NHLANGANO AIDS TRAINING INFORMATION AND

COUNSELLING CENTRE (NATICC)

Address Gender Based Violence and Child Abuse in the Shiselweni Region

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Mid-Term Project Evaluation Report

March 2014

This publication was produced for review by Nhlangano AIDS Training Information and Counselling Centre (NATICC). It was prepared by Mandhla Mehlo and Sizakele Hlatshwayo.

ACRONYMS

DPP	Director of Public Prosecution
FBOs	Faith Based Organisations
GBV	Gender Based Violence
HIV	Human Immune- Deficiency Virus
IMAGE	Intervention with Microfinance for Aids and Gender Equity
DPM	Deputy Prime Minister
FLAS	Family Life Association of Swaziland
MOE	Ministry of Education
MOJ	Ministry of Justice
MOH	Ministry of Health
NATICC	Nhlangano Aids Training Information and Counselling Centre
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	Non-governmental Organizations
SNYC	Swaziland National Youth Council
WILSA	Women and the Law
SADC	Southern Africa Development Community
SAFAIDS	Southern Africa HIV &AIDS Information Dissemination Services
SWAGAA	Swaziland Action Group Against Abuse
PEP	Post Exposure Prophylaxis

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EXECUTIVE SUMMARY

Background Context

Gender based violence is one of the critical areas of concern in Swaziland, profoundly affecting women and children. Approximately 1 in 4 females in Swaziland experience physical violence as a child, and among youth aged 18-24 about 9% have experienced coerced sexual intercourse before they turned eighteen (18) (UNICEF National Study on Violence against Children and Young Women in Swaziland. 2007). During the lifetime of a woman, about a third experience some form of sexual violence. In Swaziland hardly a day passes without the media reporting a gross act of gender based violence perpetrated against women and girls. Annual police reports show an increase in reported domestic violence related crimes over the years. Recent surveillance report reflects abuse trends of 22% for men and 78% for women. The most prevalent forms of abuse are physical, emotional and sexual. According to Police Commissioner, as reported in Swazi Observer 14 May, 2012, there were a total of 673 rape cases countrywide. The Police commissioner observed that coercive sexual behaviour against the vulnerable was continuing and increasing.

NATICC Response

NATICC is working closely with the Government of Swaziland and other non-governmental organizations to prevent and respond to gender-based violence (GBV) in communities in the Shiselweni region. Through the funding from Norwegian Agency for Development Cooperation (NORAD) through DIGNI and De Frie Evangeliske Forsamlinger , the funding started in January 2012 ending December 2016.The program addresses GBV prevention, care, and support for survivors in the region at both community level and their office based in Nhlangano. The goal of the program is reducing gender based violence as a cause and consequences of HIV knowledge of and changed attitudes toward gender inequities, and improving GBV survivor's access to comprehensive services to meet their medical, psychological, and legal needs.

Both GBV prevention and survivor restorative programs were motivated by the high prevalence of sexual and physical violence against women and children in the country, as well as the high prevalence of HIV, particularly among women. The Swaziland DHS (2007) noted that sexually active groups aged between 15-49 years were being severely dissipated by the epidemic. Within this age group it is the female population (31%) which carries the burden of the of the disease compared to their male counterparts(13%).The factors perpetrating this situation among women range from the low status of women to their high susceptibility to poverty and to sexual violence.

Evaluation Approach & Methodology

During January –February 2014, a team of three development, gender, education, public health, and evaluation experts conducted an evaluation of GBV-related NATICC activities with the overall purpose being to:

1. To assess the extent to which the care project has improved the quality of life for Survivors of Gender based violence.
2. To assess the relevance of GBV prevention, care and support services to the needs of the target beneficiaries.
4. To assess the extent to which the project has improved GBV reporting in target communities.
5. To assess the extent to which knowledge and awareness of child abuses practices and gender based violence among community members,
6. To assess the extent of access and demand for services addressing gender based violence and child abuse in Shiselweni,
7. To assess the capacity of staff and partners to provide appropriate and effective services to survivors of gender based violence and child abuse,
8. To assess the sustainability of the provision of GBV services in the absence of external support or implementing agency,
9. To assess the extent to which the project has influenced the proper administration of justice law enforcement authorities at community level.
10. To assess the significance of the donor contribution to this project and to provide specific recommendations and lessons learnt that can be utilised in designing future programs.

Consistent with the principles of this evaluation, the approach used for data collection was mainly participatory with the intentions of building on the work that NATICC has done over the past three (3) years. During the data collection phase in cities and communities, the consultants at all stages, gave the opportunity to beneficiaries and project stakeholders to freely express themselves on activity implementation, achievements and difficulties experienced along the way. The Consultant in addition, analysed documents produced by NATICC, its partners and NGOs on the theme of Gender Based Violence.

Key Findings/Accomplishments

The team found the current coordinated community response approach, which aims to provide survivors with an integrated service provider, to be an effective model. The system provides the survivor with a more comprehensive, victim-cantered service. The service processes were found to be “engaging (inclusive) and consultative, thereby making clients feel empowered.” This coordinated community approach to addressing gander based violence is recommended (and in fact required) under the Draft National guidelines on GBV.

The team found that the dual-pronged approach of providing direct services at the same time as conducting public outreach and sensitization campaigns/activities at all levels – at community level – is the most effective approach to comprehensively address GBV in

Swaziland. These initiatives have successfully "broken the silence" regarding GBV in Swaziland, transforming deeply entrenched attitudes and norms. The motivation and full support of GBV prevention by community leaders and the establishment of regional GBV prevention networks which are key to comprehensive GBV care. Lack of shelter for housing GBV survivors was noted as a cause of concern as these waters down all the efforts the project and its partners have put in place.

Recommendations & Future GBV Directions

Increased Economic Empowerment: All the respondents noted the importance of including economic strengthening activities for both prevention and mitigation. The lack of economic opportunities was reported as limiting individual's ability to avoid an abusive relationship, serving as a barrier to a victim's choice to leave or not leave a relationship and reporting the case, given that the perpetrator is often the primary breadwinner. Engaging the private sector, and adapting effective programmes such as Self-help groups and the IMAGE in South Africa, which combines HIV and GBV prevention with micro-finance, NATICC and its partner should include economic empowerment activities that benefit both victims and perpetrator.

Enhance Capacity of GBV Services and Community Providers to Prevent HIV and Provide Referrals/Follow-up to HIV Care and Support Services: NATICC counsellors, GBV prevention officers, and other service providers as well as Community Caregivers, and other outreach groups should receive training on HIV prevention messages that can be communicated to clients and to community members. Information on accessing services in a timely manner, in particular PEP, and on the links between GBV and HIV should be incorporated into the training manuals for all service and community providers. NATICC service providers should also incorporate HIV counselling and testing, and HIV care and support follow-up into GBV services, enhancing the capacity of GBV services and community providers in preventing HIV and providing referrals and follow-up to HIV care and support services. For instance, training could be provided to the Care and Support officers to enable them to provide emergency contraception to rape survivors, and potentially provide the initial PEP dose, which would increase PEP access in communities which do not currently have access to hospital-based services. At a minimum, GBV service and community providers should have good knowledge of HIV and of available referral services.

Innovation of capacity building programes for partners which are related to GBV is needed. For example, the application of the diversion approach on GBV cases as already in practise in South Africa.

It would help in cases of GBV. However, the DPP's office in Nhlangano does not have officers who have undergone such courses. The Ministry of justice periodically sends officers from the Headquarters and yet the cases are occurring in the different regions. Therefore, it would be of advantage to have NATICC invest in capacitating the DPP's office and other partners in Nhlangano

Strengthen Monitoring and Evaluation: To assess whether activities work well towards its objectives and understanding of the different types of GBV is made possible, the organisation

should review its definitions of GBV. This includes collection of GBV prevalence data and referral and uptake of GBV services (including PEP and PEP adherence) at HIV and other health service delivery sites, as well as data on HIV status, referral and uptake of HIV services (including PEP adherence) at GBV service.

Additional Financial Support: The funder should explore opportunities for enhanced or additional support for gender-based violence activities. NATICC and the funder are encouraged to incorporate gender-based violence prevention and response into existing programs, especially in the HIV prevention programme that is currently occurring in the organisation.

Establish Satellite Offices: Have satellite centres of NATICC in other areas like Hlatsikhulu , Hluthi, Lavumisa and kaPhunga where GBV is prevalent. This will also enhance accessibility. In addition, having mobile service provision with a well-defined time table is recommended.

Standing Programmes with Learning Institutions: The evaluation team recommend that NATICC have a standing programme with learning institutions such as Ngwane Teacher Training College and schools in the region.

Conclusion

The positive response from the community, and literally, the outcry of support for the GBV efforts by NATICC witnessed by the team, merit being clearly and boldly relayed within this report. Feedback from NATICC program beneficiaries and stakeholders (as well as the 100 additional individuals surveyed) confirm the continued need for these programs, and the overwhelmingly positive response regarding the integrated and coordinated community response and public outreach approach to addressing GBV in Swaziland. It is the team's hope that all concerned Ministries, donors, and NGOs continue support for these and other GBV initiatives in Swaziland over the long-term.

1. OVERVIEW

The Gender Based Violence project is a comprehensive multi sector. It has high level networking with local, regional, national and international partners. The partners and stakeholders involved include the following: DPM's office, Gender department under the DPM office, FLAS, WILSA, SWAGAA, Both the Community Police and Royal Swaziland Police, MOH, MOE, SNYC, Traditional leaders, Survivors of GBV and NERCHA.

NATICC aims at curbing the prevalence of GBV and child abuse in Swaziland, specifically, the Shiselweni region and, in addition, offer support through survivors of abuse. The means by which they desire to do so is through awareness campaigns on GBV and child abuse practices in their target community; through increasing access and creating demand for services on GBV and child abuse in Shiselweni; increasing the capacity of their staff and partners on dealing with the cases; to influence the proper administration of justice law enforcement authorities and community leadership that are assigned as mediators at community level and; to improve the management and coordination of a gender based violence and child abuse project including its planning, implementation, monitoring and evaluation.

The interest of the evaluators was to identify progress made by NATICC in meeting the objectives of the project;

1. **Raising of awareness**: ascertaining knowledge of the target groups, relevancy of the project to the masses and impact thereof;

2. **Access and creating demand for services**: level of effectiveness, ascertaining measures that have put in place, statistics or number of people touched to determine the population reached;

3. **Influencing proper justice administration at national and community level institutions**: Level of engagement, partnerships, how GBV cases are handled and capacity of community institutions to address GBV.

4. **Capacity building of staff and partners for appropriate and effective service:** measuring effectiveness by the use of predetermined yardsticks in relation to the work done by NATICC staff and partners;

5. **Improved management and coordination**: work plans, strategic plans, periodic reports, monitoring and evaluation (M&E) reports, staff meeting meetings, partners meetings and so forth.

1.1 Outline of the Project:

Long term goal:

Reducing gender based violence as a cause and consequences of HIV/AIDS

- **Project objectives:**

    1. To increase knowledge and awareness of child abuse practices and gender based violence acts and its occurrence among community members and children

    2. To increase access to and demand for services addressing gender based violence and child abuse among residents of Shiselweni

    3. To increase the capacity of staff and partners in providing appropriate and effective services to survivors of gender based violence and child abuse

    4. To influence the proper administration of justice law enforcement authorities and community leadership that are assigned to hear cases at community level

    5. To improve the management and coordination of a gender based violence and child abuse project including its planning, implementation, monitoring and evaluation

Target group

The project addresses the following list of target groups: Women, children will be the primary targets while men(victims and perpetrates) and leaders(community institution leadership and , church) will be the secondary target group. Moreover, institutions such as NGOs and law enforcement organisations will be targeted to ensure their participation and collabortion in the activites of the project.

2. EVALUATION OF SPECIFIC OBJECTIVES

1. To assess the extent to which the care project has improved the quality of life for Survivors of Gender based violence.
2. To assess the relevance of GBV prevention, care and support services to the needs of the target beneficiaries.
3. To assess the extent to which the project has improved GBV reporting in target communities.
4. To assess the extent to which knowledge and awareness of child abuses practices and gender based violence among community members.
5. To assess the extent of access and demand for services addressing gender based violence and child abuse in Shiselweni.
6. To assess the capacity of staff and partners to provide appropriate and effective services to survivors of gender based violence and child abuse.
7. To assess the sustainability of the provision of GBV services in the absence of external support or implementing agency.
8. To assess the extent to which the project has influenced the proper administration of justice law enforcement authorities at community level.
9. To provide specific recommendations and lessons learnt that can be utilised in designing future programs.
10. To assess the significance of the donor contribution to this project.

3. SUMMARY OF THE EVALUATION METHODS

Consistent with the principles of this evaluation, the approach used for data collection was mainly participatory with the intentions of building on the work that NATICC has done over the past three (3) years. During the data collection phase in cities and communities, the consultants at all stages, gave the opportunity to beneficiaries and project stakeholders to freely express themselves on activity implementation, achievements and difficulties experienced along the way. The Consultant in addition, analysed documents produced by NATICC, its partners and NGOs on the theme of Gender Based Violence. Assistance in achieving the objectives included, but not be limited to, the following activities:

3.1 Focus Group Discussions:

Focused group discussions (FGDs) were used in communities and cities. They consisted of women's groups, men's groups, church members, school going children, community based volunteers, community leaders, and women who are victims of gender based violence including some of their companions. This method facilitated the analysis of perceptions and attitudes toward gender based violence and understanding the knowledge and awareness of community and national support systems concerning Gender based violence. Focus group discussions were to reach the following objectives:

a. To assess the extent to which the care project has improved the quality of life for Survivors of Gender based violence.

b. To assess the relevance of GBV prevention, care and support services in meeting priorities and needs of the target beneficiaries.

c. To assess the extent to which the project has improved GBV reporting in target communities.

d. To assess the extent of improvement concerning the knowledge and awareness of child abuse practices and gender based violence acts and occurrences among community members and children.

3.2 In-depth Interviews:

Another form of data collection was that of in-depth interviews, using randomly selected community members representing gender, age and community institution membership

(community police, community leadership, CBVs). The interview followed a quantitative method. Questionnaires were produced and administered to community members.

3.3. Key Informants' Interviews:

Interviews were conducted with key stakeholders in the programme that included NATICC staff; Community based volunteers, health care workers from local clinics and community leaders. Where possible key knowledgeable persons and local organisations were consulted concerning GBV in targeted areas.

3.4. Direct Observation:

Direct observation was used primarily to observe counselling sessions, temporary shelter for victims of gender based violence and centres that provide GBV care to understand their perception of Gender based violence.

3.5. Literature Analyses:

It focused on general and specific documents produced by NATICC, its partners; NGOs working on Gender Based Violence.

The evaluation focused on three key issues, namely:

Relevance – does NATICC continue to target the priorities of its beneficiaries? If yes, how far has it come since the beginning of the Gender based violence prevention project? How can this be improved in order that the interventions of the project remains both justified and more certain in dealing with capacity issues, service provision backlogs, a changing inter-governmental environment and the like?

Effectiveness – are the planned objectives, results and activities of the GBV prevention project being achieved? If yes, how is this being achieved, if not what are the obstacles? Do those problems still exist and how can they be overcome going forward?

Efficiency - are inputs (resources and time) being used in the best possible way to achieve the objectives of the GBV project? If yes, how is this efficiency being achieved, if not what are the reasons for such inefficiency? What could be done to improve efficiency? How can further efficiencies be achieved in the final phase?

These 3 criteria were used in each of the following core programme areas:

- GBV Prevention
- Care and support
- Legal support
- Institutional capacity/ program management.

These issues were assessed using a multi-method approach that included a review of programme documentation, in-depth-interviews with key role players and, the survey conducted with community based volunteers.

3.6 Team Composition

The team was be led by Ms. Sizakele Hlatshwayo a Human Rights lawyer and a Gender Specialist alongside Mr Mandhla Mehlo an M&E Specialist with support from four research assistants, who were supervised by Zakhe Hlanze; a sociologist and a researcher. The team worked with anyone designated in conjunction with the project so that the interventions we were involved in could be transferred entirely to internal people, if desired. Jointly made determinations were observed during the initial 5 days in order for the allowance of emphasis on objectives and interventions that would be required, redirecting our efforts accordingly.

4. EVALUATION LIMITATIONS

While the evaluation process was planned in great detail, there were some process related constraints and challenges which may have in some respects affected the outcome and quality of the findings. The major limitations were as follows:

- Time constraint was a significant factor as it relates to the possibility of the Consultant to find time to meet with other partners and implementers of the project, to be able to discuss and synthesize the findings as a team.
- Inadequate coordination of the schedules of the various partners during the evaluation process. There were several activities simultaneously running, requiring the participation of the same management representatives and thus, the consultant could

not access a few key informants as they were not available at the time of data collection.

- Inadequate monitoring information and data tracking systems within NATICC constrained the opportunities for in-depth interrogation of the issues, based on credible programme records. The strength of programme reviews and evaluations is usually enhanced by the availability of records of past monitoring and performance trends.

5. SITUATION ANALYSIS

In the broadest terms, “gender-based violence” is violence that is directed at an individual based on his or her biological sex, gender identity, or his or her perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. GBV takes on many forms and can occur throughout the lifecycle, from the prenatal phase through childhood and adolescence, the reproductive years, and old age (Moreno 2005).

Types of GBV include female infanticide; harmful traditional practices such as early and forced marriage, “honor” killings, and female genital cutting; child sexual abuse and slavery; trafficking in persons; sexual coercion and abuse; neglect; domestic violence; and elder abuse. Women and girls are the most at risk and most affected by GBV. Consequently, the terms “violence against women” and “gender-based violence” are often used interchangeably. However, boys and men can also experience GBV with men who have sex with men and transgender people. Regardless of the target, GBV is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control. [Khan 2011]

Gender-based violence affects between 10 and 70 percent of women worldwide (World Health Organization 2005). Men who have sex with men (MSM), people who inject drugs, transgender people, and sex workers are among the most vulnerable to GBV as a result of gender inequalities (Betron and Gonzalez- Figueroa 2009; Burns 2009; Sex Workers’ Rights Advocacy Network 2009). In addition to having implications for almost every aspect of health and development, from economic growth and educational attainment to access to health services, GBV is widely recognized as both a cause and a consequence of HIV

infection, which is the leading cause of death among women aged 15 to 44 worldwide (World Health Organization 2005). GBV creates conditions conducive to the transmission of HIV in women because women in violent relationships often experience coercive, violent sex and are unable to negotiate measures to avoid unprotected sex, and fear of violence may prevent women from seeking HIV-related services.

Historically, domestic violence has been framed and understood exclusively as a women's issue. Domestic abuse affects women, but also has devastating consequences for other populations and societal institutions. Men also can be victims of abuse, children are affected by exposure to domestic violence, and formal institutions face enormous challenges responding to domestic violence in their communities. The effects of domestic violence on victims are more typically recognized, but perpetrators also are impacted by their abusive behavior as they stand to lose children, damage relationships, and face legal consequences. Domestic violence cuts across every segment of society and occurs in all age, racial, ethnic, socio-economic, sexual orientation, and religious groups. Domestic violence is a social, economic, and health concern that does not discriminate. As a result, communities across the country are developing strategies to stop the violence and provide safe solutions for victims of domestic violence.

Domestic violence is a "pattern of coercive and assaultive behaviours that include physical, sexual, verbal, and psychological attacks and economic coercion that adults or adolescents use against their intimate partner." Domestic violence is not typically a singular event and is not limited to only physical aggression. Rather, it is the pervasive and methodical use of threats, intimidation, manipulation, and physical violence by someone who seeks power and control over their intimate partner. Abusers use a specific tactic or a combination of tactics to instil fear in and dominance over their partners. The strategies used by abusers are intended to establish a pattern of desired behaviours from their victims. Certain behaviours often are cited by the perpetrator as the reason or cause of the abusive behaviour, therefore, abusive verbal and physical actions are often intended to alter or control that behaviour.

5.1 Causes of Gender Based Violence

The roots of domestic violence can be attributed to a variety of cultural, social, economic, and psychological factors. As a learned behaviour, domestic violence is modelled by individuals, institutions, and society, which may influence the perspectives of children and adults regarding its acceptability. Abusers choose to behave violently to get what they want and

gain control. Their behaviour often originates from a sense of entitlement which is often supported by sexist, racist, homophobic and other discriminatory attitudes.

Domestic violence against women by men is 'caused' by the misuse of power and control within a context of male privilege. Male privilege operates on an individual and societal level to maintain a situation of male dominance, where men have power over women and children. In this way, domestic violence by men against women can be seen as a consequence of the inequalities between men and women, rooted in patriarchal traditions that encourage men to believe they are entitled to power and control over their partners. [Women's Aid Rights, 2006]

Patriarchal norms and attitudes, including those that excuse or legitimate the use of violence, are driving the high rates of gender-based violence in Swaziland.

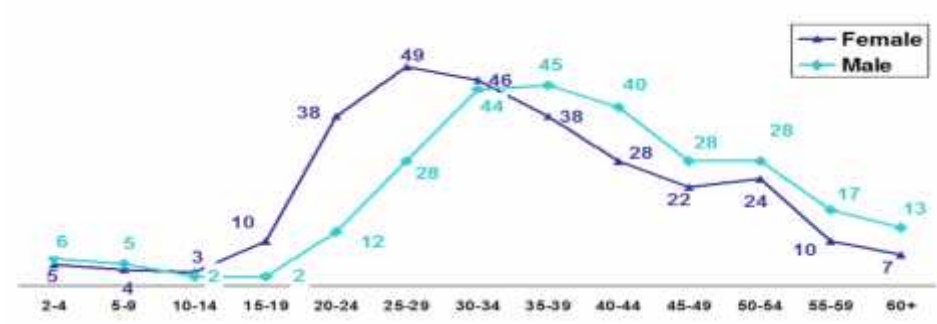
5.2 Context of Swaziland

Gender based violence is one of the critical areas of concern in Swaziland, profoundly affecting women and children. Approximately 1 in 4 females in Swaziland experience physical violence as a child, and among youth aged 18-24 about 9% have experienced coerced sexual intercourse before they turned eighteen (18) (UNICEF. National Study on Violence Against Children and Young Women In Swaziland. 2007). During the lifetime of a woman, about a third experience some form of sexual violence. In Swaziland hardly a day passes without the media reporting a gross act of gender based violence perpetrated against women and girls. Annual police reports show an increase in reported domestic violence related crimes over the years. Recent surveillance report reflects abuse trends of 22% for men and 78% for women. The most prevalent forms of abuse are physical, emotional and sexual. According to Police Commissioner, as reported in Swazi Observer 14 May, 2012, there were a total of 673 rape cases countrywide. The Police commissioner observed that coercive sexual behaviour against the vulnerable was continuing and increasing.

5.3 Gender Based Violence linkages with HIV

The current HIV prevalence in Swaziland stands at 26% among the population group 15 – 49 years, and 19% among the general population (SDHS 2007). The analysis of the past surveillance shows that the HIV prevalence in the country has increased from 3.9% in 1992 to 41.1% in 2010 amongst women who attend ANC (Sentinel Surveillance Survey 2010). The

graph below show the HIV prevalence in the different age groups and to note is that females pick earlier than males.



(Source: Demographic and Health Survey, 2007)

Evidence indicates a link between GBV and vulnerability to HIV infection, particularly among young girls as 9.2% of youth reported at first sexual encounter (Youth BCC Baseline Survey Report, 2008).

Human Trafficking is another form of GBV that is found in Swaziland. According to the USA Human Trafficking Report 2010, Swaziland is a source, destination, and transit country for women and children subjected to trafficking in persons, specifically commercial sexual exploitation, involuntary domestic servitude, and forced labour in agriculture. Swazi girls, particularly orphans, are subjected to commercial sexual exploitation and involuntary domestic servitude in the cities of Mbabane and Manzini, as well as in South Africa and Mozambique. Swazi boys are trafficked within the country for forced labour in commercial agriculture and market vending. Some Swazi women are forced into prostitution in South Africa and Mozambique after voluntarily migrating to these countries in search of work. Chinese organised crime units transport some Swazi victims to Johannesburg, South Africa where victims are "distributed" locally or sent overseas for subsequent exploitation. Traffickers reportedly force Mozambican women into prostitution in Swaziland, or else transit Swaziland with their victims *en route* to South Africa. Mozambican boys migrate to Swaziland for work becoming potters, washing cars and herding livestock; some of these boys subsequently become victims of trafficking. Information on the full extent of trafficking in Swaziland is not yet available, as the government is still carrying out research into the scope and nature of the problem [USA Human Trafficking 2010 Report-Swaziland].

5.4 Policy Guidelines on Gender Based Violence in Swaziland

Country profile

A small, land-locked country of only 17,200 square kilometres (World Atlas 2010) and approximately 1.2 million people (United Nations Department for Economic and Social Affairs 2009), the Kingdom of Swaziland has the world's highest rates of HIV infection. Twenty-six percent of adults 15 to 49 years of age are HIV-positive, with women representing 59 percent of those infected. Swaziland is ranked as a lower middle income country; however, 40 percent of the wealth is controlled by only 10 percent of the population, and 69 percent of the population lives below the poverty line (United Nations Country Team 2009).

Entrenched gender inequality is cited as a major contributor to the country's HIV prevalence rate (National Emergency Response Council on HIV and AIDS [NERCHA] 2010; U.S. Agency for International Development [USAID] Swaziland 2010). In turn, both HIV prevalence and gender inequality are obstacles to poverty reduction and national development. Women are disproportionately affected by HIV, representing 59 percent of those infected. These rates include 12 percent of all women aged 15 to 19, 38 percent of women aged 20 to 24, and almost half (49 percent) of women aged 25 to 29 (Central Statistics Office and Demographic and Health Survey 2007). Figure 1 shows HIV prevalence disaggregated by sex and age, with male and female ratios (NERCHA n.d.).

In Swaziland, similar to many other countries, gender-based violence is thought to be one of the underlying barriers to safer sexual behaviour, and in some cases, fear of violence prevents disclosure and access to appropriate care and support.

5.5 Causes and Implications of Gender Based Violence in Swaziland

Swaziland is a patriarchal society which means that women hold a minority status in society. This has far-reaching implications transcending the private household to the public sphere. It also has social, political, legal and economic implications making a woman more susceptible to GBV. In a research conducted by WLSA in 2001 on Domestic Violence, the findings revealed that there is a linkage between domestic violence and the prevalent patriarchal

culture that socialises men to be dominant and women to be submissive.[1] Such a situation manifest the firm hold of patriarchy, which McFadden (1994:48) defines as:

> *"The manifestation and institutionalisation of male dominance over women and children in the family and the extension of male dominance over women in society in general. It implies that men hold power in all the important institutions of society and that women are deprived of access to such power"*.

Thus the relations here are marked by inequality in which the head of the family leads, controls and decides on the welfare of the entire household. Such a state according to most interviewees creates a violent prone environment amongst family members [WLSA 2001]

WLSA (2001) also identifies contributing factors to GBV in Swaziland as being:

- Socialisation
- Patrilocality (female migration from her parental family to her marital family which transforms the woman into an outsider in her matrimonial home.
- Emalobolo also known as paying of dowry
- Multiple partners
- Economic circumstances
- Alcohol Abuse and exposure to Alcohol

Consequences of GBV in Swaziland as listed by WLSA are as follows:

- Physical injuries
- Increase of use of weapons often leading to Murder
- Psychological and other outcomes
- Added Welfare Costs
- Breakdown of the family structure

[1] WLSA 2001 Multiple Jeopardy": Domestic Violence and Women's Search for Justice in Swaziland

5.6 Policy Interventions

Swaziland has a dual system of governance characterized by the co-existence of both traditional and modern modes of life. It has a strong cultural identity, which permeates all forms of social, political and economic interaction. This has a strong bearing on the gender relations and consequently GBV.

Swaziland is, however, a signatory to a number of international and regional human rights instruments on gender which calls for the protection and promotion of human rights. Significantly Swaziland has ratified:

- The Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) which calls for elimination of any discrimination against women and introduces the non-discrimination clause
- The Platform for Action of the Fourth World Conference on Women (FWCW), Held in Beijing In 1995, has 12 critical areas of concern including violence against women
- The Protocol to the African Charter on Human and People's Right on Women's Rights (The Women's Protocol)
- The Convention on the Rights of the Child (CRC) calls for the best interest of the child including protection against GBV
- The SADC Protocol on Gender and Development which has specific clauses against GBV and targets made by state members to addressing issues of GBV by 2015.

The Constitution of Swaziland entrenches protection and promotion of human rights of all through the Bill of Rights in chapter 5. It provides for the equality clause protection of women and men in all spheres of life.

The Swaziland Gender Policy has identified gender based violence as one of the key areas that need to be addressed and provides strategies to be undertaken. In doing so it acknowledged mechanisms in addressing GBV particularly for women and children including people with disabilities remained inadequate and ineffective. This is impounded by the fact that there is stigma attached to such cases and women tend not to report and those who do report are discouraged by the slow criminal justice system.

The objectives of the Gender Policy are:

1. To identify, conserve and promote positive aspects of Swazi traditions and culture in order to promote equitable opportunities and rights for both males and females in all aspects of development.

2. To ensure equitable access by girls and boys, women and men to education, training and health services, and control over resources such as land and credit for improved quality of life.

3. To ensure that gender sensitive laws exist and are reinforced.

4. To provide direction for the development of effective programmes for the prevention of gender based violence.

A Sexual and Domestic Violence Act is pending royal-assent in order for it to come to effect. It is hoped that with the coming into effect of the Act, cases of GBV will be dealt with adequately in court. However, enormous works still need to be done at community level to raise awareness of the implications of GBV economically, socially, politically and otherwise. In addition, it has been highlighted that GBV has a high direct linkage with the spread of HIV. The most pervasive form of gender-based violence is that committed against a woman by her intimate partner. Between 10%- 50% of all women worldwide report physical abuse of this kind (WHO, 2000a). Violence between intimate partners is often connected to marital rape, coerced sex or other forms of abuse that lead to HIV risk. As Swaziland has the highest HIV prevalence, it is inherent that measures to deal with GBV are heightened. Government institutions, civil society groups including non-governmental organisations, church organisations need to strengthen awareness raising initiatives, capacity building on GBV to all stakeholders involved including people in communities and how to handle such cases and counselling before and after cases of GBV. The minimum age for marriage without parental consent is eighteen, as is the age of consent to sexual intercourse. The age of majority is 21 years. The Sexual Offences and Domestic Violence Bill was gazetted in 2009 and passed by parliament in October 2011, the Bill has been praised, particularly for its excellent approach in addressing sexual abuse against children and women. It also extends the definition for rape to include male victims, in addition to introducing a register for sexual offenders.

Child Protection and Welfare Act of 2012: As Swaziland has the highest HIV prevalence rate in the world, the newly enacted Child Protection and Welfare Act of 2012 strives to stem the spread of the virus by declaring marriage of adult men to underage girls illegal. Married

adolescent girls are at a higher risk of contracting HIV because their older husbands are in polygamous unions: the girls are unable to negotiate safe sex with them and often face sexual violence. The Act now prosecutes sexual activity with underage girls (within as well as outside marriage) as statutory rape, with perpetrators facing an additional fine of R20,000. [Dispatch No. 3: Culture versus Gender Equality, Tenille Brown]

In as much as Swaziland has made such commitments at international, regional and national level, GBV seems to be escalating. Hence there is need for a multipronged approach to address GBV in Swaziland. The concentration has tended to be in Manzini and Mbabane corridors, hence the NATICC being based in Shiselweni is seen as niche in the interventions.

6. EVALUATION FINDINGS

General Findings: Even with these limitations, the data compiled below in Tables 1 and Figures 1 is highly valuable in terms of looking at the extent and types of GBV occurring within the different communities across Shiselweni region. In total, there were 422 gender-based violence cases reported to NATICC between June 2012 and July 30, 2013. Broken down by broad categories of GBV, there were a total of two hundred and fifteen (215) emotional abuse cases; forty one (41) Physical abuses; twenty five (25) sexual abuses; thirty five (35) economic abuses and eight (8) cases of neglect.

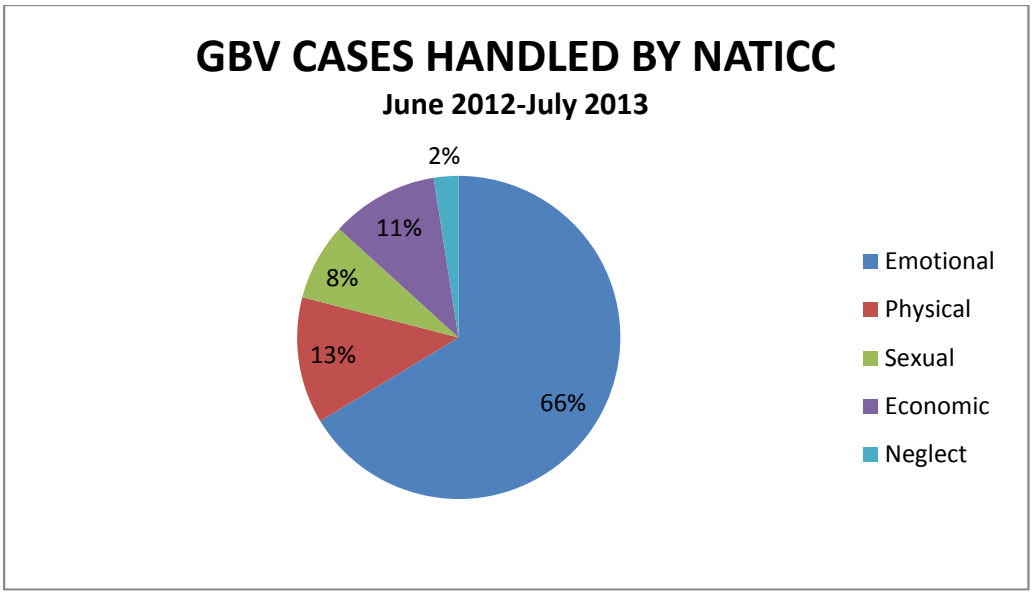
According to the NATICC database, the categories listed above are too broad, and it is advisable going forward, they can be breakdown into classifications to include the following types of GBV: spouse battery cases, defilement and attempted defilement cases, rape and attempted rape cases, incest and attempted incest cases, early marriage cases, property grabbing cases, spouse and family neglect, child neglect, exploitation, further including verbal abuse, economic violence, domestic violence, assault, child abuse, child support, child custody, child molestation, threatening violence, physical torture, spouse abuse, bestiality, deprivation, and psychological abuse. Analysis using these categories would be valuable in capturing any quantitative trends regarding types of GBV. This level of data detail was not made available to the evaluation team, thus, further analysis is strongly recommended as a next step by NATICC. GBV definitions and guidelines vary between countries and agencies, thus, a review of definitions and data-base categories would be a worthwhile exercise for NATICC to consider.

The database showed a high level of detail demographic information about the clients who received services from NATICC, with more than seventy (70%) being woman. The table below shows the types of abuse, sex of survivors, survivor's HIV status, location where abuse occurred, perpetrator's data, and the relationship between the perpetrator and offender and lastly, the region where abuse occurred.

Table 1: Type and Number of GBV Cases Handled by NATICC (June 2012-July 2013)														
		July	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**Total**
Survivor's Maturity	Child	1	3	6	2	3	8	4	1	5	3	6	12	54
	Adult	10	23	13	19	13	16	11	17	17	13	21	39	212
	Total	11	26	19	21	16	24	15	18	22	16	27	51	266
Survivor's Sex	Female	7	20	15	11	14	14	8	11	11	11	19	28	169
	Male	4	6	4	10	4	10	8	7	11	5	5	23	97
		11	26	19	21	18	24	16	18	22	16	24	51	266
Types of Abuse	Emotional	7	24	12	16	9	18	14	18	16	14	17	50	215
	Physical	0	0	2	6	3	7	3	3	5	1	4	7	41
	Sexual	2	2	4	3	2	3	2	0	2	0	2	3	25
	Economic	4	0	3	2	3	2	2	9	2	1	5	2	35
	Neglect	0	0	2	0	0	0	0	0	2	0	2	2	8
		13	26	23	27	17	30	21	30	27	16	30	64	324
HIV Status	HIV Positive	7	4	7	2	2	11	4	3	6	6	9	9	70
	HIV Negative	2	5	2	12	12	12	7	6	9	7	8	21	103
	Status Unknown	2	12	2	0	9	9	7	7	10	2	9	9	78
	Do not wish to disclose	0	6	0	2	1	1	0	2	1	1	1	0	15
		11	27	11	16	24	33	18	18	26	16	27	39	266
Location where abuse occurred	Home	7	9	14	18	20	19	15	17	17	15	25	46	222
	Workplace	0	16	1	0	0	0	0	0	1	1	1	2	22
	School	0	0	0	1	3	3	0	0	2	0	0	2	11
	Open field	4	1	1	0	0	0	1	1	2	0	0	1	11
		11	26	16	19	23	22	16	18	22	16	26	51	266
Perpetrator's sex	Female	4	9	6	9	11	11	3	4	11	5	6	24	103
	Males	7	16	13	12	12	13	13	14	11	11	21	27	170
		11	25	19	21	23	19	16	16	22	16	27	51	266
Relationship of Survivor to Perpetrator	Relatives	0	6	4	14	11	10	6	8	10	5	12	28	114
	Lovers	2	7	5	4	4	4	5	4	5	6	12	10	68
	Professionals	0	16	0	3	3	4	0	0	0	1	1	1	29
	Strangers	7	2	4	6	2	2	6	6	3	3	4	10	55
		9	31	13	27	20	20	17	18	18	15	29	49	266
Region where abuse occurred	Shiselweni	11	26	19	19	19	17	15	18	19	12	22	50	247
	Manzini	0	0	0	1	3	1	0	0	1	2	1	1	10
	Hhohho	0	0	0	1	1	3	1	0	0	2	0	0	8
	Lubombo	0	0	0	0	0	0	0	0	0	0	1	0	1
		11	26	19	21	23	21	16	18	20	16	24	51	266

(Source: Data was compiled by the evaluation team using statistics from the NATICC's M&E reporting system.)

Figure 1



Source: Data was compiled by the evaluation team using statistics from the NATICC's M&E reporting system.)

While quantification of reported cases provides a glimpse into the prevalence of GBV and primary types of GBV being reported within NATICC working area, there are several factors to keep in mind. First, some individuals may contact the local police station or go straight to the hospital or a local health clinic for assistance (rather than NATICC). Thus, the NATICC-specific numbers do not reflect all the cases in the community and Region.

6.1 Quality of Life for Survivors of Gender Based Violence.

NATICC's Gender based violence project provides services to survivors of gender based violence at both community (on site where the violence has happened) and at their Nhlangano office where they have local facilities located for the access of a comprehensive package of integrated legal support, psychological support, and medical care. The NATICC GBV project provides counselling and referrals to clients with a wide range of GBV related issues, such as property grabbing. The NATICC GBV approach has three primary components. Firstly, there are direct services provided by the organization, which focuses primarily on psycho-social and paralegal counselling and medical referrals. Secondly, the project provides a coordinating role with other essential service providers such as police, health care providers, and shelters. This is accomplished through the networks established by the organisation and other service providers. This creates an environment where they ensure that services are provided to GBV survivors in an integrated and coordinated

manner. Thirdly, NATICC serve as a focal point for other GBV-related prevention and outreach activities, such as community outreach conversations. These activities complement the direct services offered by NATICC by focusing on prevention.

Client Flow

A client comes to the site and is welcomed warmly by the receptionist. The client is then referred to a counselor who assesses the client's needs and provides psycho-social support. If the survivor requires urgent medical services, he or she is accompanied to the hospital or police by the counsellor who liaises with the hospital staff or police to expedite the services to the client. If the client has a legal issue, she or he is referred to the legal officer for legal advice, and if necessary, to the police to open a criminal case. NATICC may also refer clients to social services, shelters, and or safe houses where available, working with the Department of Social Welfare. NATICC is centered on case management as a tool for assistance, where the same counselor who sees the client initially continues to work with that client and provide follow-up. When needed, the counselor may conduct home visits. If a criminal case is opened, the legal officer will liaise with the prosecutor on the status of the case, and provide court preparation and support to the survivor and his or her family. NATICC have a project vehicle to assist with activities and transportation of survivors sometimes to the police office or hospital. The NATICC GBV support services offices are open on Mondays through Thursday during regular office hours (8am-4:00pm) and on Friday (8am to 2pm. They do not operate during the weekend.

Quality of Service

The evaluation team found the coordinated community response approach to GBV implemented by NATICC to be an effective multi-disciplinary approach. This system of integrated service delivery provides the survivor with a more comprehensive and victim-friendly service experience than if the services were provided without organised referral and linkage. The NATICC approach to GBV aims to link survivors to the full range of services recognised internationally as essential for comprehensive GBV management, that is, medical, legal, protection or safety, and psycho-social through its network relationships with other service providers. It also incorporates vital restorative, community outreach, and preventive components. In this way, the NATICC approach to GBV care and support has gone beyond the one-stop models, for instance, most notably by fully integrating community-based awareness and outreach into the services of the organization, as well as general legal, engagement with community leaders, youth and caregivers, which create a strong community based response to GBV.

Medical services (medical examinations, VCT, and PEP) are not provided by the NATICC project themselves, nor is there currently a strong institutional linkage to prosecution services or courts. However, the officers are succeeding in both providing a number of essential services under one roof strengthening linkages with other key service providers.

The NATICC GBV support project provides a link to health services and the criminal justice system, though these components are not yet fully integrated into the work of NATICC. Going forward, NATIC may be in an especially advantageous position to pro-actively collaborate with other key entities such as the police, hospitals, and social welfare organisations to work towards ensuring that the Survivors of GBV may receive high quality services.

Counselling and paralegal components are filling a critical gap in services at the Region. NATICC provide GBV survivors with psycho-social support and advice on a wide range of issues ranging from spousal abuse and defilement, to family neglect. When specifically requested by the survivor, counsellors are available to provide couples counseling and counseling of the perpetrator(s) in the attempt to resolve problems in the family, and, prevent further abuse. In addition to providing legal advice and referrals, the legal component provide vital legal support activities, such as tracking the status of court cases; liaising with the courts and criminal justice system; and providing court preparation and support to survivors testifying in court. In the region, these types of services were not easily available to GBV survivors prior to NATICC.

NATICC has had a positive effect on survivors. Not all GBV survivors in the region access the service from NATICC because of distance and cost implications. However, those who would have linked with the service, their lives have changed and they feel they are no longer victims but empowered survivors. A female survivor noted:

> "*I am free, happy and self-sustainable; if it was not of this organisation I would be dead. I was sick and stressed, when I heard of NATICC's service. Since that time I am living well with my family. I will always refer people to NATICC,I have already referred 10 people ,since I received the services in the past six months.*"

6.1.1 Analysis

Insufficient quality assurance:

Although NATICC is effectively measuring and reporting project outputs, it does not have systematic programs in place to measure and monitor the quality and consistency of direct services

being provided at the sites. This applies to direct services provided by the NATICC, such as psycho-social counseling and follow-up, as well as vital services being provided by other partners such as hospitals, shelters, police, and courts. Quality-control mechanisms recommended by the team are provided in the recommendations section of this report.

Need for additional training, of counselors and paralegals.

The evaluation identified a number of areas where counselors and paralegals could benefit from additional training and support. For counselors, there is only one trained counselor and the other has no specific training in GBV counseling, thus rendering the qualified counsellor overworked and clients having to wait for an extended period of time in the event the counselor is away or off duty. The Evaluators suggest that trainings be organised that include specific training on trauma counselling, child counselling, couples counselling, and HIV-related issues. Innovative solutions to these training gaps should be considered, given the critical role of counsellors and paralegals to supporting victims of violence.

Insufficient shelter services:

NATICC staff reported continuing challenges in providing safe shelter for victims of GBV, including on a short-term emergency basis. There are no shelters available, particularly for adult women, boys or women with children. Existing shelters lack the capacity to undertake additional clients or meet the special needs of GBV survivors. Although NATICC has made some progress in identifying safe houses for GBV clients, visits to the safe houses revealed that the resources for clients and staff at the shelters are insufficient or minimal and they lack the skill for handling GBV clients as they are mainly focused on Orphaned children. These facilities are not enough to ensure that the survivors referred to these houses are obtaining an adequate level of care. There is a need to look closely at this component and consider ways the shelters can be strengthened. The other challenge is that both the shelters and NATICC do not have a re-integration strategy back into the community. The police also concurred with the need for shelter:

> *"Most GBV cases are either withdrawn or the victim goes missing and the police fails to bring evidence to the courts, because most of the perpetrators are relatives and bread winners"*
>
> This indicates the daring need for shelter if victims are to receive justice.

Lack of transport remains a key challenge for delivery of services.

The provision of a vehicle dedicated to GBV care services has helped staff conduct outreach and provide assistance to victims, but many survivors are continually hindered from accessing services due to lack of transport. NATICC staff and volunteers often need to travel long distances to assist victims with counseling follow up; community dialogues and to provide legal assistance to families and to respond to emergency situations in rural areas. With the increasing numbers of cases being handled, transportation has become a major constraint for NATICC. There is a need to develop creative and cost-effective solutions, for example: bringing more services directly to communities via mobile-support services or the provision of transport vouchers or refunds for clients.

NATICC do not provide a 24-hour service.

NATICC does have a toll free number that is only operational during the day and their operating time is limited between 08:00hrs and 16:00hrs during week days. For survivors who require access to urgent care after work hours or on weekend this is not possible. Survivors reporting to the police or to hospital after hours are not being routed through NATICC thus, they are most likely not receiving the comprehensive and integrated level of care and support that they could have had via NATICC. Discussions with stakeholders indicate that the cost of providing 24 hour service is a central issue that will need to be taken into consideration, but given the emergent and time-sensitive nature of many gender-based violence incidences, innovative solutions will be needed to fill this gap in the future. This issue should be looked at more carefully, in consultation with the police and medical services, to determine the level of demand or numbers reporting after hours and to consider ways to strengthen after-hours management and care for GBV survivors within the resources available.

6.1.2 Recommendations

- Develop GBV service provision protocol and quality monitoring mechanisms.
- Training of NATICC officers on trauma counselling, child counselling, couples counselling, and HIV-related issues.
- Develop a re-integration strategy for GBV survivors.
- Incorporate shelter services into the project, through partnerships.
- Decentralizing NATICC's GBV services to be more community based by providing mobile services.

- Have the NATICC GBV hot line linked to the police hot line after hours and weekends.

6.2 Relevance of Gender Based Violence Prevention, Care and Support Services

Gender-based violence is a major problem in Swaziland, profoundly affecting women and children. Approximately one in four females in Swaziland experiences physical violence as a child and among youth aged18-24 have experienced coerced sexual intercourse before they turned 18 (UNICEF 2007). In the lifetime of a woman, about a third experience some form of sexual violence. Annually, police re[ports show an increase in reported domestic violence crimes, from 357 in 2006 to 513 in 2007. Of all criminal offences reported, 29% were cases of sexual offences against women.

A study conducted in 2006, Gender Based Violence Situational Analysis (Doo Aphane and Phumelele Thwala, June 2006) which analysed the extent of Gender Based Violence (GBV) in Swaziland found that levels of GBV in the Kingdom of just over one million people was "unacceptably high".

The causes of GBV are varied and complex, requiring a detailed economic, social, historical, political, and cultural analysis to accurately pinpoint and assess the situation in the region. A few possible contributing factors are provided below, summarized primarily from the A study conducted in 2006, Gender Based Violence Situational Analysis (Doo Aphane and Phumelele Thwala, June 2006). The list also includes several findings from the evaluation team's key informant interviews and focus group discussions. Note that the list serves to provide context to this report; it is in no way a comprehensive or complete set of factors explaining the prevalence and extent of GBV in the Shiselweni region. In fact, an important finding is that while there are clearly many common contributing factors such as extreme economic dependency and traditional norms which teach men that it is normal (and even proper) to beat one's wife − there are in addition many motivations, perceptions, behaviors, and traditional practices contributing to the issue at hand. A separate study on this topic, in itself, would be required to address the matter properly and thoroughly.

Note that the list below is not in any order of priority, and an in-depth analysis would be required to fully assess and analyse the types and prevalence of contributing factors to GBV.

- Extreme poverty, including high levels unemployment, which exacerbates property grabbing prevalence and economic abuse in relationships.
- Abuse of drugs and alcohol, including locally found plants or stimulants and substances.
- Individuals vulnerable to abuse and un-empowered.
- A criminal justice system which is not equipped in resources or status to fully uphold the rights of women and children
- Limited number and capacity of police officers to enforce the law, and lack of transportation among police units.
- Extreme economic dependence of women on men, evidenced by the common problem of fighting for
- Traditional and social norms which teach women to accept, tolerate, and rationalize battery, and teach men that it is normal (and even proper) to beat one's wife to "show love."
- Male domination known as patriarchy which promotes imbalanced power relations and sexual harassment.
- Socialization practices of boys and girls in schools and the community which exacerbate dependency roles.

6.2.1 Analysis

There is no doubt that the establishment of NATICC GBV project was timely, if not long overdue, in a society where GBV and other forms violence have become rampant. The NATICC project remains a very relevant institution, although steps could be taken to improve it efficiency and effectiveness. This evaluation found that the physical location of the NATICC GBV services such as counseling is a problem, since it's located in Nhlangano and difficult to access for those who might need the service in the region. The Royal Swaziland Police attested that they lack the capacity to handle GBV cases on their own and NATICC is assisting with providing counseling service and a number of referrals have been made from the police to NATICC. Without the symbolic physical presence of the NATICC GBV project, the situation would have worsened by the minute considering the alarming rate at which the crime of GBV is increasing.

While the idea of the project is unquestionably relevant and critical, and has the potential to have a very positive impact on the society, the design of the project could have been better. Firstly this project made room for little flexibility in terms of changing course to the methodology and strategy when certain trend provided unworkable, thus compromising the project's relevance in meeting the needs of the society. As such the project methodology was followed rigidly like a scripture that should be dogmatically revered.

NATICC has a marvelous team and a very spirited personnel, who are not only qualified for the various positions, but are very passionate about ensuring that they succeed. In the fight against gender based violence related crimes, the GBV project should not have been created like an island. Records show serious disconnect with other project within NATICC, the project is disconnected, and is not related to other existing structures, supposed to be Interacting. NATICC officers are regarded as friendly, approachable and accommodating. They are also regarded as professional people in the manner they attend to clients and their expertise in what the do is highly regarded by survivors.

Most survivors felt that a form of income generating project should be started by NATICC to assist survivors of abuse who need support just like shelter. Most of them do not have decision making powers in their homes.

NATICC is preferred because it provides the privacy clients require in certain cases. For instance, although the police are involved in handling cases, one client felt that they are too ‘'serious' meaning '*sekumbophisa'*. Opening a case was not needed because the client felt all that was needed was for her husband to open up to her and address the issues at home not necessarily to open a case.

Survivors are able to live a better life after the sessions with NATICC in terms of the abuse that was taking place. They shared that NATICC was able To be an effective mediator between clients and perpetrators and a majority have stopped with the exception of one who stated that their husband had not stopped completely but was better than before. They are heralded for being very frank, unbiased, speaking the truth and also building relationships.

The evaluation team noted the quality of counseling is one of concern: *"they told me that there are certain things that you cannot change in a man, I have to accept the way he is" and*

then 'ngatikhokhela" said one survivor. This means she is advised to live with the things she considered to be abuse from her husband. Another survivor stated that she was advised that she should also learn "kumbeketelela" when he is drunk' '(be patient with him) so that she minimizes the chances of them fighting. In as much as the survivors felt this approach has helped them, seemingly it is not an approach that addresses the issue of GBV. It appears the advice shared is that of coping mechanisms. Moreover, there seem to be a dependency syndrome of the client on the counselor, most likely due to the approach. For instance if the perpetrators misbehaves again, the client is to return to NATICC yet in counseling there is need for closure.

Couple counseling seems to be the common used approach. However, the problem with such an approach is the inability to share information as freely as one would if in a one on one session. Ideally it is better to focus on your client and let them employ the strategies on her own as opposed to the counselor taking full control of the sessions, however if the client is comfortable this can be done. This approach has a possibility of fostering burn-out, a dependency syndrome and pushing NATICC counselors into roles they are not meant to do. Although it is appreciated that the approach appears to be working, precautionary measures ought to be taken more especially with regards to the manner with which they speak to external parties.

6.2.2 Recommendations

- If this project is to be continued, which is strongly recommended, the entire care and support implementation strategy and activity plan should be revisited to allocate more resources to service delivery, thus increasing capacity building of the team.
- A paralegal programme is highly recommended to add value to the programme and bring more community involvement into the project. Paralegals should be recruited from project target communities and be persons who understand the community behavioral trend and needs and, who would be regarded as part of the communities.
- Development of Protocols that will guide the service provision and quality assurance. This will help to provide standardized messages to the community.

- Capacity building of the current staff to be able to handle cases involving children and child abuse.

6.3 Gender Based Violence Reporting

NATICC is creating awareness to prevent GBV and promote the reporting of offenders. Focusing on the prevention of gender based violence and child abuse will be to create a cultural revolution in terms of gender expectation on the roles of men and women at home and in society. This is done through: Conducting and create advocacy campaigns for sensitization and creation of awareness in different communities on gender roles of men and women. Secondly identify those men or groups of men who could act as "agents of change" and promote positive roles which men can take in order to challenge prevailing gender stereotypes and discriminatory cultural norms. Thirdly working with community leadership; Chiefs, Bucopho, MPs, Members of communities – men and women, girls and boys in schools, Church leadership.

NATICC holds dialogues with communities on GBV and thereafter people with cases approach NATICC or the police. They do four (4) visits to a community.

6.3.1 Analysis

Data collected by the NATICC provide a rich and important picture of the magnitude of GBV and reports in the region, including characteristics of survivors, information on the perpetrator, and the extent to which cases are moving through the legal system. The police in addition reported that the number of cases of GBV reported to them has increased. However, the increase in reporting to police officers is not clearly linked with the NATICC work since the police do not collect background information about the client. Most of the survivors were referred by friends, relatives, and people in town, community programmes, and other NGOs referrals. A radio programme preferably in morning slots on GBV was suggested in reaching wider stakeholders. Further analysis and information dissemination is recommended as a means to better capture reported changes in behaviour and programme impacts.

Along with consolidation and strengthening of existing GBV services and activities, the evaluation team recommends increased resources and focus on areas that have not received sufficient attention to date.

6.3.2 Recommendations

- Bringing more services directly to communities via mobile-support services or the provision of transport vouchers or refunds for clients.
- Continue with awareness rising at community level.
- After-hours management and care for GBV survivors.
- The project should engage in activities for establishment of drop-in centers at health clinics, centers and the like, at the community level. This would enhance the information flow from the community level.
- The community should be sensitized and organized to provide protection for witnesses whenever they come forward.
- The Community structures should be encouraged to monitor cases and ensure the zest in prosecuting perpetrators.

6.4 Knowledge and Awareness

NATICC holds dialogues with communities on GBV and thereafter people with cases approach NATICC or the police. They engage in four (4) visits to a community. What was noted was most community members were part of the SAFAIDS programme hence the knowledge they have on NATICC is mostly from their involvement in the SAFAIDS programmme. Community members have been sensitized on GBV and child abuses. The GBV prevention team is supposed to conduct pre- and post-test during all its sensitisation meetings.

6.4.1 Analysis

The communities which were sampled showed there is some kind of impartation that has been made although, one community was stronger than the other, which could be attributed to the fact that with the other community, there has been several visits while the other seemingly attended one workshop. However, the knowledge people have is not enough at the moment meaning they require more training in order they be grounded on the issues because at face value, they do know what GBV entails and what should be done in cases of GBV. Mbilaneni is slightly advanced than Mantambe community. Mantambe tended to include all social issues as GBV for example, with regards to early marriages what became an issue to them are

the rituals around, not paying of dowry than the act of GBV. However, from discussions, it was revealed that GBV it is prevalent although they tended to attribute it to people who are not from their communities.

The evaluation team noted the sense of fear from the Mantambe community to report cases of GBV in from their area than that of the Mbilaneni community. Hence safety of the community volunteers was of more importance than the attending to cases. There are many conclusions that can be made – the effectiveness of a programme would also depend on attitude of the leadership of that community. The strong leadership at Mbilaneni makes it conducive for the community to fight GBV. The volunteers at the community have had a number of cases they have handed to police, clinic level and the court, yet in the other community, most of the cases cited ended in either the victim disappearing or not having been taken up because of fear of victimization by the perpetrator. For programming therefore, the question is what is done in Mbilaneni that is not done in Mantambe that gives volunteers the bravado to handle cases? It can therefore be concluded that although NATICC has been to communities, however, there is still more that needs to be done even in the communities already visited to ensure that people are well versed with the issues.

The evaluation team recommend that NATICC's work with community needs to increase. The NATICC needs to scan the chiefdom in order to prioritize those communities which have 'low hanging fruits' where they are almost sure they will make an impact as opposed to a community by which you still need to deal with deep seated issues of the community before introducing GBV in order that they meet their deliverables.

Evidence collected for this evaluation supports but cannot prove findings that these awareness-raising activities were effective. No baseline data were collected for this project, making before and after intervention assessment impossible. To get a non-scientific sense of whether the key messages had been received in the communities, the evaluation team worked with four research assistants to conduct a survey of one hundred (100) people in and around communities where the NATICC conducted community dialogues. The Survey instrument is included as Annex .Key findings are summarised here and more detailed findings are included as Annex .As noted, this survey was not administered to a scientifically randomized sample; therefore the results cannot be generalized to the broader community, and they can be taken as only suggestive of the real results within the relevant population as a whole.

Despite these limits, the evaluation team worked to minimize bias in conducting the survey using a systematic design, counting every *7*th household.

The survey contained three modules, briefly summarized as follows:

Knowledge about GBV

- Physical abuse
- Emotional abuse
- Sexual abuse
- Economical abuse

Attitudes toward SGBV

- Right of married women to refuse sex
- Women's responsibility to hold family together despite abuse
- Right of husband to abuse wife in case of disagreement

Skills

- Knowledge of available services and support for SGBV survivors

The main headline is that those responding to the survey showed very low levels of awareness about GBV across the board. Although these results may have been impacted at least in part by the cursory and rapid nature of the survey, it is striking that results were low across the categories of knowledge, attitudes, and skills, with a few specific exceptions. With one exception, between 89 percent and 95 percent of respondents provided the answer most aligned with NATICC's key messages to the questions testing knowledge of GBV. In relation to attitude questions, apart from one outlier, between 73 per cent and 88 per cent of respondents provided the rights-respecting answer. Regard to skills, respondent's demonstrated appropriate knowledge about institutions that help to address GBV with one hundred percent (100%) knowing at least one institution. Forty per cent (40%) of the sample now about NATICC as a provider of GBV services in their communities.

The most striking exception of the data was the result in relation to this question: Should family or domestic conflicts be solved domestically? Only sixty-one percent (61%) of all respondents agreed with this, and 27 percent disagreed. Perhaps surprisingly, there was no appreciable difference in the results between men and women, as demonstrated below

Figure 2

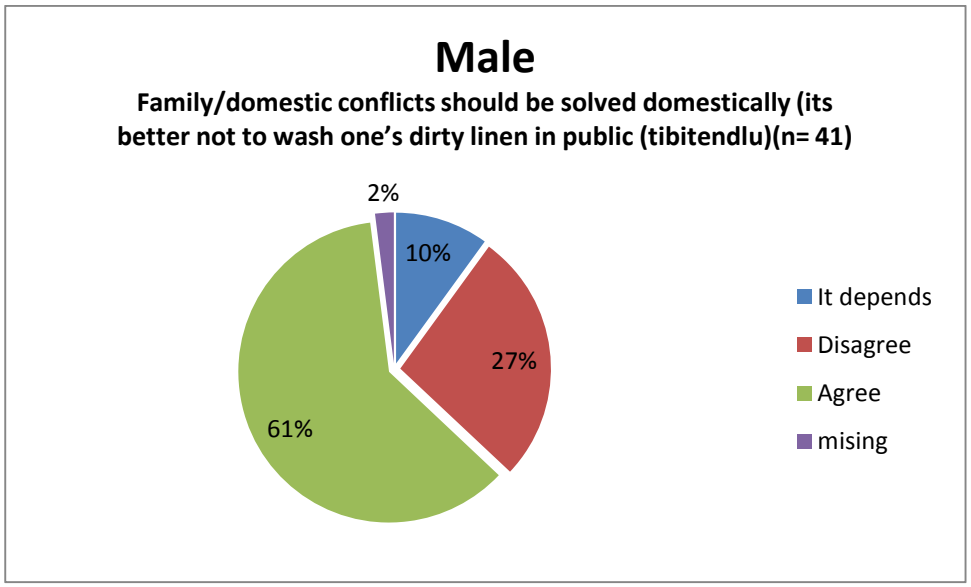
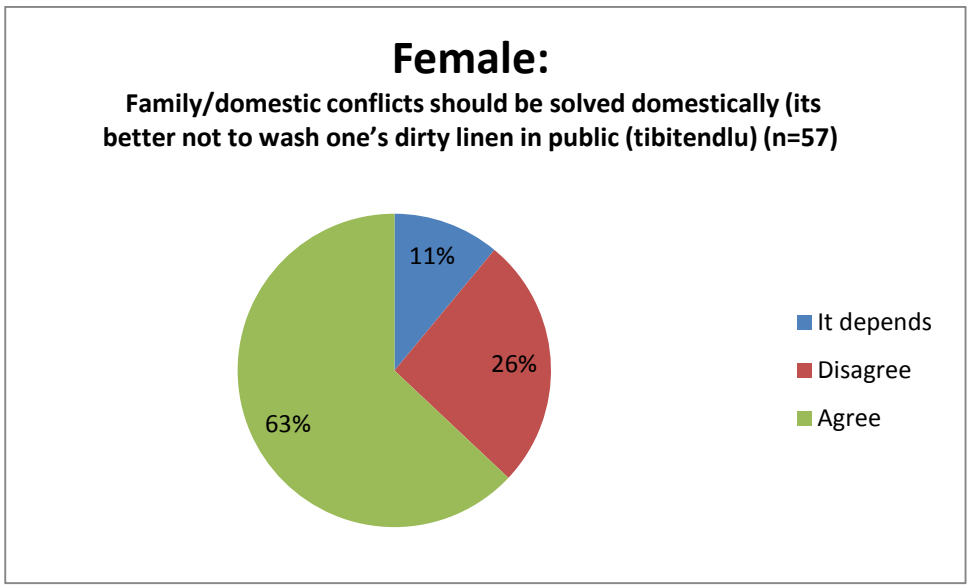
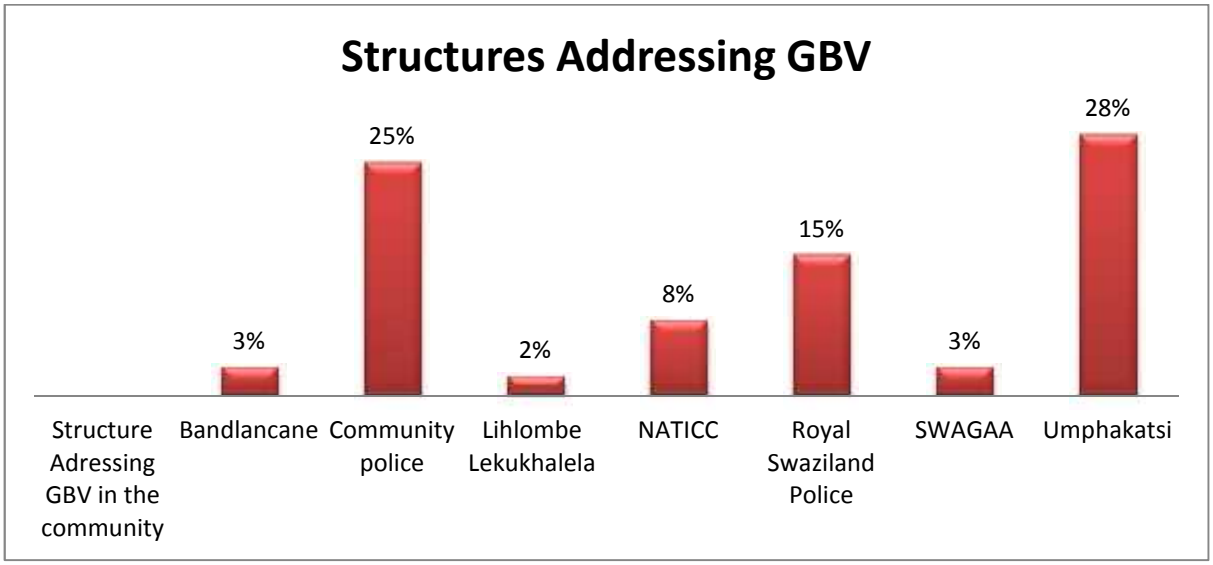


Figure 3



However without baseline data or a robust quantitative model, there is no way to know whether the differences observed here are related to NATICC outreach, awareness-raising, and public campaigning against GBV in all of its forms. The survey did suggest clearly that community members are not aware of NATICC programming and service provision. The Chief's Kraal (Uphakatsi) performed very well as one of the top answers to the question "Which structures addressing GBV in this community". The frequency of various answers to this question is presented in Figure 4 below.

Figure 4



This observation from the survey reflect the need for working with community structures to empower them in addressing GBV in communities as most of the people in the survey reported to have knowledge of these structures addressing GBV. Working with community institutions will enable sustainability of the project after it comes to an end.

6.4.2 Recommendations

- NATICC should target chiefdom sub-zones as some people shun away from the chief's kraal meetings.
- The volunteers working in communities should share experiences from one community to another.
- Have follow up trainings in the communities to ensure that everyone understands GBV issues.
- Have dip-tank dialogues to engage men in GBV awareness.
- Have men targeted dialogues as men normally do not attend meetings on social issues.
- Have programmes targeting the youth.
- Poverty is a critical area and perpetrates GBV therefore NATTC should complement its work with poverty reduction programs.

- NATICC should build capacity of community institutions such as community police and the chief's kraal on how to handle GBV cases.

6.5 Access and Demand for Services

Most partners have worked with NATICC either on the monthly meetings or through workshops. NATICC hosted a GBV training in 2013 which was attended by a majority of partners spoken to. Partners showed enthusiasm on the knowledge they received, reflecting that there is more need for further training on GBV.

6.5.1 Analysis

The Shiselweni region has not had an influx of projects on GBV such that before NATICC's programme, they were relying on SWAGAA satellite offices in Hlatsikhulu hospital which was unable to provide efficient services. This was highlighted by the Police and the DPP's office that the involvement of NATICC in Nhlangano has greatly improved their work. It appears NATICC has become another wing of government in this area which is very positive. The DPP's office views NATICC work as assisting in accelerating cases since NATICC provides transport for them when investigating a case as government cars are scarce. NATICC in addition has been involved in cases which are not prosecutable. Thus instead of sending a client home, they explain the legalities of the case and then refer a client to NATICC for emotional counselling and at times the services they receive from NATICC assist the client even if the perpetrator is not prosecuted.

Peace Binding Order cases are the top on the list at the magistrate court followed by sexual abuse. When talking to community people they shared that most men in the area work in the mines and hence they have "umoya wakazulu" meaning they behave like men from Kwazulu natal who are believed to be violent men. The areas Hluthi, Hlatsikhulu and Gege were cited to be the most notorious of this kind of behavior, which unfortunately is extended to their homes upon their return for holidays. These cases end up in court. Most men do not respect the Peace binding order but have money for lawyers which then leave women without any redress once the perpetrator is out.

In schools, the programme is working very well but there is need to improve it to make it more comprehensive. A recommendation is to have a standing activity with identified schools

and to train guidance teachers as well. The programme has assisted guidance teachers in addressing GBV cases identified in schools. NATICC follow-up on cases and works with all parties involved NATICC has provided an alternative for teachers who before would not know where to refer the cases for effective redress. Teachers recommended that programmes such as girls club, and boys clubs be used for NATICC to introduce the programmes.

6.5.2 Recommendations

NATICC counsellors ought to pay visits to schools to engage in talks with the children-standing meetings.

- Schools should have private offices where the guidance teacher can meet with the abused child. Currently they wait for other children to go for break and have their meeting at that time.
- NATICC should provide materials for guidance teachers on GBV and methods in handling such cases. In addition, pamphlets should be distributed in schools including material for the teachers.
- Clubs in schools can be used for income generating programmes such as schemes for such cases.
- Have mobile para-legal services at community level

6.6 Capacity of Staff and Partners to Address Gender Based Violence

The NATICC GBV project is led by a team of qualified staff in their different areas of work. The project is led by the Project Coordinator followed by the Program Manager who is responsible for overseeing the operations and the day to day running of the project. Under Programme Management, there are two departments: Firstly the Prevention Department which is responsible for community sensitisation and awareness creation. This department is composed of four officers; the Care and Support Department is staffed with three people that include the Legal advisor, Care and support Coordinator and a counsellor. The team has vast experience in the field of GBV, making it a strong team that the community trust and always want to work with. NATICC officers are regarded as friendly, approachable and

accommodating. They are also regarded as professional people in the manner with which they attend to clients and their expertise and competence is highly regarded by survivors.

6.6.1 Analysis

Most of the team members have undergone on the job training and one of the counselors is under mentorship by a qualified counselor to improve their skills. The number of staff in the project and the coverage of the project are not proportional, compromising the quality of service and effectiveness thereof. The evaluation team observed that there is lack of critical skills as well that are needed in handling GBV cases due to their sensitivity. The team recommends expanding areas for additional and specialized training, including trauma counselling, couples counselling, and a greater focus on child witness counselling. All staff should receive orientation on national guidelines (guidelines are still in draft form), including those sections pertaining to other role players, such as medical personnel, prosecutors, and police force. The capacity of key partners in handling some of the components of GBV was a cause for concern because they lack the capacity to handle GBV issues. For example, current police training does not encompass GBV as a course such that staff posted in the Domestic Violence department has to learn on the job. The project has created a relationship with the Children's home in the region, however they do not have the capacity to handle cases of GBV as their main mandate is focusing on children, and also they do not have enough qualified counsellors for the job. Furthermore, they fear the legal implication if they were to house GBV victims. Therefore, a standing programme on handling GBV cases offered by NATICC `would contribute to effective handling of cases in the region.

The primary concern of the evaluation team was the lack of protocols and quality control regarding the operation of the NATICC GBV project. While the intentions and outcome, by and large, is obviously beneficial and far better, the safety of the Staff and victims still may be at risk as they have to do on site response. Evaluation team members with extensive experience working with similar project, in the country, and other regions of the world, agreed that NATICC would strongly benefit from staff training and or exchanges with other GBV project in Swaziland or elsewhere to improve its protocols to ensure it is operating within a victim cantered, safety-first approach.

6.6.2 Recommendations

- Developing GBV protocols and guidelines or moving forward the finalisation of the National GBV guidelines.
- Additional and specialised training, including trauma counselling, couples counselling, and a greater focus on child-witness counselling.
- Organise exchange programs with similar organisations that work with GBV in the Region for the purpose of learning.

6.7 Sustainability

NATICC had proposed they will engage the government the office of the Deputy Prime Minister and the Ministry of Health as key government partners. Part of the strategy is to negotiate for financial support through at some time of the project and also to prepare these Ministries to take over the project activities for the long term beyond the life of the project. Ongoing discussions with the Deputy Prime Minister's Office are addressing the issue of sustainability and the role that this office needs to prepare itself for during and after the life of the project. On the other hand the project is bringing on board NGOs that are already grounded in the field, i.e. SWAGGAA and Women and the Law to carryout functions that they will be able to continue doing even after the project has come to an end. The project will also have one of the activities focused on integrating gender based violence and child abuse issues in existing projects and programmes of other organizations working in Shiselweni.

6.7.1 Analysis

The evaluation team noted that at the moment nothing has been put in place to enhance project sustainability. However there is good collaboration with the Nhlangano police – Domestic Violence unit. The project team have established a rapport with the DPP's Unit, however since government's employees are transferred now and again, it is a challenge to keep the momentum and build on relationships.

Critical to a significant and long term response to GBV in Swaziland is the development of a sustainability plan. The NATICC programs are encouraged to engage in a constructive

dialogue with the NGO community, as well as the relevant Ministries in Government, to develop a clear plan for the transition of some of these activities. In addition, work with implementing partners is needed to identify their technical assistance needs and plans for future integration of GBV activities. At present, it is extremely difficult to think the Swaziland Government will sustain this project considering available Government funds – relying mainly on donors and the fact the money allocated to the project ends in December 2016. It is highly advisable that donors be approached to find funds to sustain the project, taking into consideration the observations and suggestions above, to ensure that the money already spent, the efforts that have already gone into building the NATICC GBV response as an institution, and the trust that the population has in its response to GBV in the country, is not in vain.

6.7.2 Recommendations

- Building capacity of community leadership in handling GBV service.
- Engage government ministries to take over the work by designing a practical sustainability strategy.
- Approaching local and international donors for funding.

6.8 Administration of Justice Law Enforcement Authorities at Community Level

NATICC has planned to work with community institutions such as the Inner councils that are responsible for dealing with issues of GBV at community level by building their capacity, in order to handle cases that reach them. The Community based volunteers were expected to provide advice and information about GBV at community level but with fear and unavailability of resources to do the work, most of the CBV activities are not active at community level.

6.8.1 Analysis

The evaluation team did not find any evidence that the project has actually changed or influenced the way the administration of GBV cases at community level occurs. However,

the communities that were sampled, Mantambe community to report cases of GBV in their area which is not the same as the Mbilaneni community, hence safety of the community volunteers was of more importance than attending to the cases. This is contrary to Mbilaneni where the whole community seemingly is united in fighting against GBV. The evaluation team suggested that the effectiveness of a programme would also depend on the attitude of the leadership of that community. The strong leadership at Mbilaneni makes it conducive for the community to fight GBV. The volunteers there have had a number of cases they have handed to the police force, clinic level and court, yet with regards to the other community, most of the cases they cited ended in either the victim disappearing or just not taken up because of fear of victimization by the perpetrator. For programming therefore, the question is what is done in Mbilaneni that is not done in Mantambe that enables volunteers to be bold in identifying perpetrators and dealing with GBV cases?

6.8.2 Recommendations

Have intensive training targeting the community leaders that will help them do their work in line with the laws and regulations around GBV in Swaziland.

- Provision of para-legal volunteers at community level other than depending on CBV workers who are already over whelmed by other community duties.

6.9 Significance of Donor Contribution

The DIGNI/DFEF contribution is very significant and important in the national programmes to fight GBV. The NATICC project is the first of its kind in Swaziland where services are provided at a localised level and the community member is engaged in both understanding and fighting GBV. The reporting levels have increased in some communities and certain community institutions are aware of their roles in GBV prevention.

The Evaluation team feel that the publicity of both the donor and the project is very low. NATICC do not have any branding material when they are doing their work at community level.

7. LESSONS LEARNT

In the midst of these good works NATICC is doing, there are challenges and lessons learnt from the first phase of this project. Below I will attempt to point out these internal dynamics.

There was partner good will no doubt in the setting up of the project, however, there were many other aspects of the GBV dynamics that were not taken into consideration and handled in the design of the project. The project was meant to be an integrated project with other NATICC's operation.

The project's coverage area and the resources available are not proportional such that the level of treatment to the population is spread thinly over the region, thus compromising the quality of GBV services. Lack of national guidelines and quality control protocol for GBV is a cause of concern. However, NATICC have begun to develop a field manual for GBV prevention, because GBV messaging should be consistent across all activities and programs.

It was also learnt that for GBV programmes to be effective, there is need for shelter for victims as most of the time victims do not report cases with fear of continued victimisation and loss of support (noting the statistics, the regional police reported to have been withdrawn or the victim refusing to give evidence). The evaluation team feel that GBV programmes should have a component of providing shelter by having a stipend to help existing shelter to take in an extra person.

Family based and community based counselling that involve all parties in the family have proved to be a more effective integration strategy for both the victim and the perpetrator. Furthermore, as was reported in the number of cases, the main cause of GBV is household economy. The evaluation team leant that there is need of integrating an economic strengthening component into the GBV programme.

For an effective GBV program at community level there is need to engage the community leaders and to bring to their attention their roles and responsibilities in fighting GBV. Community capacity on legal issues or access to legal services at community level can also improve the uptake of legal service and GBV services. A well informed community leadership helps in preventing and dealing with GBV.

In order for NATICC to provide a comprehensive service to their clientele, it is recommended that they start an income generating project for the survivors of abuse. Most of their clients are women who are not employed and depend on their husbands for support and that on its own can perpetrate GBV. Empowering women with financial support will therefore assist the women in gaining self-worth and minimise chances of misunderstandings in the house due to finances.

8. OVERALL RECOMMENDATIONS

Along with consolidation and strengthening of existing GBV services and activities, the evaluation team recommends increased availability of resources and to focus on areas that have not received sufficient attention to date. These are as follows:

- **Increased Economic Empowerment**:

  All the respondents noted the importance of including economic strengthening activities for both prevention and mitigation. The lack of economic opportunities was reported as limiting individual's ability to avoid an abusive relationship, serving as a barrier to a victim's choice to leave or not leave a relationship and reporting the case, given the perpetrator is often the primary breadwinner. Engaging the private sector, and adapting effective programmes such as Self-help groups and the IMAGE in South Africa, which combines HIV and GBV prevention with micro-finance, NATICC and its partner should include economic empowerment activities that benefit both victims and perpetrator.

- **Enhance Capacity of GBV Services and Community Providers to Prevent HIV and Provide Referrals/Follow-up to HIV Care and Support Services:**

  NATICC counsellors, GBV prevention officers, and other service providers as well as Community Caregivers, and other outreach groups should receive training on HIV prevention messages that can be communicated to clients and to community members. Information on accessing services in a timely manner, in particular PEP, and on the links between GBV and HIV should be incorporated into the training manuals for all service and community providers. NATICC service providers should also incorporate HIV counselling and testing, and HIV care and support follow-up into GBV services,

enhancing the capacity of GBV services and community providers in preventing HIV and providing referrals and follow-up to HIV care and support services. For instance, training could be provided to the Care and Support officers to enable them to provide emergency contraception to rape survivors, and potentially provide the initial PEP dose, which would increase PEP access in communities which do not currently have access to hospital-based services. At a minimum, GBV service and community providers should have good knowledge of HIV and of available referral services.

Innovation of capacity building programmes for partners which are related to GBV is needed. For example, the application of the diversion approach on GBV cases as already in practise in South Africa.

It would help in cases of GBV. However, the DPP's office in Nhlangano does not have officers who have undergone such courses. The Ministry of justice periodically sends officers from the Headquarters and yet the cases are occurring in the different regions. Therefore, it would be of advantage to have NATICC invest in capacitating the DPP's office and other partners in Nhlangano.

- **Strengthen Monitoring and Evaluation:**

  To assess whether activities work well towards its objectives and understanding of the different types of GBV is made possible, the organisation should review its definitions of GBV. This includes collection of GBV prevalence data and referral and uptake of GBV services (including PEP and PEP adherence) at HIV and other health service delivery sites, as well as data on HIV status, referral and uptake of HIV services (including PEP adherence) at GBV service.

- **Additional Financial Support:**

  The funder should explore opportunities for enhanced or additional support for gender-based violence activities. NATICC and the funder are encouraged to incorporate gender-based violence prevention and response into existing programs, especially in the HIV prevention programme that is currently occurring in the organisation.

- **Establish Satellite Offices:**

  Have satellite centres of NATICC in other areas like Hlatsikhulu, Hluthi, Lavumisa and kaPhunga where GBV is prevalent. This will also enhance accessibility. In addition, having mobile service provision with a well-defined time table is recommended.

- **Standing Programmes with Learning Institutions:**

  The evaluation team recommend that NATICC have a standing programme with learning institutions such as Ngwane Teacher Training College and schools in the region.

- **Establish a Communication Strategy**:
  The evaluation team recommends that NATICC establish a communications office to help in the publicity of the project.

9. CONCLUSION

The extent of the problem and need for gender-based violence to be addressed in Swaziland is enormous, with the number of cases of GBV being reported increasing throughout the country. GBV is clearly not an isolated problem or a side component of Swazi life, but rather, it is a widespread, tragic, and daily issue that touches and impacts most every one's life in some way. While the team offers a list of rigorous recommendations toward improving the quality of the NATICC and its donor supported GBV activities, the broader finding is that the programmes are clearly on the right track – having successfully built a foundation of respectful, victim- centred, community response systems that are meeting the needs of victims and their families. The programmes have diplomatically and creatively engaged communities, effectively transforming attitudes and norms to the benefit of the entire society for generations to come. It is hoped the findings and recommendations provided by the evaluation team serve to strengthen and guide future GBV activities in Swaziland in a positive manner. The team was honoured to share insights and work with NATICC on this meaningful endeavour.

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11. ANNEXES

Annex 1: NATICC Terms of Reference for Evaluation of Gender Based Violence" prevention project 2014

1.0 Background

1.1 Background to project

From 2002 until January 2006, NATICC was offering HIV counselling and testing, HIV prevention education in the communities through peer educators and in schools through school health clubs. Funding was from Norway. In 2006, NATICC sourced funding from USAID through PACT and added palliative care and TB and HIV/AIDS as new programs. These programs were piloted in the Nhlangano Peri-urban. In 2007, NATICC opened another VCT branch at Lavumisa border town under Somntongo inkhundla and was called Lavumisa Aids Training Information and Counselling Centre (LATICC). This site was funded by the European Union (EU) for one year.

In January 2012, NATICC added the "Gender Based Violence" prevention project. Lack of adequate policies and laws to protect women from violence and children from different abuses exacerbate the situation and worse the lack of enforcement of the laws that are available. In Swaziland a number women and children who have been subjected to violence and different abuses find it difficult to report such cases as gender stereotypes makes it difficult to be treated justly by the law enforcement agencies and also due to lack of knowledge and access to institutions responsible. In Swaziland there are also a few NGOs that are working directly on matters related to gender violence and child abuse.

The United Nations Children's Fund (UNICEF) reported that "Every third woman in Swaziland was sexually abused as a child, one in three had experienced a degree of sexual abuse as a child and an additional 25% had experienced sexual violence" (UNICEF 2007). Anecdotal evidence' place high numbers of girls as victims of sexual and physical abuse. The UNICEF report did not just focused on the 2007, but the frightening look forward for female Swazi children as the number of orphans in the country continue to grow at a substantial rate. According to the report the country's growing number of orphans and vulnerable children are ripe for sexual exploitation, a fear which could soon turn to a reality and show even more girls abused than the current survey has reported. One factor for the large scale number of

orphans in the country is the HIV/AIDS epidemic, which UNICEF estimates will leave some 200,000 Swazi children orphans by 2009, this is more than one-fifth of the country's current population (UNICEF 2007).

Rape figures have risen nearly 50% since 2004 and the Royal Swaziland Police Force's Domestic Violence and Child Protection Unit recorded two child abuse offenses each day in 2006. The National Study on Violence Against Children and Young Women, concluded that the majority of abuse cases seen by the counsellors at the Swaziland Action Group Against Abuse are sexual in nature, are women and children and, furthermore, just below a third of these are HIV positive.

According to some commentators Gender-based violence (GBV) is a major problem in Swaziland due to the fact that traditional structures marginalize women and girls as well as orphans and vulnerable children, making them susceptible to HIV/AIDS, incest, abuse and rape.

Sexual Violence against female children: The following information provides the situation of sexual violence against female children.

- Sexual Violence against female children is rife in Swaziland 3 in 10 experience sexual abuse and the place where this violence frequently occurs is in the home, either the home off the respondent or the home of a friend, relative or neighbour.

- Over half of all incidents of child sexual violence were not reported to anyone according to the 2007 UNICEF report. Less than 1 in 7 incidents resulted in female seeking help from available services. Some females indicated that they did not report because they were not aware that they had experienced sexual abuse and many did not report because they feared that they will be abandoned by the abuser. The report suggested that most female lack the understanding of what sexual violence is. (UNICEF 2007).

- The effects of violence against children include the erosion of the strong foundation that children need for leading healthy and productive lives. Literature states that exposure to violence during childhood can influence subsequent vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders

and depression to cardiovascular disease and diabetes. Also it can damage the emotional, cognitive and physical development of children.

- Perpetrators of sexual violence: In Swaziland, UNICEF reports that three quarters of the perpetrators of sexual violence against female children and youth are husbands and boyfriends, men and boys from the neighbourhood or male relatives. Looking at GBV in general, about 78% of survivors of violence are females while 22% are males and more than 80% of these cases are happening at home.(National Surveillance on GBV 2011-12) It is also reported that parents were more commonly involved in physical violence against female children.

Challenges in Preventing violence against women and children: In Swaziland, like in other countries, prevention of violence against children and women is complicated by the influence of poverty and social changes that increase the vulnerability of children and women e.g. high rates of HIV/AIDS , increasing number of orphans and dependency to name a few. Because of this dependency many abused women are unable to extricate themselves from relationships that are marred by violence. Literature reports that there are cases where a women is aware that her daughter is being sexually abused but fail to deal with the problem because of dependency to men for survival and some women are forced to make a living through prostitution even if fully aware of the consequences of multiple partnership and violence associated with the practice (Covering Gender Violence in Swaziland - Workshop Report).

Also some women return to physically abusive husband, opening themselves to further abuse and violence as they depend on the husband or partner or because they have nowhere else to go.

Other factors that contribute to GBV and expose both women and children to such violence are harmful culturally-based ideas and practices, lack of economic power, alcohol abuse, high level of unemployment of both men and women.

Some of the difficulties which rural women face when needing protection from a violent partner include

i) lack of viable financial resources and place to abode,
ii) high dependency on husband or husband's family for day to day support,

iii) the lack of encouragement either from family members or friends to seek help from the police or local community courts

iv) a failure of law enforcement authorities to provide impartial services to abused women.

The Program Objectives/Results are outlined below;

Long term goal:

- To reduce gender based violence and child abuse and ensure proper management of all survivors that participate in the project.
- To reduce gender based violence as a cause and consequence of HIV

The Project objectives are:

Project /objectives:

1. To increase knowledge and awareness of child abuses practices and gender based violence acts and occurrences among community members and children
2. To increase access and demand for services addressing gender based violence and child abuse among residents of Shiselweni
3. To increase capacity of NATICC staff and partners to provide appropriate and effective services to survivors of gender based violence and child abuse
4. To influence the proper administration of justice law enforcement authorities and community leadership that are assigned to hear cases at community level
5. To improve the management and coordination of a gender based violence and child abuse project including its planning, implementation, monitoring and evaluation

The Project Main Activities are:

A) GBV Prevention

- Conduct community dialogues education (4 dialogues per chiefdom through sidla inhloko campaign)
- Provide in school prevention education
- Provide out of school prevention education
- Provide GBV prevention education to churches

- Provide GBV prevention education to company employees and management
- Training of community based volunteers (CBVs)
- Training traditional leaders on GBV prevention
- Training of church leaders on GBV prevention
- Training of school leaders on GBV prevention

B) Care and Support

- Provide counselling to GBV survivors
- Provide child counselling
- Provide counselling to GBV perpetrators
- Provide GBV counselling to the family of the survivor
- Refer GBV survivor for other services like PEP, STI treatment, examination post rape, temporary shelter and legal assistance
- Prepare clients for court appearance
- Education of couples on communication skills

C) Legal Support

- Court preparation of survivors
- Legal advice to survivors
- Training of staff as intermediaries
- Survivor's placement in safe houses
- Training staff on human rights

1.2 Background to Evaluation

In view of the above background, NATICC aims/intends to carry out an evaluation of the project that has been implemented over the past 3 years to assess the efficiency, effectiveness, outcomes and impact based on the intended objectives and also to learn from this experience for future programming of NATICC similar programmes.

2.0 Evaluation Aim and Objectives

2.1 Aim & Objectives

The aim of the evaluation is to review, analyze and assess the extent to which the project achieved its stated objectives/results.

The specific evaluation objectives are as follows;

1. To assess the extent to which the care project has improved the quality of life for Survivors of Gender based violence.
2. To assess the relevance of GBV prevention, care and support services to the needs of the target beneficiaries.
3. To assess the extent to which the project has improved GBV reporting in target communities.
4. To assess the extent to which knowledge and awareness of child abuses practices and gender based violence among community members.
5. To assess the extent of access and demand for services addressing gender based violence and child abuse in Shiselweni.
6. To assess the capacity of staff and partners to provide appropriate and effective services to survivors of gender based violence and child abuse.
7. To assess the sustainability of the provision of GBV services in the absence of external support or implementing agency.
8. To assess the extent to which the project has influenced the proper administration of justice law enforcement authorities at community level.
9. To provide specific recommendations and lessons learnt that can be utilised in designing future programs.
10. To assess the significance of the donor contribution to this project

2.2. Evaluation/ questions

The Evaluation shall address the following evaluation questions;

- What were the key strengths and weaknesses of project?
- What is the level of participation of communities and GBV Survivors in the design, and implementation of the Project?
    - What beneficiary needs are being addressed by the projects?

    - What are the other needs which are not being addressed by the project?
    - To what extent has the project adapted to the changing needs of communities and GBV Survivors
    - To what extent were project activities implemented on time and extent to which the project spend it's allocated budgets over the project life?
    - To what extent did project attain its targets for the various activities and indicators?
    - What is the most significant change has occurred to lives of GBV Survivors as a result of this project?
    - What is the level of satisfaction of GBV Survivors on the services they received from the project?
- How effective were the service delivery strategies employed by the project?
    - To what extent was NATICC able to provide support the clients and their families?
    - To what extent was able to provide clinical care to Care and support clients?
    - How adequate is NATICC's programmatic and technical capacity to provide GBV Support Services?
    - How effective were the GBV referral processes?
- What new opportunities/challenges are emerging for GBV programs in the country?
    - What challenges were confronted by NATICC and how were they addressed?
    - Are there emerging trends we are seeing that need to be watched/followed
- To what extend are the activities contributing towards the attainment of the Health Sector Strategic Plan and NSF.
- What lessons have been learnt by NATICC?
- What recommendations can be made for future project implementation?

3.0 Methodology

The consultant shall be responsible for developing the evaluation methodology and techniques. The evaluation methodology must include both survey techniques and qualitative methods such as FGD, in-depth interviews and observation techniques. The methodology will however be discussed and approved by NATICC prior to commencement of the evaluation. The Consultant is expected to propose an Evaluation methodology as part of the Technical

proposal. The total available consultant days for the Lead Consultant and Associate Consultant shall be 25 days and 20 days respectively.

4.0 Scope of Work

The consultant shall undertake the following tasks

- Conduct Literature Review on current situational analysis
- Design evaluation methodology and data collection tools
- Training of data collectors
- Conduct the Evaluation
- Produce reports
- Dissemination of key Evaluation results and recommendations

5.0 Work plan

The survey shall be conducted over a period of 60 days starting from January to March 2014. The consultant shall submit a detailed process outline in this regard as detailed in the deliverables below.

6.0 Deliverables

The key deliverables for the Evaluation shall be as follows:

a) Inception Report

The Consultant shall submit a digital copy (formatted in Microsoft Word, font 12) Inception report, within our (4) working days of Contract signature. The Consultant shall submit a digital copy (formatted in Microsoft Word) and three (3) hard copies of the final inception report incorporating comments received within three (3) working days of receipt of comments. The inception report shall:

- Clearly outline the proposed methodology for conducting this consultancy, Include data collection strategies and survey instruments to be utilised;
- Clearly define key terms and indicators to be used within the study;
- Include a brief outline of existing literature, policies and other documents relevant to GBV preparedness at the various levels;

- Include a work programme for undertaking the consultancy, in keeping with the output/deliverables schedule.
- Outline limitations to the research and any risks to delivery of outputs under the contract.

b) Progress report

Outline the progress of the survey against the proposed work plan and highlight the challenges encountered during the exercise and remedial plans.

c) Draft report

Include the draft main findings, conclusion and recommendations.

d) Final report

Incorporate the comments of the draft

7.0 Report Structure

The consultant will submit a Inception reports, Progress Report draft and final evaluation report whose formats are outlined below.

a) Inception report

Branded Cover page

Background

Evaluation Aim & Objectives

Preliminary Literature Review

Proposed Methodology and timeline

Proposed Ethical Considerations

Proposed data collection tools

b) Draft and Final report

Branded Cover page

Table of Contents

List of Abbreviations

Acknowledgements

Executive Summary

Background

Evaluation Aim & Objectives

Methodology

Ethical Considerations

Limitations

Literature Review

Findings

Conclusions

Recommendations

References

Annexes

- Terms of Reference
- Data Collection Tools
- List of people and Organisations interviewed
- Any other relevant documents or information

8.0 Required expertise

The evaluation shall be carried out by two external consultants with the following qualifications;

1) Lead Consultant

Post Graduate qualifications in Social Sciences, Development Studies, Economics, or related field.

At least five years of practical experience in;

- Conducting quantitative and qualitative research within a development environment.
- Conducting similar evaluations
- Implementation of HIV & AIDS, health programs and Gender within the NGOs environment in Swaziland
- Knowledge of Health Sector Strategic Plan, and NS, Gender technical guidance is essential
- Knowledge on the National Gender Policy(2010), International instruments like CEDAW(1981)

2) Associate Consultant

Degree qualifications in Social Sciences

At least five years of practical experience in;

- Conducting qualitative research and similar evaluations within a development environment.
- Implementation of HIV & AIDS and health programs within the NGOs environment
- Implementation of Gender programmes in Swaziland
- Knowledge of Health Sector Strategic Plan, NSF and Gender technical guidance is essential
- Fluency in Siswati

9.0 Payment Methods

The payment will be made through cheque or electronic transfer to the consultant according to the following schedule;

Submission of acceptable Inception Report	15%
Submission of acceptable draft report	55%
Submission of acceptable Final Report	30%

10.0 Request for Bids

The consultant shall submit a technical proposal detailing the proposed methodology, experience and expertise to undertake the exercise and financial proposal detailing the proposed budget indicating the consulting fees and other associated costs for undertaking the evaluation.

NATICC shall provide the logistics requirement for the evaluation including transport to the respective communities, administrative support and two staff members.

Annexure 2

Questionnaires

1. GBV Interview Guide for Key Informants

Community Leaders / Community Based Volunteers

Objective of the project:

- To sensitize 30 community leaders for Shiselweni 2 and Zombodze constituencies

Introductions:

- NATICC has been working in your community for two years on gender based violence. To assist them in improving their work and better service your community they are now doing an evaluation of their programme. To assist us in this evaluation we would like to have a discussion with you as you are leaders in this community with regard to NATICC work as follows:

Knowledge:

1. Please state in your own words your understanding of gender based violence and child abuse.

2. What is the prevalence of GBV and abuses against children in your community?

Capacity Building:

3. Have you attended any of the NATICC training workshops on child abuses and GBV? State the place and month/year and frequency?

4. What did you learn from the training? Elaborate?

5. Do you think the training provided you with adequate information you need to hear cases of GBV in your community?

Impact

6. How has your life changed since you received the training? At personal/family and community level?

7. How has the training b influenced your role as a member of the Inner Council

8. Have there been opportunities for you to apply what you learnt from the NATICC training programmes as a member of the Inner Council?

9. State a case that you have handled after the training.

10. Are GBV cases reported in your community, what is the rate now compared to a year ago? What type of GBV cases are reported in your community?

11. What happens when a cases has been reported to your council, from the day it is reported to the day the trial is completed?

12. Do you do referrals in your cases? State people/institutions you normally refer to?

13. When a case has been completed are there any follow ups with the persons concerned?

14. How has NATICC assisted you in improving your work?

Recommendations

15. What would be your recommendations on NATICC work / GBV work for your community?

2. GBV Interview Guide for Key Informants

Partners / Collaborators

Objectives of the project:

- Community Leaders & Volunteers:
  - To sensitize 30 community leaders for Shiselweni 2 and Zombodze constituencies
  - To conduct training of 14 Community Based Volunteers(CVBs)
  - To conduct community dialogues for 14 communities

- Partners & Collaborators:
  - To provide capacity building to NATICC staff and Shiselweni region stakeholders on GBV.
- Schools:
  - To conduct capacity building to 50 school guidance teachers
  - To conduct prevention education in 50 school on GBV

- Church Leaders:
  - To conduct training on GBV for 50 church leaders
  - To conduct GBV prevention education in 50 churches

- Work for Survivors:
  - To improve the well being of survivors of GBV attending the community dialogues and counselling at the static sites.
  - To ensure that those GBV survivors who receive psychosocial support continue to do so.
  - To conduct psychosocial support to 3600 survivors of GBV

Introductions

- NATICC has been working in the Shiselweni region in different communities for the last two years on gender based violence. To assist them in improving their work and better service the region, they are now doing an evaluation of their GBV programme.

To assist us in this evaluation we would like to have a discussion with you as you a Partner with regard to NATICC work as follows:

1. Organizational Profile :

Briefly tell us about your organisation:

- State name of the organisation; mission; vision and programmes
- What are your focus areas
- Funding for GBV, children, child abuse.

2. Collaboration with NATICC :
   - Nature of collaboration
   - What form of agreement do you have with NATICC [MOU / gentleman's agreement]
   - What are the services provided
   - Capacity building - trainings, workshops, facilitation,
   - Are there any areas of collaboration on Resource mobilization

3. *Effectiveness and Sustainability of the GBV programme/Impact*

   - Opinions and views on continuity of the programmes on GBV and child abuses in the region
   - Your views on the areas of coverage
   - Effectiveness of the programme
   - Have you attended any of the NATICC training workshops on child abuses and GBV?
   - Impact of the training on your work
   - Your recommendations on the capacity building programme
   - Your opinion on the impact of the programme on GBV cases in the region [prevalence in reporting/ increase or decrease in statistics]

4. *Recommendations*
   - What would be your recommendations on NATICC's GBV work.
   - What would be your recommendations for the sustainability of the GBV project in the Shiselweni region beyond NATICC programme?
   - What should be done, put in place now, to ensure that when funding for the NATICC GBV programme ends, partners in the region are able to build up on the work spearheaded by NATICC?

3. Interview Guide-NATICC Staff

Good morning/afternoon. We are a team of evaluators who are here to obtain some lessons learned about the NATICC gender based violence prevention project. We would like to hear from you what you think has worked (primary accomplishment) and what needs to be improved. Please know that our goal is to provide NATICC and its partner with some suggestions regarding how they can improve the project and promote the overall gender based violence activities in the Shiselweni region and Swaziland in the long term. The personal responses you provide will be confidential. We will write a report that will simply provide general recommendations without mentioning anyone's individual responses. We thank you sincerely for your generous time and valuable thoughts.

1. What are the site's days/hours of operation? If the site is closed when a victim needs emergency assistance, what the clients do to receive assistance? Do you have a 24 hour line?

2. Who manages the site i.e government, NATICC other (specify)?

3. Do you think the physical location has worked well or been beneficial in terms of service delivery and/or regarding issues of sustainability? Has working with the Ministry of Health (facility), community leadership helped or hindered the provision of services (probe regarding sustainability issue)

4. On average, how many clients do you handle per month?

If you have statistics available, could we please have a copy which shows the break-down in terms of gender, age, type of GBV incidents i.e domestic violence, sexual violence, defilement, and so on. As NATICC staff/police officer, what kind of trends have you seen in the last two years?

5. Do you have data which shows how each client was referred to the centre/clinic i.e. self-referral brought in by police or friends, relatives, and so on? What are the most common forms of referral that you have seen during your time of work with the NATICC project?

If you utilize a client entry sheet, could we kindly have a copy? What kind of questions/data is collected when a client arrives at the centre/clinic? Is the client asked how she or he heard about the service (NATICC)?

Staffing Patterns

1. Could you please describe the GBV site/project staffing structure? If you have a staffing chart, may we please have a copy? Please let us know who works FT or PT and whether they are serving as a paid volunteer or staff member.

2. Are there any shortages regarding your staffing patterns? Are there issues pertaining to turn over? If so, what do you believe are the causes and solutions?

3. Could you please describe what kind of training is provided for each staff member? Does each staff member have enough training to fulfill their job duties? If not, what more needs to be provided to better support their roles? If you have copies of training manuals, can you share them with our team?

4. In addition to the dedicated staff, who else provides services at NATICC or off-site at the clinic etcetera?

5. Do volunteers have sufficient training and guidance from NATICC staff? If not, please describe what else might be needed to better support their role?

6. Has the use of many volunteers been beneficial/effective? If so please provide example if successes. What are some of the problems or issues with volunteers that you have experienced if any? Do you have some solutions?

Service Provision

1. What kind of services are provided for a) survivors of sexual violence, b) survivors of domestic violence c) for families/caregivers/perpetrators d) other victims?

2. How are services provided? Are clients "walked through" each step? Are clients referred to any other location/persons for additional assistance? If so please describe

Please tell us a bit about the following if we haven't already covered these topics?

- Medical/forensic examination for rape/sex assault cases
- HIV counseling and testing
- PEP and emergency contraception for rape/sex assault cases
- Long term counseling (beyond crisis counseling)
- Court preparation support (i.e accompany victims to court)
- Interaction with the police (open docket or also take full statement – who is responsible for investigating case?)
- Tell us about transportation-are there constraints/issues?
- What types of legal issues/questions are most often handled by paralegals?

3. What kind of protocols does NATICC utilize? Is there a flow chart or other written guidelines that you could share with our team?

4. How are the staff and volunteers supervised and or monitored?

5. How is the project managed on a day to day basis? Are there regular implementation meetings? If so, who attends?

What are the main referral organisations you utilize? Do you track whether your clients accessed/utilized referral services? If so, what agency support have you found useful?

6. How satisfied are you with the quality and consistency of services provided to survivors at your organization? What do you see as primary strengths and primary challenges? How could services be strengthened?

7. What kind of outreach/prevention activities are you involved with? What have been the most and least effective/successful in your view? What would you like to expand? Do you have needed resources to do so?

8. What kind of information materials, methods have you used? Please share copies with us?

9. What are the key lessons you have learned from your involvement in this project? Do you have any recommendations moving forward?

10. Are there any key gaps in the service or activities that you would like to add or expand if you could?

11. Are there areas of training, technical assistance, reporting/data collection issues that you would benefit from obtaining in the future?

Interview Guide – GBV Survivors

Good morning/afternoon. We are a team of evaluators who are here to obtain some lessons learned about the NATICC GBV prevention project implemented in your community. We would like to hear from you concerning what you think has worked and what needs to be improved to better provide services to your community. Please know that our goal is to provide NATICC and its partners some suggestions regarding how they can improve the project and that your name will not be mentioned and the information you provide will be confidential. We will write a report that will simply provide general recommendations without mentioning anyone's individual responses. We sincerely appreciate your generous time and we look forward to hearing your thoughts so that we can help NATICC serve you even better. Please know we will not ask you about your personal experiences unless it is something you want to share, only share what you are comfortable with and our questions will focus on the quality of services and support provided by NATICC and finding out from you how you think they could be improved. We thank you for your generous time and valuable thoughts.

1. Were the services provided by NATICC affordable for you? How much did it cost, if anything?
2. Were the paralegal, counseling, medical and other services provided by NATICC of good quality?
3. How did you come to know these services? Were the services accessible to you that is how did you get to the point you received the services (walk, bike, bus, taxi, car)?
4. Do you feel the services provided were respectful, friendly and useful? If yes, please provide some examples. If no, let us know if you have an idea as to how services could be improved.
5. If you could improve the GBV service of NATICC, what would you like to see changes or added?
6. From your perspective, how do you think the community perceives the NATICC GBV activities/services? Do they see them as a supportive place to obtain help or is anyone fearful about it or see it in a negative light?
7. How long (duration) was the support you received from NATICC and how often did you attend?
8. What do you like best about NATICC support services for GBV survivors?
9. If an income generating, economic empowerment or education/training component was provided as part of the service provided by NATICC, would it be useful to you?
10. Would you like to share concerns regarding household income decision making? Do you feel that income generating opportunities would be beneficial to you, or is there any concern that your spouse might not be receptive to the idea?

11. Is there anything that you recommend to improve the manner in which NATICC operates such as training staff, more resources, income generation, more social events?

List of Interviewees

NATICC STAFF

Per Weiby

Thabani Ndlovu

Raymond Khumalo

Xolile Mazibuko

Cynthia

Nondumiso

Zanele

Mdudzi Mdluli

Ministry of Education

Sfanele Mdluli – Ekuthulani High School

Mrs Mavuso – Ekuthulani Primary School

Tabiso Xaba –Nzongomane High School

Mr Dlamini – Ngwane Teacher Training College

Make Ntombi – Evelyn Baring High School

Deputy Prime minister's Office

Gideon Gwebu – Gender and family Unity

Sandile Ndzimande-Department of Social Welfare

Swaziland Royal Police

Fanyana Dlamini – Domestic Violence Unit

Ministry of Justice

Mr Semelane – Judiciary Services

Petty Hlophe – Department of Public Prosecution

Partner Organisations

Lauren Nothando – Peace Corps

Phumzile Dlamini – UNFPA

Dr Michelle McCubbin- Pasture Valley

Princess- Pasture Valley

Mncedisi Zwane –Swaziland National Network of People Living with HIV and AIDS

Bongani Msibi – world Vision Shiselweni 1

Saneliso Maziya

Nonhlanhla Sibandze

Gabsile Sibandze

Sthembile Maseko

Siphiwe Dlamini

Ntobeko Ntjali

Nyanisile Kunene

Tholakele Sibandze

Community Leaders – Focus Group Discussion

Kwayiweni Community

Mbilaneni Community

Community Based Volunteers –Focus Group Discussion

Kwayiweni Community

Mbilaneni Community