NHLANGANO AIDS TRAINING INFORMATION AND

COUNSELLING CENTRE (NATICC)

NATICC END OF PROJECT EVALUATION REPORT: ADDRESSING GENDER BASED VIOLENCE AND CHILD ABUSE IN THE SHISELWENI REGION

FINAL REPORT

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Prepared by: INTERDEM Development Management Consulting

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ABBREVIATIONS AND ACRONYMS

CBV	Community Based Volunteer
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CRC	The Convention on the Rights of the Child
DPM	Deputy Prime Minister
eNSF	extended National Strategic Framework
FGD	Focus Group Discussion
FLAS	Family Life Association of Swaziland
GBV	Gender Based Violence
IEC	Information Education Communication
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MOET	Ministry of Education and Training
MOH	Ministry of Health
MOJ	Ministry of Justice
NATICC	The Nhlangano AIDS Training Information and Counselling Centre
NERCHA	National Emergency Response Council on HIV And AIDS
NORAD	Norwegian Agency for Development Cooperation
SADC	Southern African Development Community
SNYC	Swaziland National Youth Council
SWAGAA	Swaziland Action Group Against Abuse
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization
WILSA	Women In Law In Southern Africa

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1.0 EXECUTIVE SUMMARY

This report presents evaluation findings of the project NATICC has been implementing between 2012 and 2016 in the Shiselweni region. The main aim of the NATICC programme has been to curb the prevalence of GBV and child abuse and to offer support to survivors of abuse in Swaziland, specifically in the Shiselweni region. The services NATICC provided include: Education on GBV in schools, churches and communities; Counselling and support for victims of GBV and Capacity building of community institutions on GBV. The Gender Based Violence project design incorporated partners and stakeholders such as DPM's office, Gender department, FLAS, WILSA, SWAGAA, Community Police and Royal Swaziland Police, MOH, MOET, SNYC, Traditional Leaders, Survivors of GBV, children's homes, UN agencies, and NERCHA.

The project objectives were to increase knowledge and awareness of child abuse practices and gender based violence acts and its occurrence among community members and children; to increase access to and demand for services addressing gender based violence and child abuse among residents of Shiselweni; to increase the capacity of staff and partners in providing appropriate and effective services to survivors of gender based violence and child abuse; to influence the proper administration of justice law enforcement authorities and community leadership that are assigned to hear cases 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 primary purpose of this evaluation was to assess the impact of the intervention based on its relevance, effectiveness to the target population, and programme sustainability, as well as lessons learned. All methods used to assess the project towards meeting its set objectives.

Consistent with the principles of this evaluation, the approaches used for data collection were mainly participatory. The focus group discussions method was used in participating communities with women's groups, men's groups, church members, school going children, community based volunteers, community leaders, women victims of gender based violence and some of their companions. The team conducted 12 FDGs with a total of 134 participants. A survey questionnaire was also administered to 225 community members who were randomly selected representing genders, various ages and several community institution memberships. A purposive sample of 5 chiefdoms was selected as research sites. Interviews with 15 key informants in the program were conducted that include NATICC staff; community Based Volunteers, a NATICC clinic, communities and other GBV actors in the region. The evaluation team also reviewed NATICC GBV publications which include monthly and annual reports as well as project, proposals

Evaluation limitations

- **Response bias:** A potential limitation faced by the evaluation team relates to response bias that might have occurred if respondents thought that providing or withholding certain information may lead to various consequences. To overcome this limitation, the evaluation team conducted selected FGDs as females only or

males only to encourage open communication on sensitive topics. Interviewees were also constantly assured and reminded that their responses will remain anonymous. To ensure that interviewees are not intimidated by the presence of NATICC staff, the interviews were conducted exclusively and independently by the evaluation team.

- **Logistical challenges:** In some communities the evaluation visits coincided with national cultural duties performed at community level. Despite these challenges, the evaluation team utilized its time as expeditiously as possible thereby establishing strong rapport and conducting productive discussions with interviewees.
- **Selection bias:** Due to the limitation of time and budget, the sample size (225) was small compared to the actual numbers of people reached by the programme. Consequently, the evaluation findings cannot be generalised to the overall population of the Shiselweni region and the overall people reached by the project. However, the evaluation findings are useful for informing decisions and future programming.

KEY FINDINGS

Quality Of Life for GBV Survivors

NATICC played a key role in providing services to survivors. The service was integrating psychosocial support; ART medical care where necessary and relevant, court preparation, and external referral for further medical care and legal support. The relationship NATICC built with other stakeholders and government ministries enabled them to provide a virtual one-stop centre.

The evaluation team was impressed with the organization, delivery and facilitation of programmes and activities despite very limited human and financial resources and high turnover, which is common in the NGO sector. The team found that most of the services are only reaching a fraction of the target population. Furthermore the evaluation noted that the coordinated community response approach to GBV has an effective multi-disciplinary approach. This system provided the survivors of GBV with more comprehensive and victim friendly services that could not have been possible if there was no well-coordinated referral and linkage system.

Maintaining survivors' confidentiality and the mediatory role NATICC played to help integrate survivors and perpetrators in the community were highlighted by beneficiaries as some of the outstanding services provided by NATICC. Overall, the NATICC programme had a positive effect on survivors the quality of service they received from the organisation. GBV survivors are also empowered with knowledge on their rights and linked to economic empowerment service providers. The key informants' interviews confirmed that services provided by NATICC are greatly appreciated by clients and other stakeholders in the community.

Economic Empowerment

NATICC through the seed funding facility identified 30 women who are their clients and are GBV survivors and trained them for 5 days on business management, project proposal writing, book keeping, financial management and effective communication. Of the 30 trainees, only 20 were successful and were awarded some stipend to start their small scale business. These small businesses are up and running. Furthermore, in view of the current drought, NATICC empowered 30 women from Kaliba chiefdom under Hosea Inkhundla with knowledge and skills on Fresh water fish farming. This training workshop was conducted in partnership with the Ministry of agriculture, held at the Nhlangano Farmers Training Centre.

KNOWLEDGE ON GBV

According to the reviewed documents a total of 13,398 (6.3 percent of the population in the region, 2007 National Census) of women, men and children were reached through community dialogues, church programmes and school programmes on GBV and Information Education and Communication (IEC) material. A total of 283 community leaders were sensitized on GBV issues through the NATICC programme. At the time of the evaluation, NATICC had trained 4639 men and 8759 women from 35 chiefdoms. Traditional authorities and community leaders were also engaged as change agents. One of the traditional leaders reported to have started engaging his community to challenge cultural practices that he believes are oppressive to women and children.

Across most of the questions related to physical abuse close to 90 percent of the participants identified the questions as abuse; on average 87 percent of the respondents identified the questions as emotional abuse. While on Knowledge on sexual abuse, between 72.9 percent and 90.7 percent of the respondents confirmed that the statements given were forms of sexual abuse. The same pattern was also noted during dialogues feedback evaluation. The public tends to only focus on sexual violence when discussing "what is GBV" as opposed to the other types. A substantial number of the respondents 31.1 percent did not view social-economic deprivation as a form of abuse, however, it is still the underlying factor behind most cases of physical, emotional and economic abuse.

Knowledge on Child Rights and Child Abuse

Key informants' and FGDs' feedback indicated that due to GBV awareness campaigns emphasis of decreasing forced and early marriages, the respect for both girls' and women's rights increased greatly in the communities. The communities have learnt about the harmful consequences of early and forced marriage such as difficult and sometimes fatal deliveries among mothers who are children themselves. Communities attributed this increased knowledge to the GBV awareness campaigns' efforts implemented by various organisations, including NATICC. Continued exposure to GBV prevention messages was identified by a large proportion of community members who participated in FGD as a key factor in changing people, knowledge, attitudes and practices over time to move away from harmful practices and other forms of GBV. However, of the people interviewed through the survey only 44 percent reported to have ever attended a community meeting where GBV was discussed and only 29 percent reported that these meetings were organised by NATICC.

The team found that the dominance of prevention activities and messages disseminated focused mainly on various types of violence against women and girls with little to no discussions of violence against men and boys. The other significant gap noted by the evaluation team was addressing the connection between alcohol abuse and GBV. Several community members, NATICC staff and key informants noted the prevalence of this problem as it affects mostly men.

Among the communities visited, awareness rising focused mainly on improving knowledge and understanding regarding specific types of GBV and their harmful consequences. Without encouraging discussion questions, questioning traditional norms associated with masculinity reinforces positive masculine behaviour. Key informants interviewed by the evaluation team believed that emotional abuse is the most common form of GBV but they had limited knowledge about the incidences and prevalence. The community members were asked what in their own views were factors encouraging GBV within their community. The findings reflected that 47 percent pointed to limited knowledge of laws against GBV; 20 percent dependence of victim on the perpetrator; 16 percent persistent negative cultural beliefs on gender and 12 percent limited GBV prevention strategies.

GBV and Child Abuse Reporting

Analysis regarding the cases attended by NATICC over the 4 years (2012-2016 March); 1678 cases were attended. The substantial amount of cases was classified as emotional 58 percent; 15 percent physical, 14 percent economical; 7 percent neglect and 6 percent sexual. Given such a substantial number of cases classified in this category, there was no detail made available to understand these forms of emotional abuse, and the data was not available to the evaluation team. Thus further analysis is strongly recommended as a next step. The Royal Swaziland Police report for 2015 reported an increase of GBV survivors accessing police services (RSP, 2015).The report indicates that they were 387 cases in 2015 compared to a total of 340 in 2014. The national GBV Surveillance System reported 7729 cases of violence in 2015 of which the Shiselweni region contributed 1315 cases (19 percent).

Interview findings revealed that males both men and boys face severe social stigma if they admit to being victims of GBV. According to the survey the participants were asked if in the past 24 months they had ever heard of a woman being beaten by her husband in their community. About 50 percent reported to the affirmative, 31 percent reported to have heard about spousal murder and 29 percent the victim was the wife. Other issues include spousal suicide 28 percent; Rape 35 percent and Child abuse 34 percent. About 25 percent (N=57) personally experienced some form of violence related to gender and only 27 reported to the police, 11 reported to traditional leaders and 19 did nothing. The reasons that were put forward by those who did not take any action include ignorance of reporting mechanisms, fear of stigma, arrangement between families, felt that the violence was insignificant, lack of evidence and feeling that reporting will not help.

Interviews the evaluation team conducted with GBV survivors revealed that they heard about services by talking to neighbours in their community, reading in newspapers, by going

directly to the police or by visiting the Department of Social Welfare. The NATICC data did show increased reporting over the years .This increased reporting could be an indication that GBV outreach messages encourages individuals to report incidences of GBV and to seek help and to break the silence which shows that the project is having a positive impact on the community.

NATICC's Capacity to provide GBV services

The GBV department comprises of 10 staff members and the key offices for effective GBV prevention and the care and support program include the programme manager; prevention field officers, care and support officers, communication and advocacy, and monitoring & evaluation. The team has vast experience in the field of GBV making it a strong team that the community and stakeholders will always want to work with and will always trust. Most of the team members have undergone on-the-job training with little capacity building from the organisation.

However, the evaluation team observed that the staffs in the project and the coverage of the project are not proportional thus compromising the quality and effectiveness, for example, there is only one social worker.

The capacity of key partners in the handling of some of the components of GBV was a cause for concern because they lack the capacity to handle GBV issues. For example the current pre-service training for teachers, nurses and police officers do not encompass GBV as a course such that most of the officers have to learn on the job. One of the key successes NATICC has done was developing protocols and quality control and operational procedures for GBV handling which is aligned with international GBV handling standards. In trying to understand the interaction between the community and NATICC staff, the survey participants were asked to give their view on the attitude of NATICC GBV staff. About 18 percent reported that they were polite and 17 percent reported that they were compassionate. Cross tabulating attendance /interaction with NATICC activities and participant attitude (n=88) 41 percent reported that they were polite and 34 percent reported that they were compassionate and the remainder preferred not to comment.

GBV Coordination and Networking

NATICC played an active role in almost all of the GBV activities in the Shiselweni region and provided support to a significant proportion of the prevention and response effort and contributing to the national interventions. In every conversation the evaluation team had with various GBV actors, from individuals in the field to those in more senior positions, they spoke about NATICC as indispensable.

The joint effort of all GBV actors in the Shiselweni region contributed to increased access to justice for GBV survivors. As highlighted by a NATICC staff member, NATICC has played an important role in the establishment of a case management coordination mechanism. This role was further enhanced by its effort to ensure that GBV referral pathways are known at community level. NATICC has set a standard on case management by mapping out and

networking with all service providers and making this information available through information dissemination throughout the region.

The NATICC GBV programme has been well positioned to support GBV mainstreaming within the education sector and the department of social welfare. In addition to working with the department of social welfare to address the interplay between GBV, child abuse and maintenance, the other strongest link has been between Pasture Valley children's home and the GBV programme. However, the lack of feedback mechanisms between the partners in the virtual one stop centre concept made it difficult to ascertain if cases /survivors were progressing well.

Relevance

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 aged 18-24 years 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. Of all criminal offences reported, 29 percent were cases of sexual offences against women. Therefore the programme has sought to ensure that women and children are free from all forms of GBV and threats of such violence. In order to address this situation, the NATICC GBV programme had two main components which included GBV prevention and the care and support department.

The NATICC GBV programme recognised that despite positive political advocacy policy developments and legal system in Swaziland have gone unenforced. As a result, general violence and violence against women and children continued to take place. The programme recognised that there is limited access to quality services by survivors when they experience any form of GBV; the unequal power relations between men and women as set out by social norms of the Swazi Society; the acceptance of some forms of violence to women and children as normal; Women face barriers in seeking access to justice both at community justice systems and national justice systems. Understanding this concept has been central to NATICC's programme.

Involvement of communities and beneficiaries

In mid-2012, NATICC established a GBV programme after realising the need through their main mandate, HIV care. They, in turn, conducted an informal assessment that was aimed at mapping out the actors and the level of prevention and response activities that were being conducted in the Shiselweni Region. The assessment noted the existence of gaps in the GBV referral pathway, and they also assessed the community members' awareness on where to seek assistance and their general knowledge of GBV. Following the assessment, NATICC selected communities to work with and this was based on resources available and already existing working relationships on previous programmes. NATICC was also conscious about targeting communities where other actors were not working to avoid duplication. The constituencies and communities selected into the project were selected with little contribution from partners and the communities themselves. Throughout the course of the project, for example, NATICC, for each and every training at community level, conducted a

pre- and post-training assessment to evaluate the knowledge change which influenced the direction of the programme directly.

NATICC facilitated the creation of Men's groups /networks (Men as Role models) at the request from the community leadership. In one community, the community developed this group to try and reduce GBV and child abuse incidences. While this strategy appeared to have been adopted in most communities, this is a strategy that has been proven effective in rural communities where police coverage is limited. NATICC reported carrying out interviews with GBV survivors on a more regular basis in 2015 on their experiences accessing services. Although this seems to be a positive initiative, it was too late in the programme to meaningfully influence it.

Effectiveness

Effective methodologies and tools- NATICC's trainings were considered to be the most effective tools to promote prevention of violence and insight behaviour change. The content of its trainings, the methods used to carry out the trainings, and the follow-up activities (community dialogues) all demonstrated effective methodologies. The evaluation team noted some behavioural change among women and girls around issues of independence and the understanding of violence. They also began to change their attitudes about violence in that it is wrong for men to be violent towards women and girls. Furthermore, some of the changes were about becoming better communicators which ultimately brought more peace in families. The strategic involvement of community leaders such as chiefs and other respected members of the community contributed to changes at community level.

Community dialogues- Through interaction with community members who participated in community dialogues, the evaluation team noted that the information received through the dialogues was also passed to other community members, and this has even changed their own attitudes and behaviour. In addition, the existence of the men as role models evidently strengthened awareness raising activities in their communities, and those who have directly benefitted from the programme have strongly encouraged others to visit NATICC and accessed relevant services.

Men appeared to realize the harmful nature of violent behaviours which motivated them to change. Women realized their own value and opportunities that could improve their lives. The evaluation team concludes that even though there were no scientific methods for assessing knowledge change, the messages and the methodologies seemed effective to address GBV. Lack of community based structures that are specifically capacitated to continue with community dialogues and lack of materials to support the dissemination of information will have a negative impact on the diffusion process of the messages.

Sustainability

Ownership and local capacity to continue**-**Although NATICC has encouraged and supported communities to take ownership in advocacy, it is unlikely that communities will continue to meet and conduct advocacy at the same momentum once NATICC departs. In addition the lack of formal linkages between communities and permanent service providers raised

concerns about the effectiveness and sustainability of the advocacy process in the long term.

The GBV support component, even though it was effective, appeared not to be sustainable; unfortunately since most of the activities were solely dependent and driven by NATICC. Currently there is no government structure that provides counselling, family mediation and offenders' re-integration into families. Therefore, the evaluation team conclude that sustainability of most of the project components will not be possible at this point in time.

Lessons Learned

Survivor centred and integrated is key: Placing the survivor at the centre of all activities would have anchored the NATICC GBV program. Being survivor-centred would require effectively putting in place a wide array of data collection by NATICC and the government in order to develop a clear advocacy and networking strategy focused on survivors' specific needs.

Risk assessment for those working on these issues should be done and mitigation strategies put in place. The risks of working on sensitive GBV issues should be assessed in the communities. A mitigation strategy could range from just having a conversation about potential risks to a full-fledged strategy that involves getting the police involved. Any mitigation would be context specific.

Coordination should be survivor centred: Coordination activities should also keep survivors' needs central. NATICC should create opportunities for increased interface between formal government structures and community groups with the main aim as enhancing the GBV response.

The Men as role Models against GBV: There is evidence that "men as role models" groups are well integrated in some communities but less involved in others. These groups played an integral role. It would be useful for programme development to know how these men's groups interacted with women, how teacher and youth groups have changed attitudes towards violence in schools, and whether the activities of these groups benefitted or detracted from the NATICC GBV programme's overall goals.

Recommendations:

- Share the findings with government, especially the Gender Consortium and donors, as advocacy highlighting the remaining gap
- Develop community based structures (advocacy groups) where capacity building should be done. This is important for sustainability and community ownership.
- Introduce GBV survivor referral cards to enhance coordination and feedback, to ensure confidentiality, to ensure safety and security, to avoid duplication and to improve the accuracy of data collection nationwide.
- Conduct dialogues in capacity building on GBV and child rights among youth and children to ensure that they have enough knowledge and life skills as they transition into adulthood.

- Introduce GBV pre- and in-service training to teachers, students, police and nurses
- Breaking down the GBV classification to specific types of GBV
- Case conferencing- Develop structures and systems that will ensure that the GBV actors come together to share resources, information and providing feedback to each other regarding processes and progress on various cases.
- Working with the National Court (Ndabazabantfu) - the National court tends to be left out on capacity building, and they are the ones who handle GBV cases.

Conclusion

NATICC played an effective coordination role by working with the government domestic Violence unit (Police), Department of Social Welfare, and Ministry of Justice (Nhlangano Magistrate court) to enhance coordination of GBV prevention and response efforts. In addition, NATICC realised clear and concrete benefits as a result of informal linkages between its GBV programme and other core-actors, especially Pasture Valley, Baylor's Children's clinic and SWAGAA. However, the second-hand nature of these linkages and the absence of formal planning prevented many players from maximising their synergies which resulted in lack of feedback mechanism among the players, which resulted in loss to follow-up for survivors.

One of NATICC's most important contribution has been increasing the utilisation and knowledge of the referral pathway in the region which some of the people interviewed termed it the "Virtual One Stop Centre". Communities have been supported through trainings and empowered them to carry out their own campaigns. NATICC contributed to GBV case management through its support of psychosocial counselling and GBV survival support (accompanying to court, transport to court, and family mediation). A steady increase in the number of GBV cases being reported to the police, directly or through NATICC, can be largely attributed to NATICC since it has been active in the communities. There has also been an increase in the number of survivors seeking to access counselling services which likewise can be attributed to NATICC.

2.0 INTRODUCTION

Program Description

The Nhlangano AIDS Training Information and Counselling Centre (NATICC) were established in 2002 by the Evangelical Fellowship Church of Swaziland with financial support from the Norwegian Agency for Development Cooperation (NORAD), through Digni and De Frie Evangeliske Foramlinger. Originally, the vision for NATICC was to reduce the impact of HIV/AIDS, but through their work, they recognised the impact and relationship of HIV/AIDS and gender based violence. Through this, they created the gender based violence department. In the department, there are four units that include prevention, care and support, communication and advocacy, and monitoring and evaluation. The NATICC services are mainly concentrated in the Shiselweni region of Swaziland, the main activities provided by the program include:

- Education on GBV in schools, churches and communities
- Counselling and support for survivors of GBV
- Capacity building of community institutions on GBV through communication, advocacy, and lobbying on issues affecting them

NATICC aims at curbing the prevalence of GBV and child abuse in Swaziland, specifically, in the Shiselweni region and, in addition, offer support to survivors of abuse. This was done through awareness campaigns on GBV and child abuse practices in their target communities; 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; influencing the proper administration of justice, law enforcement authorities, and community leadership that are assigned as mediators at community level and; improving the management and coordination of a gender based violence and child abuse project including its planning, implementation, monitoring and evaluation.

The Gender Based Violence project design incorporated a comprehensive multi sector. It has high level networking with local, regional and national partners. The partners and stakeholders involved include the following: DPM's office, Gender department under the DPM office, FLAS, WILSA, SWAGAA, the Community Police and Royal Swaziland Police, MOH, MOET, SNYC, traditional leaders, survivors of GBV, Pasture Valley children's home and NERCHA.

The project objectives are:

1. To increase knowledge and awareness of child abuse practices and gender based violence acts and their occurrences 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

The project addresses the following list of target groups: Women and children will be the primary targets. Men (survivors and perpetrators), and leaders (community institution leadership and churches) will be the secondary target group. Moreover, institutions such as NGOs and law enforcement organisations will be targeted to ensure their participation and collaboration in the project activates.

3.0 EVALUATION RATIONALE AND PURPOSE

The main purpose of the evaluation was to provide NATICC managers and staff with useful information, analysis and recommendations, which will ensure the organization engages in effective planning, programming and implementation. The primary purpose of this evaluation is to assess the impact of the intervention based on its relevance to the target population. This evaluation will also seek to understand the overall effectiveness of the programme and the level of programme sustainability. Moreover, the evaluation team engaged and approached this evaluation as a learning exercise to draw on lessons learned, with the participation of the NATICC staff.

This evaluation assessed the work NATICC carried out with government stakeholders

, including the MOJ, the MOH, the Police (DCS), the Department of Social Welfare, community institutions and other NGOs, in their prevention and response to GBV and the experiences of survivors that received direct support from NATICC and its stakeholders .

As the NATICC GBV project in the Shiselweni Region of Swaziland has been on-going for five years, lessons will be drawn from NATICC's project activities, including an examination of how the activities impacted attitudes, beliefs, and behaviours in participating communities more generally. This evaluation will also draw lessons from the virtual one stop centre the programme undertook with the government, particularly evaluating how these activities have contributed to government actors' ability to prevent and respond to GBV. Efforts were made to understand not only NATICC's overall coordination role in the region but also its internal links with other organisations to effectively enhance GBV prevention and care of survivors.

This evaluation covers the project period between 2012 and 2016. Fieldwork was carried out between 04 February and 4 March 2016 in the Shiselweni Region. NATICC's project team, its organizational partners, and the donors will be the primary users of this evaluation.

4.0 EVALUATION STRATEGIES

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 extent to which the community dialogue strategy was effective in passing knowledge on GBV and child abuse to the communities.
3. To assess the extent to which the project has improved GBV reporting in target communities.
4. To assess the capacity of staff and partners to provide appropriate and effective services of gender based violence and child abuse.
5. To assess the sustainability of the provision of GBV services in the absence of external support or implementing agency.
6. To assess the extent to which the project has influenced the proper administration of justice law enforcement authorities at community level.
7. To provide specific recommendations and lessons learnt that can be utilized in designing future programs.

5.0 EVALUATION APPROACH AND DESIGN

A key aspect of the approach that the evaluator took was to work in a participatory manner with the NATICC GBV Program Manager and with the monitoring and evaluation staff to carry out this evaluation. Given the natural inclination of programme implementers to be cagey of "evaluators," the evaluation team exhilarated NATICC staff to approach the evaluation as a learning exercise. As the project phase is closing, the main goal of the evaluation is to learn as much as possible about the implementation of the project, to inform future programming in other similar contexts, and to ensure a sustainable handover to government and civil society actors.

On the first day of the fieldwork, the lead evaluator held a short meeting with key NATICC GBV staff to gauge expectations and to plan for field visits. Feedback was also sought on the interview guides and survey questionnaires to ensure they were appropriate and relevant to the target population. The guides were also tested and adapted as needed. Both members of the evaluation team were jointly involved in all aspects of the field data gathering. The evaluation team held debriefing meetings at the end of each day.

Consistent with the principles of this evaluation, the approaches used for data collection were mainly participatory. During data collection phase in communities, the consultants at all stages gave the opportunity to beneficiaries and project stakeholders to freely express themselves on activity implementation, achievements and difficulties along the way. The

Consultant also analysed documents produced by NATICC, its partners and NGOs on the theme of Gender Based Violence. The following activities were used to gather the evidence:

a. **Focus group discussions method** was used in rural communities and urban areas with women's groups, men's groups, church members, school going children in schools, community based volunteers, community leaders, women survivors of gender based violence and some of their companions. This method facilitated the analysis of the perceptions and attitudes toward gender based violence and understanding the knowledge and awareness of community and national support systems for supporting gender based violence. Focus groups were organised to include individuals who possessed unified characteristics that might distinguish their responses to interview questions from those of other groups with different characteristics. Key characteristics included sex, age, and exposure to a specific programme intervention. The team conducted 12 FDGs with a total of 134 participants**.**

The evaluation team facilitated the FGDs adopting the evaluation questions presented in Annex 6

b. **Survey Questionnaire:** Survey questionnaire was prepared and administered to community members (Annex 1) who were randomly selected representing gender, age and community institution membership and households was used as the recruitment point. This interview followed a quantitative method. A purposive sample of 5 chiefdoms was selected as research site. These chiefdoms were selected collaboratively with NATICC staff based primarily on the prevalence of GBV programmes being conducted by NATICC.
c. **Interviews with key informants:** Interviews were conducted with the key stakeholders in the program that include NATICC staff; community based volunteers, local clinic staff, community members and leaders. In addition, key knowledgeable persons and local organisations were also consulted concerning GBV in targeted areas. The evaluation team conducted a total of 15 key informant interviews. The key informants were interviewed either on individual basis or in groups to maximise efficiency depending on circumstance, appropriateness and availability. Interviews were semi-structured and based upon the questionnaire presented in Annex 2&3 which are data collection instruments for key informants both community leaders and partners respectively. Furthermore, the interviews combined both closed and open-ended questions. The evaluation team developed a series of sub-questions to compliment the major questions, which allowed for deviations from the established script to pose follow-up questions and explore areas of enquiry. Follow-up interviews were conducted with some of the key informants to enable the team to deepen enquiries particularly as data collection and analysis proceeded.

d. **Literature Analyses:** It focused on general and specific documents produced by NATICC, its partners and NGOs working on gender based violence. The review included the following sources: publications and reports on GBV prevention and proposals, reports, programme's evaluation and indicator data submitted by the field officers.

6.0 EVALUATION LIMITATIONS

- **Response bias:** A potential faced by the evaluation team relates to response bias that might have occurred if respondents thought that providing or withholding certain information may lead to various consequences (e.g. additional funding, continued participation and trainings, decreased funding or support or threats to personal safety). Due to time frame, the evaluators were not able to interview beneficiaries on a one –on one basis, which might have caused confidential bias. This would have been optimal for gathering in-depth perspectives on sensitive topics in a group setting. Such perspectives may not have been fully disclosed by beneficiaries. To overcome this limitation, the evaluation team conducted selected FGDs as females only or males only to encourage open communication on sensitive topics. Interviewees were also constantly assured and reminded that their responses will remain anonymous. Finally it should be noted that NATICC's involvement in the selection and contacting of key informants might have caused biases on interviewees' responses. However, the interviews were conducted exclusively and independently by the evaluation team. The team constantly assured interviewees of anonymity and confidentiality as the foundation for establishing an open, trusting environment for data collection.
- **Logistical challenges:** Logistical circumstances hindered the evaluation team's ability to achieve optimal and balanced exposure to relevant groups which were targeted by the evaluation. In some communities the evaluation visits coincided with national cultural duties performed at community level. Moreover, due to the sensitive nature of the topics covered in the evaluation the time required to establish trust with respondents was quite restricted. Despite these challenges the evaluation team utilized its time expeditiously as possible establishing strong rapport and conducting productive discussions with interviewees.
- **Selection bias:** While the sample selection was reasonable based on established criteria and limitation of time and budget, the sample size was small compared to the actual numbers of people reached by the programme. Consequently, the evaluation findings cannot be generalised to the overall population of the Shiselweni region. This purposeful sample supports the collection of information that will provide readers with in-depth findings about evaluation questions as they relate to specific groups and individuals who took part in the evaluation. The evaluation findings are useful for informing decisions and future programming. Obtaining feedback from a combination of community leaders NATICC staff, community

volunteers, among others would have provided a more balanced account of beneficiary perspective regarding the quality, accessibility and relevance of GBV prevention efforts and services. It is more likely that most of the people engaged in most of these structures are the most educated and informed in comparison to others in their communities. They may be more aware of the GBV prevention services offered by NATICC.

7.0 CONTEXT

Background

Gender-based violence is one of the most widespread violations of human rights that exist, both throughout the SADC region and globally. GBV can include physical, sexual, economic or psychological abuse and shows no discrimination to boundaries of age, race, religion, wealth or geography. It can manifest itself as the universally prevalent forms of domestic and sexual violence and as harmful practices such as female genital mutilation and human killings. Gender Based Violence is defined as all acts perpetuated against either gender which causes or could cause them physical, sexual, psychological, and economic harm including the threat to take such acts or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflict of war (Protocol on the Rights of Women in Africa 2003) (see in-depth study on all forms of violence against women: Report of the Secretary –General)

Globally, it is estimated that one in every three women faces some form of violence during her lifetime (Report of the UN Secretary General, 2008). One in every three women in the world has been beaten, raped, coerced into sex or physically abused in some way, usually by someone she knows (UNFPA, 2000b). According to the World Bank, gender-based violence accounts for more death and ill health among women aged 15 to 44 worldwide than cancer, traffic injuries and malaria combined (Rose, 2001). The experience of violence, or fear that it might take place, disempowers women in their homes, workplaces and communities and limits their ability to participate in and benefit from initiatives for HIV prevention and AIDS mitigation (Southern African AIDS Training Programme, 2001).

GBV has far-reaching consequences, harming families and communities. It not only violates human rights, but also hampers productivity, reduces human capital and undermines economic growth. As a result of GBV, women may suffer poor health, isolation, inability to work, loss of wages, lack of participation in regular activities, and limited ability to care for themselves and their children.

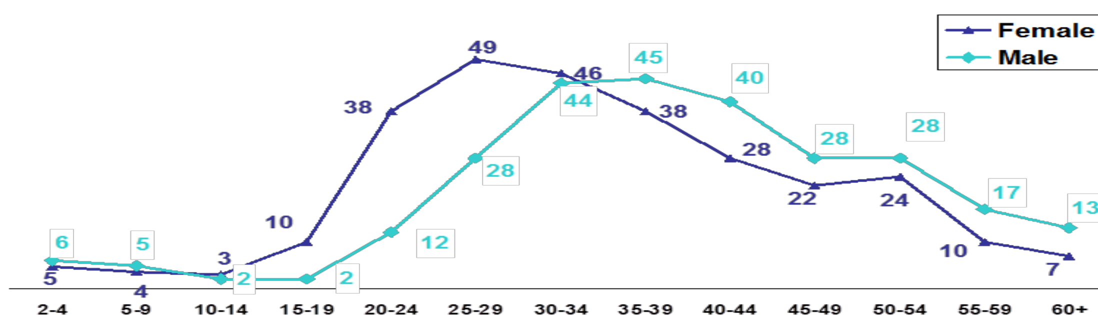
Country profile -Swaziland

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 (eNSF, 2014). 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 MEASURE Demographic and Health Survey 2007). The analysis of the past surveillance shows that the HIV prevalence in the country has increased from 3.9 percent in 1992 to 41.1 percent 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.

Figure 1: HIV prevalence in the different age groups in Swaziland



(Source: Demographic and Health Survey, 2007)

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 aged 18-24 years 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. Shiselweni regional annually, police reports show an increase in reported domestic violence crimes, to 387 cases in 2015 compared to a total of 340 in 2014.(Regional RSP, 2015). Of all criminal offences reported, 29 percent were cases of sexual offences against women. Evidence indicates a link between GBV and vulnerability to HIV infection, particularly among young girls as 9.2 percent of youth reported at first sexual encounter (Youth BCC Baseline Survey Report, 2008).

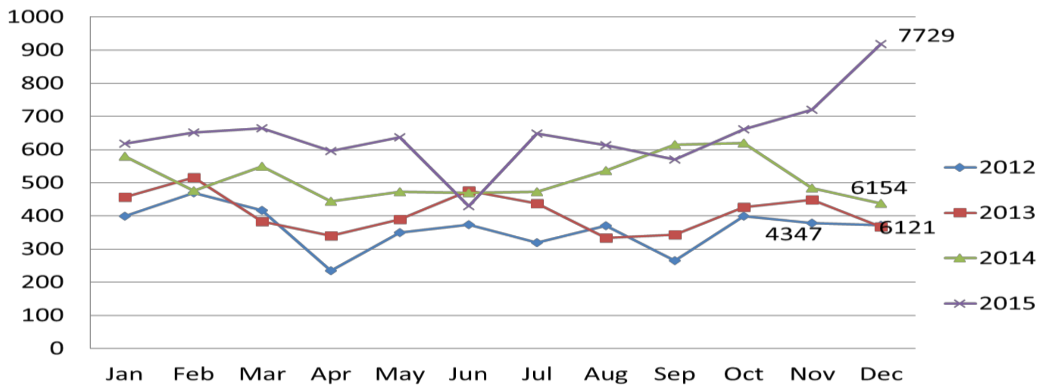
A study conducted in 2006, Gender Based Violence Situational Analysis (Doo Aphane and Phumelele Thwala, June 2006) which analysed the extent of Gender Based Violence (GBV) in Swaziland found that levels of GBV in the Kingdom of just over one million people was "unacceptably high". This led to the development of a 12-month awareness campaign that seeks to involve men in projecting a shared national vision of a Swaziland free from Gender Based Violence. The campaign was officially launched by the Ministry of Justice and Constitutional Affairs on the 13th April 2007 and the country annually commemorate the day of the African child, 16 days of activism among others with the aim of spreading the information on GBV.

The study which employed participatory methods guided by Human Rights and Social Relations approaches found that GBV incidents are escalating at an alarming rate and that urgent action needs to be taken at all levels of Swazi society. The study further corroborates what is asserted in international, regional and continental literature, that women and girls are the most vulnerable groups even though men and boys are also victims of GBV.

In Swaziland, gender based violence is one of the social challenges that affect women and girls disproportionately .The Multiple Indicator Cluster Survey (MICS2010) findings show that among women aged 15 to 49 years, 1 in 5 is beaten by her husband or partner, whilst among men of the same age, 1 in 200 is beaten by his partner. Gender based violence is manifested in all forms whether physical, emotional, verbal, financial and or sexual. A national population-based household study on violence against children (mostly girls) and young women, which was led by SWAGAA revealed an epidemic of sexual assault against girls. The study, which included data from more than 1,200 girls and women aged 13 to 24, found that approximately one in three females experienced sexual violence as a child and more than half of these incidents are not reported to anyone, notably because most of those interviewed said they did not know the violence was wrong.

The National Surveillance System in 2015 captured 7729 cases of violence through routine data which was reported by various agencies involved in GBV. Thirty five percent of the cases was emotional or verbal abuse, followed by 27 percent physical abuse, 18 percent sexual abuse, 11 percent financial and 8 percent was neglect. The graph below shows the trends of GBV for the past 4 years:

Figure 2: GBV Cases Trends 2012-2015



(*Source: Swaziland Summary of Violence Cases captured through The Violence Surveillance System, January-December, 2015*)

Policy Context of GBV in Swaziland

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), 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) The SADC Protocol on Gender and Development.

The Constitution of Swaziland entrenches protection and promotion of human rights of all through the Bill of Rights in chapter 5.

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 that mechanisms to addressing GBV particularly for women and children including people with disabilities remained inadequate and ineffective. This is impounded by the fact that there is a stigma attached to such cases and women tend not to report. Even those who do report are discouraged by the slow criminal justice system.

The objectives of the Gender Policy are:

- 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.

- 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.
- To ensure that gender sensitive laws exist and are reinforced.
- 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 courts. However, a lot still need to be done at community level to raise awareness of the implications of GBV economically, socially, politically and otherwise. It has also 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 percent - 50 percent 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.

Gender based Violence also presents itself as child violence which further cultivate gender based violence Maman, et.al (2000) noted that effective gender based violence programmes should also include addressing violence to children. According to the National Study on Violence against children in Swaziland , an overall 33.3 percent of females reported that they had experienced some form of sexual violence prior to age 18 (UNICEF, 2007). Among 13-17 year-old females, the prevalence of sexual violence prior to age 18 was 28.0 percent and 37.8 percent among those aged 18-24. The prevalence of coerced intercourse prior to age 18 was 9.1 percent and the prevalence of attempted unwanted intercourse prior to age 18 was 18.8 percent. Among females 13-17 years old the prevalence of forced intercourse was 2.3 percent, of coerced intercourse was 5.7 percent and of attempted unwanted intercourse was 16.8 percent. Among females 18-24 the prevalence of forced intercourse prior to age 18 was 7.2 percent, of coerced intercourse prior 19 to age 18 was 12.1 percent, and of attempted unwanted intercourse prior to age 18 was 20.5 percent (UNICEF, 2007).

Overall, and in terms of physical violence, 25.1 percent of females reported that they had experienced some physical violence by an adult prior to age 18. Among 13-17 year old females the prevalence of physical violence by an adult prior to age 18 was 28.1 percent, as compared to22.4 percent among those aged 18-24 years old(UNICEF, 2007).

In Swaziland, 89 percent of children aged 2-14 year experience at least one form of psychological aggression or physical punishment by their caregivers or other household

members. More importantly, 12 percent of children are subjected to severe physical punishment. Male children are more likely to receive physical discipline than female children (68 percent vs. 63 percent) (MICS, 2010). Furthermore, severe physical punishment is more prevalent in rural areas than urban areas (12 percentvs.9 percent)

A study conducted by UNICEF in Swaziland in 2012 re-confirmed that violence against children-especially the girl-child- is still a significant public health and social problem. Approximately one in three females experienced some form of sexual violence as a child; one in four females experienced some form of physical violence as a child; nearly three in ten females experienced emotional abuse as a child.

The study results also showed that nearly 5 percent of females experienced forced intercourse and approximately 9 percent experienced coerced intercourse before they reached the age of 28. The risk of violence is neither a single or contained experience but projects itself well into young-adulthood; among 18-24 year old females, as nearly 2 in 3 had experienced some form of violence in their lifetime. Among these, some were abused repeatedly (UNICEF 2012).

Surprisingly, according to the MICS 2010 report 82 percent of their respondents believe that children should be physically punished. When further disaggregated by region, regional differentials in terms of how parents or guardians view punishment of children were noted. Notable Shiselweni region is among the top three regions that have a higher percentage of caretakers who have positive view about physical discipline 84-86 percent.

8.0 METHODS AND DATA ANALYSIS

This evaluation used a mix of document review, qualitative and quantitative research methods, and data collection with a view to triangulating data from different sources.

Semi-structured individual interviews in person and on Skype:

NATICC Staff:

- GBV Programme Manager
- GBV prevention officer
- GBV Care and Support officer
- Monitoring and Evaluation officer
- 1 former NATICC Care and Support programme managers

Key GBV actors:

- Ministry of Justice (Nhlangano Magistrate Court)
- Swaziland Royal Police (DCS- Nhlangano)
- DPM's Office (Gender Unit)
- Department of Social Welfare (Nhlangano)
- UNFPA
- Pasture Valley Children's Home
- Baylor Children's Clinic (Hlathikhulu)

- survivors and/or family members of survivors
- In-Charge Nurse – NATICC AHF clinic

Focus group discussions

The evaluator made visits to a total of 12 communities in form three constituencies (Gege, Shiselweni 2, and Maseyisini). During these visits, the evaluator interviewed a total of 12 groups, including 3 men's groups, 5 women's groups, three youth groups, one in-school youth group, and one Men as role models group.

At the beginning of each meeting, the evaluator asked each member of the group how the project impacted their lives personally. The evaluator then opened the floor for a more general discussion about the training and whether it helped people to understand prevention and response to GBV. The evaluator also asked questions about the sustainability of the project once NATICC leaves.

Household Survey

The evaluation team conducted interviews with 225 households (the team ensured that both characteristics of beneficiaries was included on the bases of gender and age) to understand their knowledge on GBV and GBV services. This was also used to assess the NATICC program coverage and prevalence of GBV case.

Document Review:

The evaluator also conducted a document review to supplement the above methodological strategies. Project documents helped contextualize evaluation questions. They also helped the evaluator understand challenges, obstacles, and changes in programmes. In addition, the evaluator reviewed media products, including posters and other materials aimed at the target groups. This review allowed the evaluator to pay attention to the messages conveyed. The evaluator also collected relevant quantitative data from the NATICC programs to support and corroborate findings.

Once the data collection phase was complete, the evaluator analysed the qualitative and quantitative data by listing and coding data under each of the evaluation questions and relevance, coordination, effectiveness, and sustainability through the triangulation of information gathered from both the qualitative and quantitative methods.

The evaluator subsequently presented findings to NATICC management and staff on the (Date). The evaluator also incorporated feedback from this presentation into the overall findings, integrating them into the final report.

9.0 FINDINGS

Quality Of Life for GBV Survivors

NATICC's implementation demonstrated note-worthy achievement in terms of progress made towards achieving the objective and transforming the lives of the GBV survivors. The program transformed the social cultural norms, empowering women and girls, and rebuilding families, community structures, and support systems. NATICC played a key role in providing services to survivors (on site).The service was integrating psychosocial support medical care where necessary and relevant, court preparation and referral. The relationship NATICC built with other partners and government ministries that enabled them to provide a virtual one-stop centre.

The team was impressed with the organization, delivery and facilitation of programmes and activities despite very limited human and financial resources and high turnover which is common in the NGO sector. However, this limitation clearly affected the volume, diversity and quality of service provided. The team found that most of the services are only reaching a fraction of the target population. Furthermore, the evaluation noted that the coordinated community response approach to GBV has an effective multi-disciplinary approach. This system provided the survivor with more comprehensive and victim friendly services that could not have been possible if there was no well-coordinated referral and linkage system.

NATICC's approach to GBV conformed to international standards and guidelines to prevent and support GBV survival. The programme included mobilizing communities to establish a system and establishing community based protection activities and mechanism to prevent abuse by conducting routine discussion with community members. The guidelines also recommend supporting community leaders to continuously strengthen prevention strategies by maintaining GBV risk awareness, engaging in problem solving discussion, and supporting community groups to share information about GBV risk and incidences. This was noted to be through informal and formal networks with stakeholders involved in GBV prevention.

The important practice of maintaining survivors' confidentiality which is one of the draw-backs of international GBV guidelines was discussed as a high priority in providing GBV prevention services. NATICC staff, community volunteers and survivors particularly expressed regards for upholding this essential principle.

> *"In our Swazi context some of these GVB issues are treated as a secret for the family so the victim sometimes do not report but due to the trust the community has put in NATTIC they tend to report their cases knowing that it will be kept confidentially and addressed in a respectable manner",* male GBV survivor.

One of the key NATICC services that stood out in the region, which was noted by the survivors, was mediation. Due to the high awareness on GBV issues, most of the cases are

coming out; but because they happened many years ago, they now lack evidence. Regardless, NATICC helps the survivor and play a mediatory role to help integrate survivors and perpetrators in the community.

"*Most of the cases because of the increased knowledge you find that there is no enough evidence for it to stand in the court of law due to late reporting. Then NATICC comes in handy to provide counselling and mediation"*, Police office.

Overall, the NATICC programme had a positive effect on survivors because of the transport cost and quality of service that they received from the organisation. GBV survivors are also empowered with knowledge of their rights and linked to economic empowerment service providers. A female survivor noted the following:

"NATICC *has helped me to realize that I'm also human being and I can live independently .I have also referred some of the GBV survivors in my community to receive services".*

NATICC staff is helping to reduce secondary trauma by accompanying survivors to the hospital and to court, providing on-going counselling and follow-up services. The key informants' interviews confirmed that services provided by NATICC are greatly appreciated by clients and other stakeholders in the community. Anecdotal evidence show that there are high levels of satisfaction in terms of the quality and manner in which services are being provided by NATICC. Beneficiaries also reported that they feel respected and empowered. When specifically requested by survivors or by the courts, the counsellors are available to provide counselling to perpetrators to try to solve problems in the family and prevent further abuse.

"*In some cases the perpetrator is given a suspended sentence which entitles him/or o go back to the household to live together with the survivor. Then NATICC comes in handy in such circumstances when requested by the court to provide counselling to the perpetrator and give regular feedback to the court", Magistrate.*

When further probed to validate the above stated assertion with regard to suspended sentences, other stakeholders confirmed that such a system was not there before NATICC and the court of Nhlangano collaborated to work together. In addition, other courts of law outside the region still do not have such an arrangement. The perpetrator and the survivors are not provided with a platform for counselling and reconciliation. A police officer in the domestic violence unit for the Swaziland Royal Police said to the evaluation team:

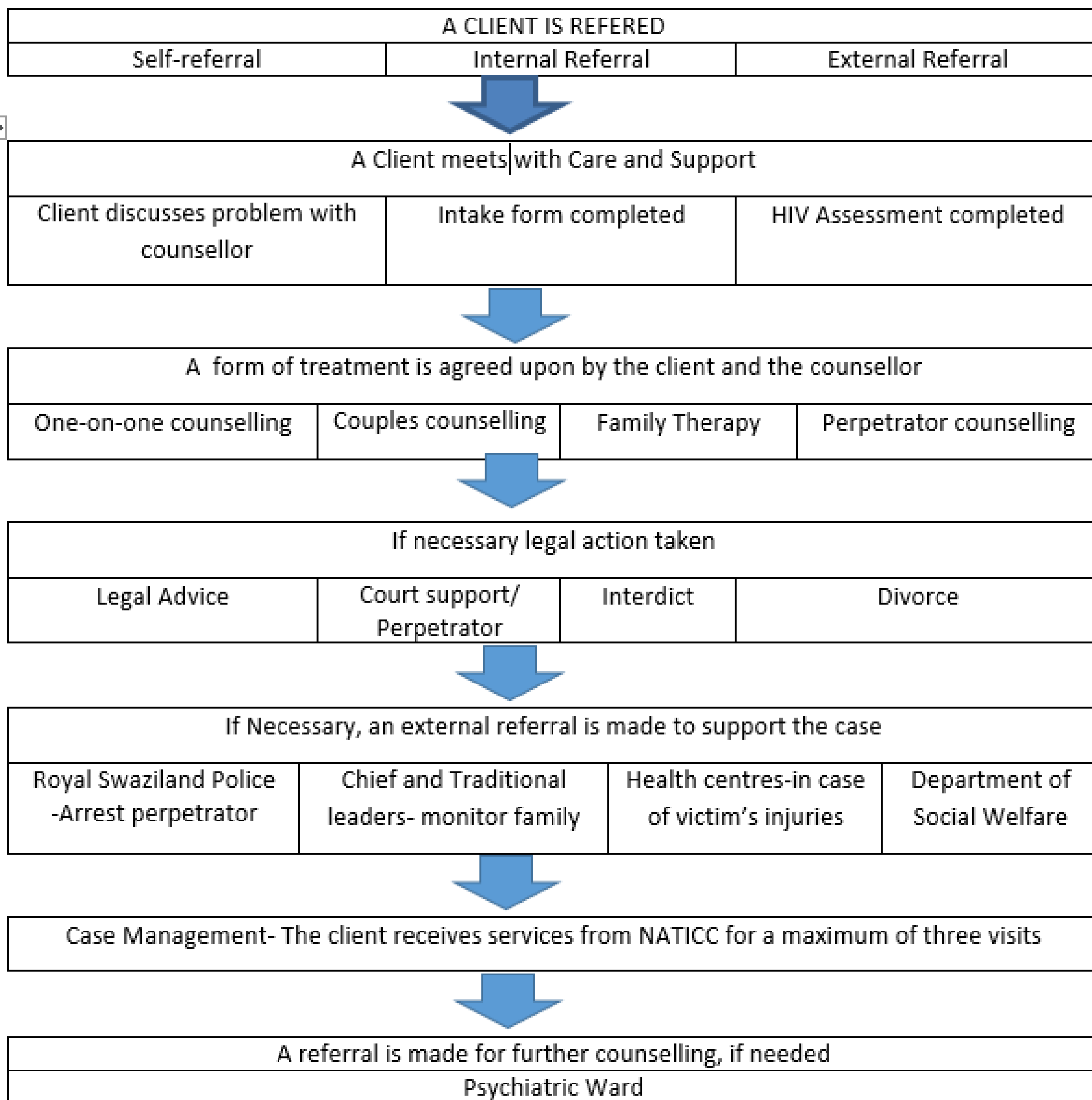
"NATICCC has done so much work to make sure that people know about the referral pathway and that these services are known throughout the region".

The police and social welfare officers also acknowledged NATICC's support with their follow-up efforts. Follow-up in communities to ensure the survivors are well re-integrated has only been possible since NATICC has been around.

"Most people underestimate the importance of doing follow-up. Right now I am able to do it because of NATICC. When I have a case I call NATICC for transport and support the survivor. When NATICC leaves there will be no help in quick reaction and tracing survivors resulting in so many cases lost. When NATICC leaves so many cases will be settled in the family and the situation will reverse", Social Worker.
According to NATICC staff "*we are seeing a tremendous change among the people we have assisted. Talk to these survivors you will see they are survivors not victims anymore"*

NATICC developed an operational manual for GBV which guides and standardizes the handling of GBV survivors as noted by the care and support chart below:

Figure 3: Client Flow Chart



This helps the officers to provide quality services. However the team noted that even though the standard operation procedures are provided, there are still no effective and systematic measures in place to ensure sufficient quality assurance beyond referral outside the NATICC system. Therefore NATICC needs to revise their service provision protocol and quality monitoring mechanisms.

As noted earlier, NATICC and their partners have successfully put in place a virtual one-stop centre; however, issues of capacity and skills remain a challenge with some of the partners such as the police, teachers and health-care workers who currently do not have a dedicated pre-service training curriculum on GBV handling.

Economic Empowerment for GBV Survivors

There is considerable linkage between GBV and poverty. Most women are heavily dependent on their husbands for their support and this makes them prone to abuse by their husbands. NATICC through the seed funding facility identify 30 women who are their clients and are survivors of GBV and trained them for 5 days on business management, project proposal writing, book keeping, financial management and effective communication. The training was held at NATICC and the facilitators were out sourced. The main objective of the training workshop was to empower them with relevant skills and knowledge in order for them to run their small businesses profitably.

These women were asked to develop and submit their proposals to NATICC about the projects that they would like to do. NATICC then invited these aspiring business women for interviews by NATICC Director and Program Manager regarding the nature of their business and its related budget. Of the 30 trainees, only 20 were successful and were awarded some stipend to start their small scale business. Attached are the names of the women awarded with the small grants as well as the monitoring tools.

These small businesses are up and running and these women shall pay back the grant money after 6 months in business. These monthly payments shall begin by the end of April 2016 through the finance department.

In view of the current drought, NATICC decided to empower 30 women from Kaliba chiefdom under Hosea Inkhundla with knowledge and skills on Fresh water fish farming. This training workshop was conducted in partnership with the Ministry of agriculture, held at the Nhlangano Farmers Training Centre.

Knowledge on GBV

One of the objectives of the NATICC programme was to improve gender attitudes and behaviour among men and women in the Shiselweni region. Under this objective, NATICC proposed to conduct dialogues with community leaders, community members, churches and community organised groups. Through these activities, NATICC has successfully mobilised communities to explore and challenge gender norms that perpetuate GBV and to make people aware of survivor support services. Accomplishments towards improving gender based violence and child abuse knowledge through NATICC's effort are many. The NATICC M&E reporting system allowed the team to review progress through the project's reporting documents as well as qualitatively and quantitatively through households interviews. Even though NATICC did not have a baseline at the inception of the project, NATICC later successfully established a baseline (mid-term evaluation) of the situation which provided a mechanism to measure project performance with regard to knowledge, attitude and practice of the targeted groups.

Among the documents that were provided to the consultants including the mid-term evaluation, annual progress reports and quarterly reports, general highlights are provided below:

- A total of 13398 of women, men and children were reached through community dialogues, church programmes and school programmes on GBV and Information Education and Communication (IEC) material.
- A total of 213 community leaders were sensitized on GBV issues through the NATICC programme

At the time of the evaluation, NATICC had trained 4639 men and 8759 women from 35 chiefdoms. During the evaluation the consultants found that most of the participating community leaders had been trained. All the chiefdoms sampled reported that at least 40 percent of their members had been trained.

Part of the objective was to engage traditional authorities and community leaders as change agents. Interviews conducted from Gege Shiselweni 2 Hosea and Maseyisini, for instance confirmed the vital importance and effectiveness of engaging them in the programme. One of the traditional leaders reported to have started engaging his community to challenge cultural practices that he believes are oppressive to women and children. He indicated that he is working with his team to try and ban the traditional practices through community conversations supported by NATICC.

To try and get a non-scientific sense of whether the awareness creation messages have been received by the community the evaluation team with support of 6 research assistants conducted household interviews to 225 people in and around communities where NATICC engaged community members on dialogues. The survey tool is included as an annex 1. As noted, it should be acknowledged that the survey was not administered through a scientifically randomised sampling therefore the results cannot be generalised to the broader community. However, this can only be taken as a suggestive of the real results within the relevant population as a whole. The instruments contained the following modules GBV types; GBV attitudes; and GBV services as well as exposure to NATICC activities. Glaring evidence did show high knowledge on GBV attitudes and access to NATICC services, although these results might have been impacted by the selection bias.

Physical Abuse

Across most of the questions related to physical abuse above 90 percent of the participants identified the questions as abuse .Table 1 below shows the results:

Table 1: Physical abuse

QUESTION	Frequency	percentage
Bodily harm inflicted by man on woman	212	94.2
Bodily harm inflicted by woman on man	208	92
Bodily harm inflicted by parent on girl child	190	84
Bodily harm inflicted by parent on boy child	183	81

This shows a slight increase in knowledge among the study participants with the mid-term evaluation recording between 73 percent and 88 percent on similar questions. Furthermore corporal punishment is still promoted by 15-20 percent of the population.

Emotional Abuse

To determine the study participants' knowledge on emotional abuse several questions were posed to the respondents and the results are shown in table 2 below:

Table 2: Knowledge on emotional abuse

Question	Frequency	percentage
Psychological harm inflicted by man on woman	197	87.6
Psychological harm inflicted by woman on man	195	86.7
Verbal abuse	192	85.3

Sexual Abuse

Knowledge on sexual abuse was also tested among the study respondents and the results are presented in table 3 below. It should be noted that the percentages regarding knowledge of sexual abuse were less than the knowledge percentages for physical abuse. More especially when asking the definition of GBV, people usually note rape or sex in their definitions.

Table 3 Knowledge on sexual abuse

Question	Frequency	percentage
Sexual assault on women and children	204	90.7
Early marriage	164	72.9
Forced marriage	178	79.1
Spousal sexual deprivation	188	84

Socio-Economic deprivation

Table 4: knowledge on socio-economic deprivation

Question	Frequency	percentage
Socio-Economic deprivation of woman by man	155	68.9
Socio-Economic deprivation of man by woman	155	68.9
Child neglect	200	88.9

Although a substantial number of the respondents 31.1 percent did not view social-economic deprivation as a form of abuse, however, it is still the underlying factor behind most cases of physical, emotional and economic abuse.

Knowledge on Child Rights and Child Abuse

Key informants' and FGDs' feedback indicated that due to GBV awareness campaigns emphases of decreasing forced and early marriages , the respect for both girls and women's rights increased greatly in the communities. The communities have learnt about the harmful consequences of early and forced marriage such as difficult and sometimes fatal deliveries among mothers who are children themselves. Communities attributed this increased knowledge to the GBV awareness campaigns efforts implemented by various organisations including NATICC. The evaluation team found that there was a significant amount of mass sensitization on GBV carried out on a constant basis and with high community turnout and participation on a voluntary basis. Continued exposure to GBV prevention messages was identified by a large proportion of community members who participated in FGD as a key factor in changing people, knowledge, attitudes and practices over time to move away from harmful practices and other forms of GBV. However, of the people interviewed through the survey, only 44 percent reported to have ever attended a community meeting where GBV was discussed and only 66 percent(n=99) reported that these meetings were organised by NATICC. This might be as a result of sampling but it is quite inspiring that at least NATICC programmes are able to reach 30 percent of the population(n=225).

It was also reported during the FGDs that this form of knowledge and advocacy outreach is well liked by communities because it relates important messages. While the key informants provided evidence that the participation of men and boys in GBV awareness campaigns is quite consistent the evaluation team realized that there remain some areas of importance in reducing GBV incidences. Key Informants retaliated that some of the NATICC programming related to GBV places less emphasis on engaging men and boys. Among the communities visited, awareness rising focused mainly in improving knowledge and understanding regarding specific types of GBV and their harmful consequences. Without encouraging discussion questions, questioning traditional norms should be associated with masculinity that reinforces positive masculine behaviour. The other significant gap noted by the evaluation team was addressing the connection between alcohol abuse and GBV. Several community members, NATICC staff and key informants noted the prevalence of this problem as it affects mostly men.

However, the team obtained very limited evidence within the NATICC programme of activities that are combating this problem. Even though knowledge on GBV perpetrated to either men or women was quite high, the FDGs pointed an opposite picture especially on GBV towards men and boys. This is likely to be as a result of the view and understanding of gender by most people as feminism and lack of knowledge with respect to the existence of GBV perpetrated against men and boys. The social cultural norms tend to strongly deny the

existence of these issues and consider their discussions taboo. The team found that the dominance of prevention activities and messages disseminated focussed mainly on various types of violence against women and girls with little to no discussions of violence against men and boys. Even though NATICC's M&E captures the genders of the perpetrators, there was no link to ascertain if they do have such messages.

Relating the reporting statistics from the police, they show that there was an increase in cases reported over the years of which the police attributed to the increasing knowledge among community members facilitated by NATICC and its partners. One of the drawbacks noted with NATICC programming was lack of data driven knowledge about GBV. Information on the types and prevalence of GBV is extremely limited as NATICC's main focus categorised GBV into four main thematic areas (physical, emotional, sexual and economic deprivation) not giving specific information that is critical for providing the correct knowledge, which leads to incorrect assumption. Very little information is available on the actual incidences or prevalence of any type of GBV.

Key informants interviewed by the evaluation team believed that emotional abuse is the most common form of GBV but they had limited knowledge about the incidences and prevalence. NATICC maintained statistics on reported GBV cases, and the evaluation team's review of these statistics revealed confusing terminology and lack of analysis of certain critical factors. The community members were asked what their own views were on factors encouraging GBV within their community. The findings are presented in the table below:

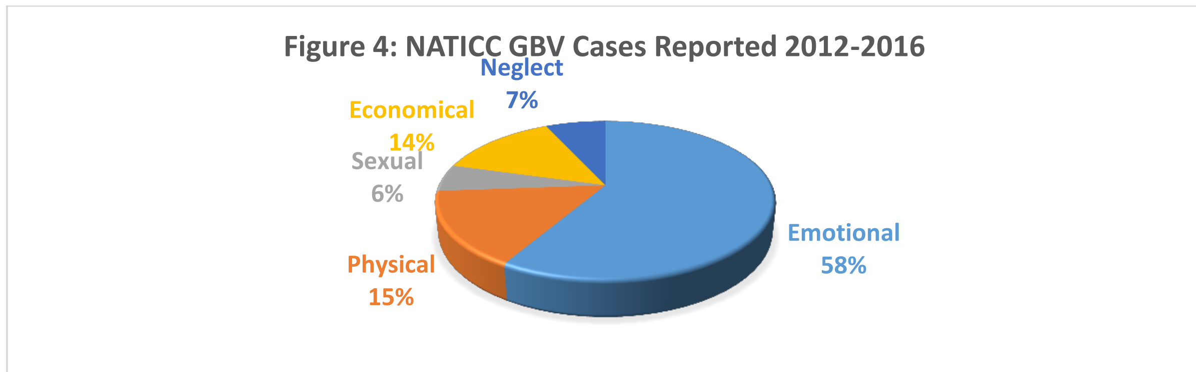
Table 5: Factors encouraging GBV in the community

Factors encouraging GBV in the community	**Frequency**	**percent**
Limited Knowledge of laws against GBV	105	47
Persistent negative cultural beliefs on gender	36	16
Dependence of victim on the perpetrator	46	20
Poor GBV prevention mechanism	28	12
Poor response to GBV Cases	10	4.8

GBV and Child Abuse Reporting

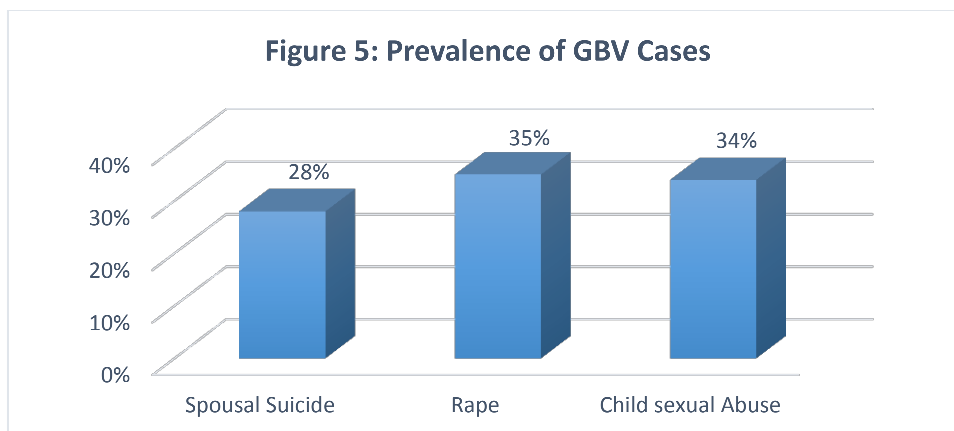
According to the Royal Swaziland Police report for 2015 reported an increase of GBV survivors accessing police services (RSP, 2015).The report indicated that they were 387 cases in 2015 compared to a total of 340 in 2014. Awareness campaigns carried out by NATICC focussed on making sure that all GBV cases should be reported. According to the NATICC database GBV cases reported/handled by NATICC involved emotional, physical, sexual, and economical abuse and neglect, which shows the limited nature as they could have disaggregated their data into more direct GBV actions such as spousal neglect, child neglect, exploitation, verbal abuse, economic violence, domestic violence, assault, child abuse, and child support, child custody child molestation, threatening violence, physical torture, bestiality, deprivation and psychological abuse. Analysis regarding the cases

attended by NATICC over the 4 years (2012-2016 March) regarded 1678 cases as attended. A substantial amount of cases was classified as emotional (945 cases). Given such a substantial number of cases classified in this category there was no detail made available to understand these forms of emotional abuse, and the data was not available to the evaluation team. Thus further analysis is strongly recommended as a next step.



While the quantification of reported cases provides a highlight into the prevalence of GBV and types of GBV being reported within the Shiselweni region, there are several factors to keep in mind. First, some individual may contact the local police station or the local Justice systems for assistance rather than NATICC. For example, neglect cases might have mostly been reported to the department of social welfare. Thus the NATICC specific numbers do not reflect all cases in the community. Secondly, a large proportion of victims of violence do not seek help. According to (UNICEF, 2007) only 22 percent of those who experienced physical violence sought help from services of any kind which shows that many remain silent for various personal ,economic and social concerns(fear of stigma among other reasons).

Finally, interview findings by the evaluation team revealed that males, both men and boys, face severe social stigma if they admit to being survivors of GBV. Thus, it can be safely generalised that the actual numbers of GBV cases is far higher in the Shiselweni region than being reported. According to the survey, the participants were asked if in the past 24 months they ever heard of a woman being beaten by her husband in their community. About 50 percent reported to the affirmative, 31 percent reported to have heard about spousal murder and 29 percent the victim was the wife. Other issues are listed in the graph below:



The study participants were asked if they personally experienced any form of violence related to gender 25 percent (N=57). When asked what action did they take the results are presented in the table below:

Table 6: Action taken after experiencing violence

Action Taken	Frequency
Report to Police	27
Report to local leaders	6
Inform my Parent/Friend	4
Went to Hospital or health centre	1
Told to the Magistrate officer	2
Reported to NGO	1
Did Nothing	19
Other	1

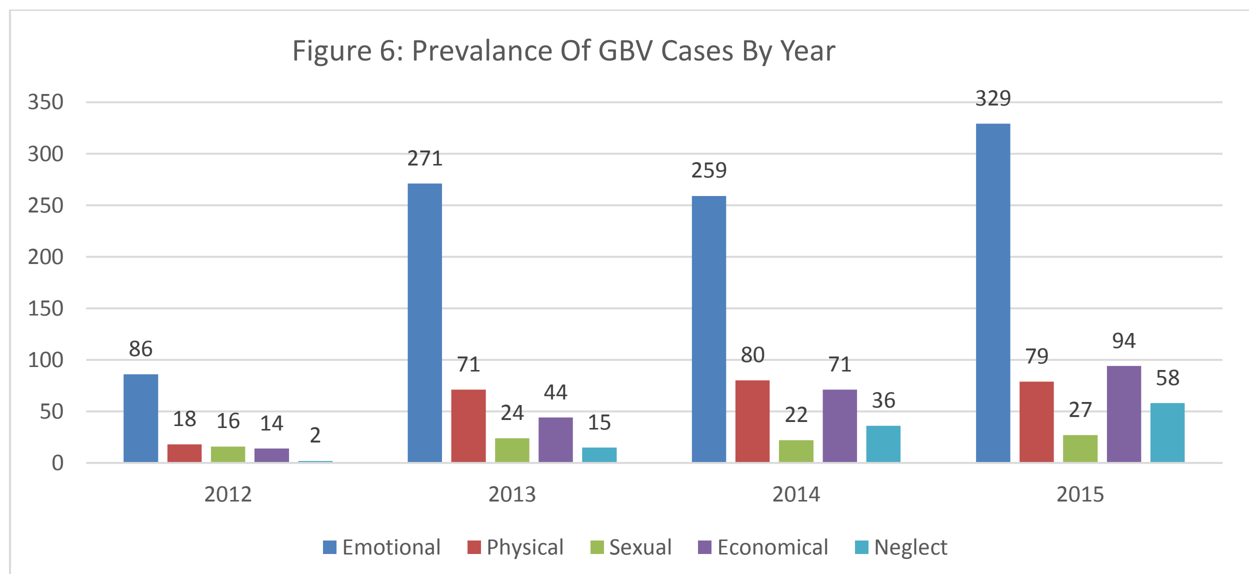
The reasons that were put forward by those who did not take any action include ignorance of reporting mechanisms, fear of stigma, arrangement between families, felt that the violence was insignificant, lack of evidence and feeling that reporting will not help. Interviews the evaluation team conducted with GBV survivors revealed that they heard about services by talking to neighbours in their community, reading in newspapers, by going directly to the police or by visiting the department of Social welfare. Although it is not statistically represented it is interesting to note that none of the interviewees made specific reference to NATICC nor did they mention whether any NATICC activity for initially promoting them to go to the police or hospital in the first place.

However, this does not mean that the NATICC intervention did not play an effective role in information sharing about available service. It is just that they were not mentioning specifically as how they learned about the service. All of the survivors appreciated the support provided by NATICC. They all said they would tell others in the same position to report their case to NATICC based on their satisfaction with the support they received. In

addition, they all said that they will tell someone in a similar position to get in touch with NATICC, although the mechanism (hotline) set up by NATICC seemed not to be working during the time of the evaluation. However, the people are using the cellphone operated by the Care and Support counsellor. Additionally, the network and partnerships NATICC had created played significant role as the police would immediately call NATICC to support a survivor should a survivor arrive at the police station.

The Nhlangano Magistrate believed that communities are becoming increasingly aware that services were available, and therefore have utilised it through direct visits and linking from their courts. In the past, access to GBV services was not available, so as a court, they would refer for psychological counselling and mediation to the Department of Social Welfare who are, by themselves, affected by capacity issues (resources, human resource and skills), of which NATICC have come in to bridge that gap. The prosecutor thus attributed high numbers of survivors accessing service to improved service provision and the fact that the services are now available. She also highlighted the joint effort of all GBV actors in contributing to increased access to services. “NATICC has played a leading role”, she said.

The NATICC data did show increased reporting over the years .This increased reporting could be an indication that GBV outreach Messages encourage individuals to report incidences of GBV and to seek help and break the silence which shows that the project is having a positive impact on the community. However, a further analysis that takes demographics into account is required. A task which was beyond the scope of this evaluation, nonetheless, an important trend has been identified from the data offering a snap shot of NATICC’s work over the years as shown in the graph below:



NATICC'S Capacity to Provide GBV Services

The GBV department of NATICC and their sub-office in Lavumisa (Lavumisa AIDS training Information and Counselling Centre- LATICC).The structure of the department is divided into 4 sub-departments which include GBV prevention; GBV care and Support; Communication and advocacy, Monitoring and Evaluation. The department staff is comprised of one (1) executive director, one(1) Program Manager, one(1) Human Resources officer, one(1) Finance officer office, one (1) Monitoring and Evaluation officer, one (1) Monitoring and Evaluation associate volunteer, one (1) Care and Support Counsellor, one (1) Communications and Advocacy Officer, three (3) prevention field officers, one (1) hygienist, and two (2) security officers making a total of fourteen (14) staff members. The department staffs are expected to work together as a team to ensure the function, effectiveness, and efficiency of the GBV program.

The key offices for effective GBV prevention and care support program include prevention field officers, care and support officers, communication and advocacy and M&E.

Prevention field officers Team-This team works directly with community members, and they are accountable to the program manager. The prevention team is responsible for community outreach. The team facilitates dialogues through the schools program, church program and the community dialogues program. The team sensitizes teachers and students about gender based violence concepts through school assemblies and classroom visits. The team trains religious leaders on how to facilitate GBV concepts within their Sunday church services and how to address GBV cases among their congregants. The community dialogues program facilitates three sequential dialogues per chiefdom in selected inkhundla to community members on GBV concepts.

Care and Support (C&S) Team-This team works directly with GBV survivors and is also accountable to the Program manager. The care and support department specifically works with survivors of gender violence and their families. The team provides the following services; one-on-one counselling, couples counselling, family therapy, home visits, case management, legal advice, court support, court maintenance, revisits, and follow-ups with survivors and perpetrators.

Community and Advocacy (C&A)-The Community and Advocacy team works with local and national level press and media and accountable to program manager, the communication and advocacy department works with the media and press on the local and national levels in marketing the events and works of NATICC. Tasks in this department include, but are not limited to, updating the organization's media websites, updating the official website of the organization, developing news articles for local and national newspapers, perform as guest speaker for local television and radio networks, and provide trainings to media personnel on gender sensitivity in media.

Monitoring and Evaluation (M&E) Team -The M&E team works directly with the department staff and is accountable to program manager. The monitoring and evaluation department collects data from the other departments based on the yearly implementation plan. Each department completes tasks according to their implementation plans and reports their activities and intake forms to the M&E department. The M&E department enters the information into organizational and national level databases to analyse the data. The department also conducts pre-tests and post-test assessments pertaining to the prevention activities and care and support workshops and trainings. The M&E department also conducts evaluations and develops interdepartmental tools per the request of the program manager.

The team has a vast experience in the field of GBV making it a strong team that the community and partners trust and always want to work with. NATICC officers are regarded as friendly approachable and welcoming. They are also regarded as professional people in the manner in which they attend to clients and their expertise and competences are highly regarded by survivors. Most of the team members have undergone on job training with little capacity building from the organisation. In addition, the evaluation team observed that the staff in the project and the coverage of the project are not proportional, thus compromising the quality and effectiveness. Also over the project lifespan, NATICC has been faced with high staff turnover with the head of the care and support unit in office for a period of three months during the evaluation. The evaluation team identified a number of areas in which most of the officers, especially the care and support, do not have the skill which is critical. This includes trauma counselling, child counselling and management of survivors.

The capacity of key partners in handling of some of the components of GBV was a cause for concern because they lack the capacity to handle GBV issues. For example the current pre-service training for teachers, nurses and police officers do not encompass GBV as a course such that most of the officers have to learn on the job. One of the keys successes NATICC has done was developing protocols and quality control and operational procedures for GBV handling which is aligned with international GBV handling standards. However, the evaluation team with extensive experience working with similar projects in the country and in the Southern Africa region agreed that NATICC will strongly benefit from training or exchange learning elsewhere in the world to improve their protocols and ensure that they are operating within a victim centred, safety first approach.

Trying to understand the interaction of the community and NATICC staff, the survey participants were asked to give their view on the attitude of the NATICC GBV staff. About 18 percent reported that they were polite and 17 percent reported that they were compassionate. Cross tabulating attendance /interaction with NATICC activities and participant attitude (n=88) 41 percent reported that they were polite and 34 percent reported that they were compassionate and the remainder preferred not to comment.

GBV Coordination and Networking

NATICC's coordination role in the GBV sector was as a result of its location and the programme which made sure that the GBV activities are aligned to the draft National GBV Strategy. NATICC played an active role in almost all of the GBV activities in the Shiselweni region and provided support to a significant proportion of the prevention and response effort and contributing to the national interventions. In every conversation, the evaluation team had with various GBV actors from individuals in the field to those in more senior positions spoke about NATICC as indispensable. As an example the officials discussed how NATICC made sure that survivors were supported and worked to improve survivors' access to services. In some cases it was because of NATICC's presence in the region that the GBV regional task team meetings took place quarterly.

"*These meetings are very important for everyone to be able to meet and make sure that we are providing support to survivors. I'm not sure what will happen when NATICC leaves as they help to make sure that these meetings take place",* Officer from Gender Unit.

The joint effort of all GBV actors in the Shiselweni region contributed to increased access to justice for GBV survivors.

"*On the issue of support to survivors NATICC has played a leading role .NATICC's approach to survivors have served as a model and we have adopted this approach in our work. This approach has kept both the witness and the survivor motivated to continue coming to court or for counselling",* Magistrate.

As highlighted by NATICC staff member, NATICC has played an important role in the establishment of a case management coordination mechanism. This role was further enhanced by its effort to ensure that GBV referral pathways are known at community level. NATICC has set a standard on case management by mapping out all and networking of all service providers throughout the region and making this information available through information dissemination throughout the region.

The NATICC GBV programme has been well positioned to support GBV mainstreaming within the education sector and the department of social welfare. In addition to working with the department of social welfare to address the interplay between GBV, child abuse and maintenance, the other strongest link has been between Pasture Valley children's home and the GBV programme. However, the lack of feedback mechanisms between the partners in the virtual one stop centre concept made it difficult to ascertain if cases /survivors were progressing well.

"*One of the main challenges that after referring to NATICC there is no mechanism put in place to feedback us on the progress. This is not only their challenge even ourselves receive a case from them we rarely feedback them and most of the players lack the initiative to follow up",* Social worker

Relevance

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 aged 18-24 years 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. Of all criminal offences reported, 29 percent 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". Therefore the programme has sought to ensure that women and children are free from all forms of GBV and threats of such violence as discussed in the country context section above. A number of factors including culture, unequal gender relations, and women's dependency on men economically has contributed to high levels of violence against women and children. And the majority of GBV perpetrators come from the community including husbands, partners, community leaders and relatives.

In order to address this situation NATICC programme had two main components which included GBV prevention and the care and support department.

Prevention Department: Aimed at empowering communities with knowledge and information on GBV

Care and Support: Aimed at responding and providing support to survivors' access to services.

Poor coordination and gaps in service provision resulted in unavailability of services which meant that women and children had limited services necessary to combat GBV. Overall, GBV prevention and response efforts have not been well coordinated, thereby resulting in lack of trust of the systems by survivors. NATICC's response analysis aimed at incorporating holistic GBV programming focussed at individual and community level. One of the survivors who were interviewed by the evaluation team reflected this focus:

> "*They provided me with everything. Transport to hospital, psychosocial counselling and transport to the court.*"

At community level the programme's aim was to rebuild protective structures within families and communities and to help people understand what services are available through awareness raining activities.

> "*Because of NATICC meetings in this community we now know that arranged marriages is Gender Based Violence",* Men Focus Group member

The NATICC programme recognised that despite positive political stance, policy developments and the legal system in Swaziland's laws and policies have gone unenforced. As a result general violence and violence against women and children continued to take place. The programme recognised the following:

1: There is limited access to quality services by survivors when they experience any form of GBV.
2: The unequal power relations between men and women as set out by social norms of the Swazi Society
3: The acceptance of some forms of violence to women and children as normal
4: Women face barriers in seeking access to justice both at community justice systems and national justice systems. Understanding this concept has been central to NATICC's programme.

Involvement of communities and beneficiaries

In mid-2012 NATICC established a GBV programme after realising the need as they do their main mandate which is HIV care. Understanding the crucial link between HIV and GBV gave birth to the GBV programme. NATICC in preparation for requesting funding from Digni and De Frie Evangeliske Foramlinger conducted an informal assessment that was aimed at mapping out the actors and the level of prevention and response activities that were being conducted in the Shiselweni Region. The assessment noted the existence of gaps in GBV referral pathway and they also assessed the community members' awareness on where to seek assistance and the general knowledge on GBV.

Following the assessment NATICC selected communities to work with and this was based on resources available, already existing working relationships on previous programmes. NATICC was also conscious about targeting communities where other actors were also working to avoid duplication. The constituencies communities selected into the project were selected with little contribution from partners and the communities themselves. According to the NATICC GBV programme officer, the communities selected were those experiencing high levels of violence. Even though the communities were selected by NATICC, during the introduction of the project to every community, their leaders were consulted, and the community was latter involved in shaping the programme and its future direction. Throughout the course of the project, for example, NATICC, for each training at community level, conducted a pre- and post-training assessment to evaluate the knowledge change which influenced the direction of the programme indirectly.

NATICC facilitated the creation of Men's groups /networks (Men as Role models) at the request from the community leadership. In one community, the community developed this group to try and reduce GBV and child abuse incidences. A community leader said:

"*We asked that the men in our community to develop a group such that they would be*

organised and be able to protect women and children because there are no police in this community and we know we have to organise our own protection from all forms of violence in this community".

Some members of the men as role models group were once among the most violent members. One man said

"The chief of my village recommended me to be one of the group members because I was violent to my family and the community at large. Ever since I joined I have become peaceful and this has become a big relief to my community"

Other men in the selected communities made similar comments. While this strategy appear to have been adopted in most communities this is a strategy that have proven effective in rural communities where police coverage is limited.

According to NATICC GBV staff who worked directly with GBV survivors, she noted that there are no formal methods of seeking feedback from GBV survivors on regular basis. However, GBV survivors have indirectly influenced the direction of the programme through community participation. In addition, NATICC reported carrying out interviews with GBV survivors on a more regular basis in 2015 on their experiences accessing services. Although this seems to be a positive initiative, it was too late in the programme to meaningfully influence it.

Effectiveness

Effective methodologies and tools- NATICC's trainings were considered the most effective tools to promote prevention of violence and for the purpose of behaviour change. The content of its trainings, the methods used to carry out the trainings and the follow-up activities (community dialogues) all demonstrated effective methodologies.

The training topics were relevant to people's lives and appeared to have contributed to behaviour change. In every community group, the evaluation team interacted with men who applauded the NATICC programme to have changed their lives and their perceptions of GBV.

"We used to argue a lot with my wife which most of the times we end up fighting because of NATICC I don't do it anymore. We now talk instead of fighting and there is more peace at home," a man.

Likewise women were interested in learning about their rights in marriage, rights to property, how to protect their children from abuse, and how to depend on themselves. The

evaluation team noted some behavioural change among women and girls around issues of independence and understanding of violence. They also began to change their attitudes about violence in that it is wrong for men to be violent towards women and girls. Furthermore, some of the changes were about becoming better communicators which ultimately brought more peace in families.

The strategic involvement of community leaders such as chiefs and other respected members of the community contributed to changes at community level. Since community members would follow authority figures. With the leadership involvement women felt that it was easy to bring domestic violence cases forward. The women also felt that the community leaders were fairer in dealing with GBV cases. As apparent result of the training on awareness carried out by NATICC in one community, in Kaliba, the chief imposed a law that with every marriage that happens in his chiefdom, the couple should produce birth certificates. In a way, he was trying reduce early marriages. Women from the same community linked the participation of the chief in GBV prevention to have changed and minimised violence against women in their community.

"Things have really changed because of the support from the chief himself"

Community dialogues- NATICC working with churches, communities and schools conducted GBV awareness dialogues using information education and communication materials to spread GBV prevention in the community and to make communities aware of available GBV services. Through interaction with community members who participated in community dialogues, the evaluation team noted that the information received through the dialogues was also passed to other community members and this has even changed their own attitudes and behaviour. Furthermore, almost all men, women and youth who talked with the evaluation team felt compelled to share information they learned with others. Many admitted that they have believed in the messages they have learnt so much they would try to talk to other community members until they feel the message has gone through.

In addition the existence of the men as role models evidently strengthened awareness raising activities in their communities and those who have directly benefitted from the programme have strongly encouraged others to visit NATICC and accessed relevant services. NATICC also took advantage of the sixteen days of activism and international women's day to carry out awareness events. While these events played a role in getting information out about where and when to access GBV services, it was difficult to assess how effective these services were in increasing knowledge and increasing survivors access to services.

Interviews conducted with survivors by the evaluation team revealed that they heard about the service by talking to neighbour in their community some were linked from the department of social welfare, school, police and health centre. Appreciating the support

they got from NATICC they said they will tell others in the same predicament to visit NATICC for assistance. Because of limited resources, NATICC has played a key role in bridging the gap and lessening the reaction time in addressing GBV cases by the police and the department of social welfare. Different target groups absorbed relevant messages from the trainings and community dialogues.

Men appeared to realize the harmful nature of violent behaviours which motivated them to change. Women realized their own value and opportunities that could improve their lives. The evaluation team concludes that even though there was no scientific methods for assessing knowledge change the messages and the methodologies seemed effective to address GBV. Lack of community based structures that are specifically capacitated to continue with community dialogues and lack of materials to support the dissemination of information will have a negative impact on the diffusion process of the messages.

Sustainability

Ownership and local capacity to continue-Although NATICC has encouraged and supported communities to take ownership in advocacy, it is unlikely that communities will continue to meet and conduct advocacy at the same momentum once NATICC departs. In addition the lack of formal linkages between communities and a permanent service provider raised concerns about the effectiveness and sustainability of the advocacy process in the long term.

Community members when asked the likelihood of sustaining the activities after NATICC's departure most of the people said they will continue to share information that they learned in their families and their communities on a one-on-one basis. While there are some chiefdoms who indicated they will continue carrying out community based awareness raising activities. This appeared to be an exception. However, a majority said they would need to attract outside funding to continue.

The GBV support component, even though it was effective, appeared not to be sustainable; unfortunately since most of the activities were solely dependent and driven by NATICC. Currently there is no government structure that provides counselling, family mediation and offenders' re-integration into family. Therefore, the evaluation team concludes that sustainability of most of the project components will not be possible at this point in time.

10.0 LESSONS LEARNED

Lessons Learned from the evaluation that are relevant to further NATICC GBV programming. This is not an exhaustive list.

1. *Survivor centred and integrated is key:*

Placing the survivor at the centre of all activities would have anchored the NATICC GBV program. Being survivor-centred would require effectively putting in place a wide array of data collection by NATICC and the government in order to develop a clear advocacy and networking strategy focused on survivors' specific needs. Moreover, a survivor-centre approach would specifically mobilize NATICC staff; Community based groups, and government staff members as service providers or ensuring the access to services.

NATICC should therefore focus its interaction with all GBV actors—including its trainings, mentorship activities, and direct support—towards survivors' needs. NATICC should measure all GBV actors' understanding and attitudes towards survivors, and should periodically evaluate the relevance of their activities to addressing survivors' concerns. Such feedback could be gathered through pre- and post-tests, through regular focus group discussions, or by interfacing more regularly with community groups such as the Man as a Model groups/members. Along with educating communities (man and women) about gender roles, the nature of violence, and the referral pathway, NATICC's training should also focus on the health and psychosocial consequences of GBV. The training provided to community leadership structures should enhance their understanding of the shame and stigma that often accompany GBV such as in cases of sexual violence. It should also illuminate the role of community leaders in facilitating GBV survivors' safe reintegration back into their communities.

NATICC should monitor community groups' awareness-raising strategies and provide regular feedback on targets and advocacy messages to ensure accurate and sound messaging. Trainings of community leaders and community groups should also emphasize the importance of adhering to the guiding principles of GBV. Further, NATICC should seek feedback from survivors and their family members through routine data collection. Such feedback could be gathered through interviews and focus groups, by setting up learning days as fora for discussion; and by engaging NATICC field staff who are well acquainted with survivors' needs. This should be shared with all GBV actors during the case conferencing sessions.

2. *Risk assessment for those working on these issues should be done and mitigation strategies put in place.*

The risks of working on sensitive GBV issues should be assessed in the communities. Based on this, mitigation strategies should be discussed between NATICC, community members and government partners. This conversation recognizes their commitment but also the risks

they may be taking to embark on this work, and this is a key aspect of the work. A mitigation strategy could range from just having a conversation about potential risks to a full-fledged strategy that involves getting the police involved. Any mitigation would be context specific.

3. *Coordination should be survivor centred:*

Coordination activities should also keep survivors' needs central. NATICC should create opportunities for increased interface between formal government structures and community groups with the main aim as enhancing the GBV response. This could be done by encouraging police, court officials, social workers to attend community workshops and meetings. Government officials should serve as resource persons in such gatherings. NATICC should also consider encouraging government actors to participate in community awareness-raising activities. NATICC's strategies of involving community leaders in trainings proved successful. NATICC should replicate these strategies and expand on them. For example, NATICC could involve community leaders more prominently in awareness rising and create a feedback loop between the community and the government structures.

The NATICC program could also link up with community policing networks, child rights monitoring networks, and with other established monitoring groups to enhance coordination and collaboration at community level in fighting against GBV.

In future programmes it may be useful to state more clearly the roles and intentions of each of the groups (men, women, youth, and teachers) so that they are working in a complimentary way to support the entire programme's core goals.

4. *The Man as role Models against GBV:*

There is evidence that Man as the role Model groups are well integrated in some communities but less involved in others. These groups played a central role. However, in many others communities these groups are unknown to their communities and some are no longer functioning. It appears that little effort has been made throughout the course of 5 years to document these successes and failures and to learn from them in real time. It would be useful for programme development to know how these men's groups interacted with women, teacher and youth groups have changed attitudes towards violence in schools, and whether the activities of these groups benefitted or detracted from the NATICC GBV programme's overall goals. These questions could be better answered during the course of the programme with GBV management staff taking the lead with NATICC staff organizing focus group and community discussions on a regular basis to gain a better understanding of these impacts. These kinds of interactions should be a regular part of the routine data collection and well documented for institutional learning purposes. There should also be efforts made to test the initial hypotheses throughout the course of the programme to see if initial thinking has shifted and newer more accurate baselines can be drawn up. Safety and security of community members and service providers should also be a part of every future

GBV programme. These include assesses the risks for those working on the issue and having a mitigation strategy to address. Every context will be different.

11.0 CONCLUSIONS AND RECOMMENDATIONS

Conclusion

NATICC GBV programme was designed in a holistic GBV programming focussed at individual, community and regional levels. At individual level the programme sought to provide a model to support GBV survivors. The awareness raising component was aimed at rebuilding protective structures within families and communities. The programme also aimed to improve the understanding of the interlink-age within various actors in GBV with a focus in strengthening GBV linkages and the rule of law. However, as the programme developed the project almost exclusively focussed on prevention and on individual change at community level. At the local level NATICC and its partners focussed on GBV response. While each intervention had its own successful outcomes in practice NATICC and its partners did not put in place necessary linkages that would ensure the entire GBV programme could work together comprehensively by putting the survivors needs at the centre.

NATICC played an effective coordination role by working with Government domestic Violence unit (Police), Department of Social Welfare and Ministry of Justice (Nhlangano Magistrate court) to enhance coordination of GBV prevention and response efforts. In addition NATICC realised clear and concrete benefits as a result of informal linkages between its GBV programme and other core- actors especially Pasture Valley, Bailer's Children's clinic and SWAAGA. However, the second-hand nature of these; linkages and the absence of formal plan prevented both players from maximising their synergies which resulted in lack of feedback mechanism among the players which resulted in loss to follow-up for survivors.

One of NATICC's most important contribution has been increasing the utilisation and knowledge of the referral pathway in the region which some of the people interviewed termed it the "Virtual One Stop Centre". NATICC also supported communities through trainings and empowered them to carry out their own campaigns. NATICC contributed to GBV case management through its support of psycho-social counselling and GBV survival support (accompanying to court; Transport to court and family mediation).NATICC contributed to prevention efforts by raising awareness about the needed to reduce violence. Though difficult to measure community members perceived that there has been a reduction in violence as a result. However, the project did not play a role in providing for short and long-term protection of GBV survivals even though the programme created a linkage with Pasture Valley Children's home this has its own challenges as adult GBV survivals do not qualify in the mandate of the latter.

A steady increase in the number of GBV cases being reported to the police directly or through NATICC can be largely attributed to NATICC since it has been active in the communities. There has also been an increase in number of survivors seeking to access counselling services which likewise can be attributed to NATICC. NATICC and other GBV actors have also helped to strengthen the skills of the police officers in addition a growing number of GBV survivors appear to want that their cases not be prosecuted but mediated of which NATICC was the only player to provide that service. Also the provision of suspended sentence by the courts did not provide for follow-up or re-integration which then became the greatest niche for NATICC which resulted in an increased in the number of survivors supported.

Finally, Government structures appear to lack the capacity to follow-up with the GBV survivors after they had reported their cases. Survivors continue to feel shame and stigmatised when they return to their communities and many survivors face criticism since they live in the very community where the violation occurred. There are no formal structures at community level to ensure survivors have sustained support and protection as they return to their home. This signals a missed opportunity to improve the status of GBV survivors.

RECOMMENDATIONS

1. **Sharing the findings with Government (Gender Consortium)**: NATICC should share the overall findings of the evaluation with Government and donors as an advocacy highlighting the remaining gap. By recognising the gap that NATICC would have left and by making specific suggestions how these gaps could be filled in the short and medium term. The aim is to ensure that GBV stays as the Governments' agenda.
2. **Developing community advocacy**: NATICC or any other organisation who will take over should work towards establishing, community based structures, where they are available capacity building should be done; this would lead in GBV prevention and linkage to government structures. This is important for sustainability and community ownership.
3. **Introduce GBV survivor referral cards:** To enhance coordination and feedback mechanism NATICC and its partners should introduce a referral card to help ensure confidentiality, safety and security, avoid duplication and improve the accuracy of data collection nationwide. The card should also include basic information on the referral pathway. Introduction of the referral card will also help to improve case management coordination for survivors.
4. **Incorporate children and youth**: Conduct dialogues in capacity building on GBV and child rights among youth and children to ensure that they have enough knowledge and life skills as they transition into adulthood.

5. **Introduce GBV pre- and in-service training to teachers, police and nurses**.- Capacity among actors such as police, teachers and nurses on issues of GBV need to be addressed by working with relevant institutions to develop a pre and in-service training on GBV
6. **Breaking down the GBV classification**: The categories currently used by NATICC and its partners are too broad for helping them to understand and influence programme planning. Therefore it is recommended that they break down the classifications to include the following types of GBV among others: spouse battering; rape; attempted rape; incest; early marriage; property grabbing; spouse and family neglect; child neglect; exploitation; verbal abuse; economic violence; assault, child abuse, child support child molestation, threatening violence, physical torture, bestiality, deprivation, psychological abuse, etc.
7. **Case conferencing:** Develop structures and systems that will ensure that the GBV actors come together to share resources, information and providing feedback to each other regarding processes and progress on various cases.
8. **Working with the National Court(Ndabazabantfu) -**Conduct an analysis of how case are allocated in the courts to ensure that the project work with relevant officers in the ministry as the National court tend to be left out on capacity building and they are the most who handle GBV cases.

12.0 ANNEXES

Annex 1: Scheduled Survey Results /Findings

1.0 Respondents' characteristics

1.1: Area of residence

Area of residence	**Percentage**
Urban	11%
Rural	89%

1.2: Age of respondents

Age range in years	>20	21-25	26-30	31-35	35+
Percentage	1.8%	5.7%	10.6%	10%	71%

1.3 Sex of respondents

Sex	**Percentage**
Male	37.3%
Female	62.7%

1.4: Responsibility of respondent in Household

Characteristic /position	**Percentage**
Man Head of the Household	33.8%
Women Head of the Household	48.4%
Child/dependent	16.4%
Orphaned head of household	1.3%

1.5: Marital status of Respondents

Marital status	**Percentage**

Single	27%
Married	51%
Divorced	3%
Widowed	19%

1.6: Education level of Respondents

Education level	**Percentage**
No education	8%
Incomplete primary	19%
Primary level	23%
Vocational	6%
Incomplete secondary	16%
Secondary level	21%
Tertiary	7%

1.7 Size of Household

Number of Household Members	**Percentage**
Between 1 -3	17%
Between 4-6	36%
Above 6	47%

2.0 Knowledge on GBV Acts

2.1 Knowledge on GBV by respondents

Statement	**Percentage correct**
Bodily harm inflicted by man on women	94%
Bodily harm inflicted by women on man	92%

Sexual assault on women and children	91%
Psychological harm inflicted on women by man	88%
Psychological harm inflicted on man by women	87%
Early marriage	73%
All of the above inflicted by parents on Girl child	84%
All of the above inflicted by parent on boy child	81%
Socio-economic deprivation	69%
Child neglect	89%
Spousal sexual deprivation	84%
Verbal Abuse	85%

3.0: GBV prevalence in community

3.1: Perception on existence of GBV in the community – 66%

3.2: Prevalence of Hitting

Very high	34%
High	20%
Low	26%
Very low	19%

3.3: Prevalence of Insult and intimidation

Very high	36%
High	21%
Low	17%
Very low	25%

3.4: Rape or sexual Harassment

Very high	30%
High	6%
Low	18%
Very low	45%

3.5: Early marriage (girls under 18)

Very high	27%
High	3.6%
Low	11.1%
Very low	57%

3.6: GBV survivors /victims

Have you ever had or met a GBV survivor in your community	Yes	54%
	No	46%

3.7: Who was the victim of GBV (n=122)

	Percentage
Man	15%
Girl	27%
Boy	10%
Women	48%

3.8 Prevalence of GBV acts in the past 12 months

GBV Act	Percentage
In the past 12 months have you ever had of a case of hitting of women by her husband	50%

Spousal murder in the last 12months	31%
Spousal Suicide in the last 12 months	28%
Case of rape in the last 12 months	33%

4.0: Personal experience of GBV

4.1: Have you ever been a victim of violence – 25%

4.2: Place where the GBV happened (n=57)

Place	**Percentage**
At home	
In the Street	
At school	

**multiple answers possible*

4.3: Type of Violence experienced

Type of GBV	**Percentage**
Hitting	73%
Insult and intimidation	65%
Sexual Harassment or rape	19%
Early marriage	15%
Forced Marriage	4%

5.0: GBV reporting

5.1: Reaction to the act of Violence (n=57)

	Percentage
Report to police	47%
Local Leaders	10%
Parents / friends/Relative	27%

Report to Ngo	5%
Did nothing	34%

5.2 Reasons for not reporting (n=20)

Reason for not repointing	**Number**
Dependence on perpetrator	13
Ignorance of reporting mechanisms	6
Fear of Stigma	5
Arrangement between families	5
Insignificance of the violence	1
Lack of evidence	3
Feeling that reporting will not change any thing	5

**multiple answers*

5.3 In case of a serious GBV case to who would you report to (n=225)

Reporting to	**Percentage**
Police	65%
Local authority	8%
Ngo representative	4%
Other	23%

**other include church , family ,friends ,school*

5.4: Factors encourage GBV in your community

Factors	**Percentage**
Limited knowledge of laws against GBV	47%
Persistence of negative cultural beliefs on gender	16%
Dependence on perpetrator	20%
Poor GBV prevention	12%

Poor response systems	5%

6.0: GBV attitudes

6.1: It is a husband's right to beat his wife whenever she fails to meet the duties

	Percentage
Strongly agree	7%
Agree	14%
Disagree	36%
Strongly Disagree	37%
Don't want to answer	6%

6.2: The dowry is a source of men domination over women including abuse

	Percentage
Strongly agree	6%
Agree	21%
Disagree	24%
Strongly Disagree	43%
Don't want to answer	6%

6.3: The Husband has the right to sexual intercourse with his partner wherever he needs it

	Percentage
Strongly agree	8%
Agree	27%
Disagree	44%
Strongly Disagree	16%
Don't want to answer	5%

6.4: The wife has the right to sexual intercourse with her partner wherever she needs it

	Percentage
Strongly agree	6%
Agree	20%
Disagree	50%
Strongly Disagree	16%
Don't want to answer	7%

7.0 GBV Awareness

7.1: Have you ever had of the law on prevention and punishment of GBV in Swaziland – 54% (yes) , 46%(No)

7.2: Have you ever attended a community meeting where GBV was discussed - 44% (yes) , 56%,(no)

7.3: Who organised the community meeting (n=99)

Organisation	Percentage
Police	40%
Local authority	15%
NATICC	66%

7.4: Main Sources of GBV information in the community

Source	Percentage
TV	7%
Health Care worker	2%
Community meetings	41%
Radio	36%
News papers	2%
News Letters	1%
Relatives /friends /family /workmate	10%
Church	3%
Peer educators	1%

Annex 2: SURVEY QUESTIONNAIRE

Enumerator's Name…………………………………………………..

Interview Date ………………………………………

Interview starting Time ……………………………………

PART 1 SOCIO-DEMOGRAPHIC CHARACTERISTICS FOF RESPONDENTS

No	Question	Response	Code
Q1	Residence Characteristic	1=Rural 2=Urban	/__/
Q2	Age		/__/
Q2	Sex	1=Female 2=Male	/__/
Q3	Responsibility in the household	1=Man head of HH 2=Women HH 3=Child dependant 4=Orphan HHH	/__/
Q4	Marital status	1=Single 2=Married 3=Divorced 4=Widow/Widower	/__/
Q5	Type of union for those living In couples	1=Legally married 2=Not legally married	/__/
Q6	Relationship with other HH members	1=Biological family 2= Friends of parents 3= Larger family members 4= Constituted HH 5= Other (specify)	/__/
Q7	Education level	1= Incomplete primary school 2= Primary school 3= Vocational 4= Incomplete secondary school 5= Secondary 6= Higher	/__/
Q8	Profession/Occupational Activity	1= Agriculture 2= Livestock 3= Agriculture and livestock 4= Forma trade 5= Informal trade 6= Handcraft 7= Civil servant 8= Employee 9= Other (specify)	/__/
Q9	Size of HH	1=Between 1 and 3 2=Between 4 and 6 3=Above 6	/__/

Q10	Religion	1=Christian 2=Muslim 3=Other (Specify)		/__/

PART II. GBV RELATED QUESTIONS

No	Question	Alternative Answer		
Q12	In your understanding do the following Constitute a case of GBV?	Bodily harm inflicted by man on woman	1=Yes 2=N0 3=Don't Know	
		Bodily harm inflicted by woman on man	1=Yes 2=N0 3=Don't Know	
		Sexual assaults on women and children	1=Yes 2=N0 3=Don't Know	
		Psychological harm inflicted by man on woman	1=Yes 2=N0 3=Don't Know	
		Psychological harm inflicted by woman on man	1=Yes 2=N0 3=Don't Know	
		Early Marriage	1=Yes 2=N0 3=Don't Know	
		Forced Marriage	1=Yes 2=N0 3=Don't Know	
		All the above inflicted by parent on girl child	1=Yes 2=N0 3=Don't Know	
		All the above inflicted by parent on boy child	1=Yes 2=N0 3=Don't Know	
		Socio-economic deprivation of women by men	1=Yes 2=N0 3=Don't Know	
		Socio-economic deprivation of men by women	1=Yes 2=N0 3=Don't Know	
		Child neglect by parent	1=Yes 2=N0 3=Don't Know	
		Spousal sexual deprivation	1=Yes 2=N0 3=Don't Know	
		Verbal abuse	1=Yes 2=N0 3=Don't Know	
Q13	Do you think there is GBV in your Community?	1=Yes 2=No 3= Don't Know		/__/
Q14	If Yes how do you perceive its level?	1= Hitting	1=Very High 2=High 3=Low 4=Very Low5= Don't know	/__/
		2= Insulting and intimidations	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		3=Rape/Sexual Harassment	1=Very High	

			2=High 3=Low 4=Very Low5= Don't know	
		4=Deprivation from resources	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		5=Restrictions/denial of freedom of movement	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		6=Sexual deprivation	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		7=Isolation from friends/ family	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		8=Early marriage (for girls under 18)	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		9=Forced Marriage	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		10=Other Specify	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
Q15	How do you rate the frequency of GBV cases in your community?	1= Hitting	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		2= Insulting and intimidations	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		3=Rape/Sexual Harassment	1=Very High 2=High	

			3=Low 4=Very Low5= Don't know	
		4=Deprivation from resources	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		5=Restrictions/denial of freedom of movement	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		6=Sexual deprivation	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		7=Isolation from friends/ family	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		8=Early marriage (for girls under 18)	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		9=Forced Marriage	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
		10=Other Specify	1=Very High 2=High 3=Low 4=Very Low5= Don't know	
Q16	Have you ever heard or met a GBV Victim in your community?	1= Yes 2= No		
Q17	If yes, who was he/she?	1=A woman 2= A man 3 =A girl 4=A boy		
Q18	Of which type of GBV was he/she a victim? (*tick multiple choices if is the case*)	1=Hitting 2=Insulting and Intimidation 3=Rape /Sexual harassment 4=Deprivation form resources 5=Restrictions/ denial of freedom of movement 6=Sexual deprivation 7=Isolation from friends/family members 8=Early Marriage (for girls under 18)		

		9=Forced marriage 10=Other Specify	
Q19	In the last 24 months , have you ever heard of a woman beaten by her husband?	1=Yes 2=No	/__/
Q20	Have you ever heard of a case of spouse murder in your district in the last 12 months?	1=Yes 2=No	/__/
Q21	If yes, who was the victim?	1= The wife 2= The husband	/__/
Q22	In the last 24 months have you ever heard of a case of spousal poisoning in your community?	1= Yes 2= No	/__/
Q23	If yes, who was the victim?	1= The husband 2= The wife	/__/
Q24	Have you ever heard of a case of spousal suicide in your region?	1= Yes 2= No	/__/
Q25	If yes, who was the victim?	1= The wife 2= The husband	/__/
Q26	Have you ever heard of cases of rape in your region in the last 12 months?	1= Yes 2= No	/__/
Q27	Have you ever heard of cases of child sexual abuse in your community in the last 12 months?	1= Yes 2=No	/__/
Q28	Have you ever been a victim of a violence related to gender?	1= Yes 2= No	/__/
Q29	If yes, where did this happen?	1= At home 2= On the street 3= At school 4= At the workplace 5= At the hospital/health centre 6= Elsewhere (specify)	/__/
Q30	If yes, which type of violence have you experienced? (*tick multiple choices if is the case)*	1= Hitting 2= Insult and intimidations 3= Rape/sexual harassment 4= Deprivation from resources. 5= Restrictions/denial of freedom of movement 6= Sexual deprivation 7= Isolation from friends/family members 8= Early marriage (for girls under 18) 9= Forced marriage 10= Other (specify)	
Q31	If you have ever been a victim of GBV, who was the perpetrator?	1= My husband/partner 2= My wife/partner 3= My parent 4= My neighbour 5= My teacher 6= A local authority 7= A policeman/woman 8= An unknown person	/__/
Q32	How did you react to the	1= I denounced it to the police station	

	act of violence you suffered from?	2= I told it to the local leaders 3= I informed my parents/friends 4= I went to hospital/health centre 5= I forwarded the case to the Ombudsman office 6= I told it to the MAJ officer 7= I reported it NGO 8= Did nothing 9= Other (specify)	/__/
Q33	What services have you given following your denunciation?	1= I received health care 2= I received social support 3= I received legal aid 4= Counselling 5= I was rehabilitated by local authorities 6= Other (specify)	/__/
Q34	If you denounced the case to one of the above institutions/people, what was the result of your denunciation?	1= The perpetrator was punished 2= Families went through a mediation process 3= Nothing 4= Don't know	/__/
Q35	If you did not denounce, what are the reasons for your silence?	1= Dependence on the perpetrator 2= Ignorance of reporting/denunciation mechanisms 3= Fear of stigma 4= arrangement between families 5= Insignificance of the case of violence 6= Lack of evidence 7= Feeling that denunciation will change nothing 8= Other (specify)	/__/
Q36	In case of a serious GBV case, to who would you report?	1= My friends 2= My parents 3= My children 4= the police 5= MAJ 6= The office of the Ombudsman 7= Local administrative authorities 8= NGO representatives 9= Church leaders 10= Nobody 11= someone else (specify)	/__/
Q37	In practise, do you think that men and women have equal right to land property and use?	1= yes 2= No	/__/
Q38	Do you know any people in any household who experienced land related conflicts in the last 12 months?	1= Yes 2= No	/__/
Q39	If yes, whose rights over land were abused?	1= Women 2= Men 3= Male children 4= Female children	/__/
Q40	If yes, what were the major causes of these conflicts?	1= Conflict between children of different mothers 2= Willingness to segregate female heirs 3= Resistance to gender equality principle	

		4= Ignorance of laws 5=Unbalanced share of property 6= Other (specify)	/__/
Q41	In your views, what are the factors that encourage GBV in your community?	1= Limited knowledge of law against GBV 2= Persistence of negative cultural beliefs on gender 3= Dependence by the victim on the perpetrator 4= Poor GBV prevention mechanisms 5= Poor responses to GBV cases 6= Other (specify)	/__/
Q42	To what extent do you agree with the following statements?		
Q42a	It is a husband's right to beat his wife whenever she fails to meet her duties?	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= Don't want to answer	/__/
Q42b	It is commonly accepted that women get back home as soon as she has finished her daily activities even if it is too late	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= Don't want to answer	/__/
Q42c	It is commonly accepted that men get back home as soon as he has finished his daily activities even if it is too late	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= Don't want to answer	/__/
Q42d	The dowry is a source of men's domination over women, including abuse	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= Don't want to answer	/__/
Q42e	The husband has a right to sexual intercourse with his partner whenever he needs it	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= Don't want to answer	/__/
Q42f	The wife has a right to sexual intercourse with her partner whenever she needs it	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= Don't want to answer	/__/
Q42g	It is normal for mature boys to have friends, including among girls	1= Strongly agree 2= Agree 3= Disagree 4= Strongly disagree 5= Don't want to answer	/__/
Q42h	Is is normal for mature girls to have friends, Including boys	1=Strongly agree 2=Agree 3=Disagree 4=strongly disagree 5= Don't want to answer	/__/
Q43	To what extent do you agree with the following with Regard to the division of labour among females and males in Swaziland?	1=Strongly agree 2=Agree 3=Disagree 4=strongly disagree 5= Don't want to answer	/__/
Q43a	Collecting water is mainly the responsibility of	1=Strongly agree 2=Agree 3=Disagree	/__/

	females	4=strongly disagree 5= Don't want to answer	
Q43b	Cooking is exclusively female's responsibility	1=Strongly agree 2=Agree 3=Disagree 4=strongly disagree 5= Don't want to answer	/__/
Q43c	Physical force demanding activities are mainly males duty	1=Strongly agree 2=Agree 3=Disagree 4=strongly disagree 5= Don't want to answer	/__/
Q44	Who takes decisions in the following circumstances?	1=Husband 2=Wife 3=Both 4=Parents with children	/__/
Q44a	Selling agriculture products	1=Husband 2=Wife 3=Both 4=Parents with children	/__/
Q44b	Spending the money gained	1=Husband 2=Wife 3=Both 4=Parents with children	/__/
Q44c	Investing	1=Husband 2=Wife 3=Both 4=Parents with children	/__/
Q44d	Donating gifts to friends and/or family members	1=Male children 2=Female Children 3=Both	/__/
Q44e	When there is no enough means to support education for children, who is given priority?	1=Male children 2=Female Children 3=Both	/__/
Q45	In your own view, what are the consequences of GBV?	1=Death 2=Loss of body parts 3=Sexually transmitted infections including HIV 4=Trauma and other psychological problems 5=Unwanted pregnancies 6=Unsafe abortions 7=Family conflict 8=Other (specify)	/__/
Q46	Have you ever heard of the law on the prevention and punishment of GBV in Swaziland?	1= Yes 2=No	/__/
Q47	Have you ever attended a community meeting where GBV was discussed?	1=Yes 2= No	/__/
Q48	If yes, who organized the meeting?	1=Local Authorities 2 =Police 3= NATICC 4=SWAGAA 5=DSW 6 =Others (specify)	/__/
Q49	Do you know any community based structure that works on the prevention of GBV in your area?	1=Yes 2=No	/__/
Q50	What do you think should be done in order to reduce GBV in your community? (List 3 important measures)	……………………………………………………………………………………… …………………………………………………………………………….. ……………………………………………………………………….	/__/

SECTION III: EXISTING GBV SERVICES

Q51	What facilities/organizations/options exist for helping survivors of gender bases violence in this region?					
	CIRCLE ONE OR MORE		**Yes**	**No**		
		Police	1	2		
		Relatives	1	2		
		Hospital	1	2		
		Place of worship	1	2		
		Hotline	1	2		
		Survivor service centre	1	2		
		Community leaders	1	2		
		Support group	1	2		
		Court	1	2		
		Other specify	1	2		
Q52	From what sources can you learn about GBV services Please tell me all that you can remember **CIRCLE ONE OR MORE**		Yes	No		
		a)TV	1	2		
		b)Radio	1	2		
		c)Newspapers	1	2		
		d)Newsletter	1	2		
		e)Relatives	1	2		
		f)Friends	1	2		
		g)Workmates	1	2		
		h)Church/place of worship	1	2		
		i)Peer educators	1	2		
		j)community meeting organised by NATICC	1	2		
		) Other (specify)				
Q53	In the community where you live, are you aware of any existence of community support networks that address GBV?	1=Yes 2=No				
Q54	If yes how do the community networks address GBV?	1=Support through counselling 2= Engage in technical/ livelihood advice 3=Rotational savings support 4=Other----------------------specify				
Q55	Have you received any information on GBV in the past 3 months?	1=yes 2=No 3=I don't know				

Q56	What is your ***main*** source of information on GBV prevention?	1=TV 2=Radio 3=Newspapers 4=Newsletters 5=Relatives 6=Friends 7=Workmates 8=Church or place of worship 9=Peer Educators 10=Health workers at the Clinic 11=Billboards 12=Leaflets 13=Community meetings 14 Other Specify		
	SECTION IV: EXPOSURE TO NATTIC GBV PROJECT			
Q57	Have you heard of the GBV prevention project supported by NATICC	1= yes 2= No		
Q58	If yes what specific services do the NATICC-GBV projects provide?	1=STOP –GBV centre 2=Legal Advice 3=Prevention and advocacy 4=other		
Q59	What is the project doing in your community?	1=Provide GBV survivor services 2=Provide legal services 3=Provide prevention and awareness 4=Direct Income support 5=Indirect income support 6=Other specify		
Q60	Does the NATICC-GBV Project provide information on GV and early marriages?	1=Yes 2=No		
Q61	Have you ever participated in any of their activities?	1=Yes 2=No		
Q62	Do you think this project is beneficial to your community?	1=Yes 2=No 3= Not sure		
Q63	Which way is it most beneficial? Single response only	1=Provides information on GBV 2=Supports GBV survivors 3=Provides shelter/safe house 66= Other specify		
Q64	Why do you think it is not beneficial?	1=Information is not appropriate 2=Services too far away 3=Fearful of confidentiality issues 4=Services do not lead to prosecution 5= Does not address all post-incident needs		
Q65	Generally, what is the attitude of NATICC-GVB Staff?	1=polite 2=compassionate 3=indifferent 99=don’t know		
Q66	Are you aware that the project can refer survivors	1=Yes		

	of violence to shelters and safe houses?	2=No 99= Not sure		
Q67	Do the NATICC GBV projects involve local communities in their activities?	1=yes 2=No 99=Not sure		
Q68	How are the communities involved?			

Thank the participant for his/her time and check if all questions are completed

Annex 3: GBV Interview Guide for Key Informants

Community Leaders / Community Based Volunteers

Objective of the project:

- To sensitize 30 community leaders for Shiselweni

Introductions

- NATTIC has been working in your community for four years on gender based violence. To assist themselves 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 NATTIC work as follows:

Knowledge:

1. Please state in your own words your understanding of gender based violence and child abuse , and list the forms of GBV.
2. In the last 12 months have you ever witnessed any form of GBV in this community

Capacity Building:

3. Have you attended any of the NATTIC 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 that you need to hear the 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 influenced your role as a member of the Inner Council?
8. Have there been opportunities for you to apply what you learnt from the NATTIC training programmes as a member of the Inner Council?
9. Describe a case that you have handled after the training (if not why).
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 to which you normally refer to?)
13. When a case has been completed are there any follow ups with the persons concerned?
14. How has NATTIC assisted you in improving your work?

Recommendations

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

Annex 4: GBV Interview Guide for Key Informants

Partners / Collaborators

Introductions

- NATTIC has been working in the Shiselweni region in different communities for the last four 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 NATTIC 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 NATTIC [MOU / gentleman's agreement]
    - What are the services provided to your organisation by NATICC
    - Capacity building - trainings, workshops, facilitation,
    - Are there any areas of collaboration on resource mobilization
    - What are the services that you provide to NATICC clients?

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 NATTIC 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]
    - How do you think the achieved results especially the positive changes generated in the lives of the GBV Survivors can be sustained?
    - What can you describe as the internal and external factors that have contributed to the achievements /failures of the project.

4. *Recommendations*
    - What would be your recommendations on NATTIC's GBV work.

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

ANNEX 5: 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 in reference to 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 di 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 four 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?
6. Has working with the Ministry of health (facilities), community leadership has help in providing the services.
7. 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 of successes. What are some of the problems or issues with volunteers that you have experienced if any? Do you have some solutions?

Care & Support Services

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 organisation? 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 method issues that you would benefit from obtaining in the future?

Prevention Services

1. What kind of services is provided in the GBV prevention unit?

2. How are services provided? Please describe

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

- What are the target population

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. Are there any intended beneficiaries or other segments of the population who are excluded from the project benefits?

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

ANNEX 6: 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 changed 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?

Ask question 9& 10 SHG members only

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?