and identifies various objects, recognizes and names alphabet letters. Understands simple directions.
- Repeats rhymes and words.

Expresses self to others.
Creates/tells stories.
Basic life skills – Dress oneself, comb hair, lace shoes, simple domestic chores, awareness of protecting oneself.
Social integration - Plays well with others, completes simple tasks, solves own problems.
Eye/hand co-ordination - writes name clearly, draws, colours and pastes neatly, completes simple puzzles, traces lines/objects, copies letters, shapes and numbers.
Gross motor skills – Hops on one leg, jumps rope, climbs ladder.
Visual discrimination - Matches pictures, identifies same/different. Recognizes differences in size: large/small, tall/short, thin/thick. Identifies wrong or missing parts, colour recognition.
Listening: gives attention for 5 minutes, follows simple directions, listens and recalls information

The outcome we are aiming for is that 100% of our preschool children graduate to primary school having achieved a level of educational and personal development in line with 'norms' for their age. This qualitative assessment is made using indicators for early childhood development (ECD).

The outcome of the school fees programme is that OVCs who otherwise have no access to primary school are enrolled and attend school. This is assessed quantitatively as the number of children currently enrolled on the programme.

Qualitative assessment of each child's school performance is measured through termly reports by school staff and termly visits to participating schools.

An increased awareness of the circumstances and needs of OVCs within the teaching staff and local communities where children are sponsored is an expected outcome. This is measured subjectively by the coordinator's visits to participating schools and communities and by the MoE evaluation.

Trench Gardening Programme

The trench garden programme will be considered initially successful if the planned number of training courses (both community based and 'training of trainers') are completed annually. This information is readily available from the records of all training work undertaken. Our 12 month monitoring programme will provide more detailed analysis of the community gardens sustained food production.

A garden would be considered successful if there is a committed community group regularly working in the garden and the garden is producing food for that community OVCs and care givers. Our monthly visits to all gardens for the 12 month period will allow us to gauge the extent to which this is occurring, records of all visits are kept.

Fruit and vegetables growing in the gardens are an immediate and tangible output. Community members demonstrating a sound knowledge of organic trench gardening methods is a key outcome measured through assessments of the garden's condition and productivity and through discussions with community members.

Any gaps in local knowledge and problem areas are discussed and remedied in these visits. There is a strong emphasis placed on continued learning and development of the garden throughout the 12 month monitoring period. An increasing awareness of the needs and rights of OVCs within the community is another desired outcome. This is gauged subjectively through discussions with community members during monitoring visits.

The key outcome from the 'Training of Trainers' programme is that we successfully equip course attendees with the necessary skills and knowledge to independently train communities in trench gardening. The number of trained trainers is the measurable output. This is assessed in the 12 months during which all trainers are monitored and supported following training.

The quality of their work is assessed quantitatively through assessments of the gardens they have established and qualitatively through observing their training sessions and highlighting any areas requiring further input. Records of trainers assessments are kept and copies supplied of the relevant organisations management.

22. PROJECT PARTNERS

The foundation is keen to encourage collaborative work. Where possible, identify key collaborators from other institutions who will work with the implementing agency and describe their respective roles.

| AGENCY | CONTACT DETAILS | ROLE |
|---|---|--|
| UNICEF (Swaziland) | Mr. Alan Brody UNICEF PO Box 1859 Mbabane. Swaziland Fax (+268) 4045202 Email: abrody@unicef.org | Funders of trench garden community projects. Key player in planning and implementing trench garden programme Planners of OVC Network. Funders of 'Training of Trainers' agriculture program. |
| Deputy Prime Minister's Office (DPM's Office) | Mrs Jabu Dlamini DPM's office PO Box A33 Swazi Plaza Mbabane Swaziland Fax (+268) 4161159 | Administration of OVC funds Identify, assess NCP/School gardens to be established by OVC Network |
| Food and Agriculture Organisation (FAO) | Mr Niels Birk Isaksen FAO PO Box 162 Mbabane Swaziland Fax:(+268) 4050248 Email: consultants@fao.org.sz | Funders of agricultural inputs for NCP, school gardens, OVC fields and patients at home backyard gardens. Building capacity of Ministry of Agriculture through organising trench gardening training of agricultural extension officers who implement the abovementioned projects. |
| Coordinating Assembly of NGOs (CANGO) | Mr. Emmanuel Ndlangamandla PO Box A67 Swazi Plaza Mbabane Fax: (+268) 4045532 Email: director@cango.org | Coordination of OVC network |
| Swaziland Posts and Telecommunications Corporation (SPTC) | Ms. Lindiwe Dlamini P.O. Box 125, Mbabane Email:info@sptc.co.sz | Funders of gardening inputs for NCP and school gardens-fencing tools,compost, seedlings/fruit tree |

23. FUNDING DETAILS.

a) Have you ever applied for donor funds before?

b) Have you ever received donor funds previously, please provide brief details of donor funds received in the previous twelve months.

a) Yes, the Moya Trust has applied for donor funds from project partner organisations.

b) Yes, the Moya Trust has received donor funds regularly since being established in 1999. The following list details monies received in the last 12 months:

UNICEF

UNICEF has provided specific funding for the community trench garden programme and the 'training of trainers' programme annually since 2002. In 2004 the total funding received from UNICEF was £13,258. In 2003 UNICEF also funded the purchase of our vehicle (£14,350).

Swaziland Posts & Telecommunications Corporation (SPTC)

SPTC have provided specific funding to aid the community trench gardening programme. ie fencing, tools, seedlings, fruit trees, organic material. In 2004 the total funded was £2,500.

Swaziland Charitable Trust

Swaziland Charitable Trust is a UK registered charity concerned with supporting sustainable development in Swaziland. In 2004 we secured funding from them to build a training workshop with office space and a storeroom. This is intended to provide a base for the agricultural service. The total received was £18,570. The building was completed in December 2004.

Unsolicited Private Funding

We receive funding from various private individuals from around the world. In 2004 the general funds received from private donations totalled £12,800. In addition to this we received a single payment of £30,000 which was specifically donated to fund school fees. This single donation is funding the current expansion of this program.

24. FUNDERS

Which other funders have you approached to fund this service/project? Please include organisation's name, contact details, telephone number or email address and amount requested. Please indicate if funding was agreed, rejected or is pending.

We have survived at our current capacity solely through private donations and specific funding from UNICEF, SPTC etc. However, we are critically under resourced to meet the increasing pressures on our services and are therefore looking for core funding from Donors. We have not applied for this funding from another source.

25. FUTURE FUNDING AND SUSTAINABILITY

How will the programme be funded and sustained in future years?

UNICEF have funding for community projects until the end of 2005.

FAO have Emergency funding which is in place until mid 2005. As food security is a crisis, they feel confident that funding will be available until the end of 2006.

DPMs Office have received funding from the Kellogg's Foundation which covers projects until the end of 2005 and have the capacity to access more donor funding.

CANGO's capacity is being built to access international funding.

NERCHA is in receipt of global funding.

The Moya Centre is dependent on willing donors to sustain administrative costs which cover salaries, transportation and office expenses. This is not available within Swaziland.

26. DECLARATION

Two people on behalf of your organisation must sign and date the application.

This proposal has been discussed by the Management Committee who has agreed that funding should be sought from Donors.

A. Marshak (Chairperson of Management Board)

A.D. McLeod (Trustee)

ACRONYMS

| | |
|-------------|--|
| ARVs | Anti retrovirals |
| CANGO | The co-ordinating assembly of non-governmental organisations |
| DPMs office | Deputy Prime Minister's Office |
| ECD | Early Childhood Development |
| EFA schools | Education For All schools |
| FAO | Food and Agricultural organisation of the United Nations |
| HIV/AIDS | Human immuno virus / acquired immune deficiency syndrome |
| MoE | Ministry of Education |
| NERCHA | National Emergency Response Council on HIV/AIDS |
| NCP | Neighbourhood Care Point |
| SPTC | Swaziland Posts and Telecommunications Corporation |
| STDs | Sexually transmitted diseases |
| OVCs | Orphans and vulnerable children |
| UNICEF | United Nations Children Fund |