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AIDSTAR-One | CASE STUDY SERIES

February 2012

Swaziland Action Group Against Abuse

Addressing Gender-based Violence within the Context of HIV



Swaziland Action Group Against Abuse logo.

SWAGAA

Some 60 men are gathered in the Kagogo (Grandmother) Centre, a space created for children orphaned due to HIV but also used for local meetings, in a small community in Swaziland's northern Hhohho District. Men and teenage boys, most in western clothes and a few in traditional attire, are sitting together on wooden benches and plastic chairs. They listen to a woman whose business attire marks her as a city dweller. She uses familiar images to introduce charged topics—sex, violence, and HIV. Later, the youth are dismissed as the conversation turns to topics that fathers do not want their unmarried sons to hear about.

"It is not like the old days when you could treat a woman like one of your prize cows—you can't just poke her and say 'let's go,'" says the woman. She is an education officer with the Swaziland Action Group Against Abuse (SWAGAA),¹ and she intends to challenge prevailing norms about gender roles and sexuality. As she talks, she sensitizes the men to notions about women's rights to sex that is consensual as well as respectful of needs that may be different than men's.

Within a few minutes, the men are rapt with attention. Many are nodding and want to talk. Everyone laughs when one man likens a woman to a car that needs to be warmed up before you can drive it. An older man, dressed in traditional Swazi dress, says that each of his four wives has different needs. The men talk about how to best satisfy a woman and how to deal with male-sensitive issues, such as

¹ Funded by the U.S. President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development, among other donors.

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This publication was produced by the AIDS Support and Technical Assistance Resources (AIDSTAR-One) Project, Sector I, Task Order I.
USAID Contract # GHH-I-00-07-00059-00, funded January 31, 2008.

Disclaimer: The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

difficulty achieving an erection. The discussion also touches on the need for condoms—generally not used in stable partnerships in Swaziland—and the relationship between HIV and forced sex.

As the conversation unfolds, there is evidence both of men’s increasing understanding of women’s rights, as well as of significant remaining challenges to shift gender norms that prioritize male dominance. In later discussion, everyone agreed that getting men to openly discuss their sexual relationships in a staunchly patriarchal society is a significant accomplishment of the male dialogues, but the road to achieving gender equality between men and women is a long one.

Background

A small, land-locked country of only 17,200 square kilometers (World Atlas 2010)² and approximately 1.2 million people (United Nations Department for Economic and Social Affairs 2009), the Kingdom of Swaziland has the world’s highest rates of HIV infection. Twenty-six percent of adults 15 to 49 years of age are HIV-positive, with women representing 59 percent of those infected. Swaziland is ranked as a lower middle income country; however, 40 percent of the wealth is controlled by only 10 percent of the population, and 69 percent of the population lives below the poverty line (United Nations Country Team 2009).

Entrenched gender inequality is cited as a major contributor to the country’s HIV prevalence rate (National Emergency Response Council on HIV and AIDS [NERCHA] 2010; U.S. Agency for International Development [USAID] Swaziland 2010). In turn, both HIV prevalence and gender inequality are obstacles to poverty reduction and national

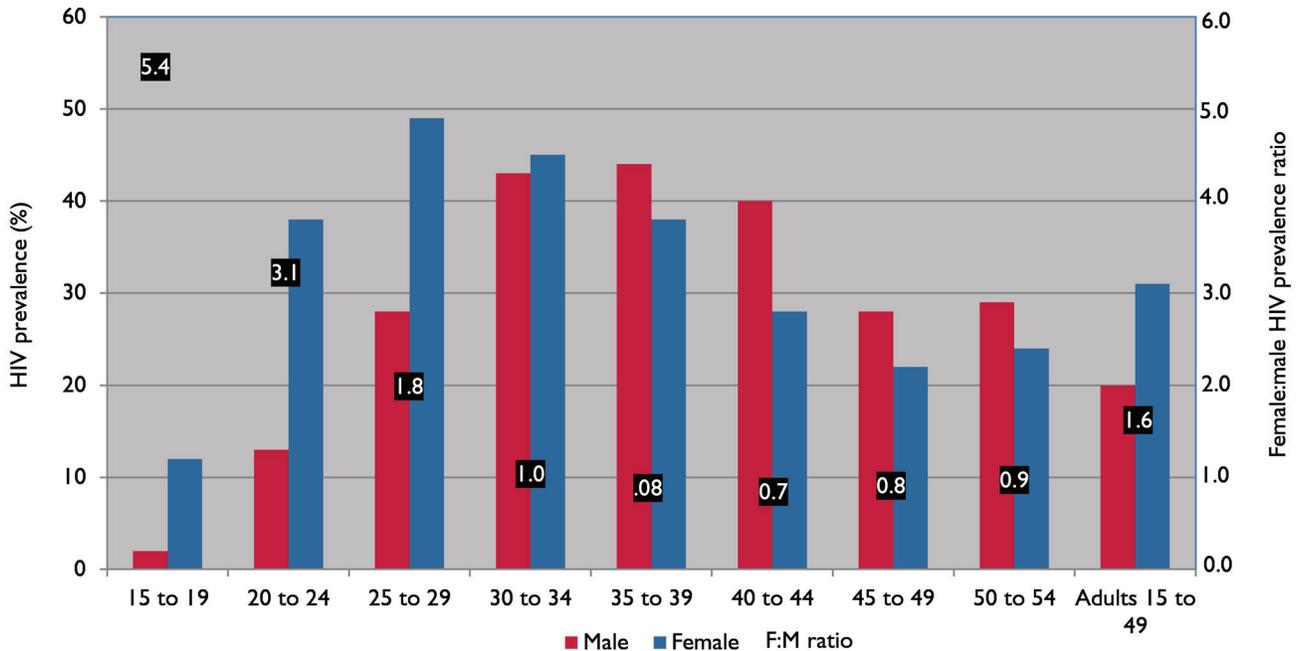
development. Women are disproportionately affected by HIV, representing 59 percent of those infected. These rates include 12 percent of all women aged 15 to 19, 38 percent of women aged 20 to 24, and almost half (49 percent) of women aged 25 to 29 (Central Statistics Office and MEASURE Demographic and Health Survey 2007). Figure 1 shows HIV prevalence disaggregated by sex and age, with male and female ratios (NERCHA n.d.).

There is no routine screening for gender-based violence (GBV) by health providers in Swaziland to provide statistical data relating to the incidence or prevalence of GBV. However, a national population-based household study on violence against children (mostly girls) and young women, for which SWAGAA was a key stakeholder in implementing, 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. In addition to sexual violence, 1 in 4 reported that they experienced physical violence and 3 in 10 were emotionally abused as a child (United Nations Children’s Fund [UNICEF] 2007). Further results of the study demonstrated significantly increased risks for health-related issues for girls who experienced sexual abuse before age 18, including depression, suicidal thoughts and attempts, unwanted and complicated pregnancies, sexually transmitted infections, sleep disorders, and smoking and alcohol use (Reza et al. 2009).

Human trafficking brings together issues of human rights, GBV, and HIV transmission. Swaziland is a source, destination, and transit country for women, girls, and boys who are trafficked to or from neighboring countries of Mozambique and

² This is slightly larger than Connecticut in the United States and is similar in size to Kuwait and Fiji.

Figure 1: HIV Prevalence by Sex and Age Group, and Female to Male Prevalence Ratios in Swaziland, 2007



Sources: Central Statistics Office and MEASURE Demographic and Health Survey 2007; recreated from NERCHA n.d.

South Africa (U.S. Department of State 2010). Pressure from the U.S. Government was a factor in increasing efforts by the Swazi Government to address trafficking, and in 2010 U.S.\$100,000 was made available to SWAGAA for anti-trafficking activities.

Policy Environment

Swaziland is Africa’s only remaining absolute monarchy, with a king who is popular but more known for his extravagance and traditional polygamy than for his social policy and development. Swaziland has been slow to put in place concrete policies that effectively address the gender dimensions of the HIV epidemic. As an example, in 2001, King Mswati III supported a ban on premarital sex for girls and young women and reintroduced the traditional “chastity vow” and

umcwasho, wearing of headgear and tassels that signify a virgin, as a major strategy for combating HIV. While supported by some as an effective use of traditional beliefs and customs, others maintain that this strategy placed the responsibility for controlling the epidemic on women and girls and reinforced the prevailing perception that women and girls are the “vectors” of HIV.

Swaziland is a signatory to the Convention on the Elimination of all Forms of Discrimination Against Women, the Convention on the Rights of the Child, the Millennium Development Goals, the Southern Africa Development Community Gender Protocol, and several other international human rights treaties that promote gender equality. A new constitution, adopted in 2005,³ provides for equal rights of

³ Swaziland had been without a constitution since 1973, when King Sobhuza II abolished the constitution adopted at independence as unworkable for Swazis.

women and men but maintains the dual system of legislation that recognizes both traditional and civil law. Marriage, child custody, property rights, and inheritance laws remain largely covered by traditional law and custom, which strongly reflect patriarchal norms and practices.

The Deputy Prime Minister's Office houses both the Gender and Family Unit and the National Child Coordination Unit. These units were placed within the Deputy Prime Minister's Office to raise the profile of human rights and gender equality at a national level. Gender focal points were appointed in every ministry as a way of mobilizing and coordinating anticipated programs and initiatives. Problems yet to be resolved include the cumbersome infrastructure of the Deputy Prime Minister's Office, which slows processes and efficiency, and the practice of appointing low-level individuals with limited authority and decision-making abilities as gender focal points.

Among the recent positive developments is the 2010 National Gender Policy, which has been 13 years in the making. The new policy is expected to guide the attainment of the gender equality provided by the constitution. Gender mainstreaming is officially encouraged by the government in national strategic documents.

Yet it has taken more than 10 years of work by gender equality advocates to finally get a Sexual Offences and Domestic Violence Bill approved by Parliament. The bill, approved in October 2011, currently awaits senate ratification. The original version of the bill was criticized as being too progressive and generated heated discussions about Swazi "culture versus gender equality." The final bill is a compromise, with some contentious issues given attention, although not as strongly as advocates would hope for.

Program Description

SWAGAA's organizational mission centers on eradicating GBV and promoting human rights for all Swazi citizens. Strategies for achieving this vision include advocacy, services, and activities to improve GBV policy, prevent violence, and provide care, support, and access to justice to survivors of GBV. SWAGAA is the only organization in Swaziland whose primary work is to address GBV, and both government and civil society call on the organization frequently for technical assistance, expertise, and assistance to survivors. When stories of shocking abuse, such as the rape of infants and children, reach the media, there is an expectation that SWAGAA will speak out as the country's conscience.

SWAGAA was founded and registered in 1990 as a volunteer-operated, grassroots NGO to provide counseling services to survivors of family violence and sexual abuse. Today, the organization has 22 staff positions (although some are vacant) and several full-time volunteer positions, a headquarters in Manzini, Swaziland's largest urban area, and five satellite counseling sites, including one in each of Swaziland's four regions where field volunteers are utilized for outreach. As a way of maximizing limited capacity, SWAGAA maintains a presence in 24 communities, selected based on a number of criteria, including high rates of GBV as reported to SWAGAA. A toll-free phone line has operated since 2000. A new children's counseling space at the headquarters' office site was recently developed and completed.

SWAGAA has been addressing the linkages between the HIV epidemic and GBV for almost a decade, and it integrates education and counseling on HIV throughout its programs and services. SWAGAA does not provide shelter but refers

“There is always an assumption that when a [horrifying] case of abuse is reported in the paper that SWAGAA will always say something. If we don’t, someone will write in to the paper and say, ‘Why is SWAGAA quiet?’”

–SWAGAA staff member

survivors to three independently run shelters for women and children that generally allow a six-month stay while providing services to help women gain economic independence.⁴ One of SWAGAA’s successes is the role it has played in raising national consciousness about GBV and human rights, particularly notable within the context of entrenched patriarchal power structures. It is common to hear that “SWAGAA is a household name,” that “SWAGAA” is synonymous with “GBV” and “children’s rights,” and that, because of SWAGAA, parents no longer have the right to beat their children, even in small communities outside the NGO’s targeted areas.

SWAGAA is funded by a variety of donor sources, although not by the Swaziland Government, even though government institutions refer GBV survivors to SWAGAA. Donors include private individual and corporate donations, local and international foundations, Canadian Crossroads International, the European Union, Irish Aid, United Nations agencies, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID, and

⁴ These are currently undocumented; however, the Deputy Prime Minister’s Office is working on a mapping exercise to better identify existing resources.

others. However, SWAGAA has never had a single large donor provide sustained core support, and the NGO’s sustainability often (and presently) appears precarious. Most Swazis, including those working for other NGOs, government agencies, and donors, say that SWAGAA is part of the “fabric of Swaziland” and feel assured the organization will never be allowed to “go under” for lack of finances. Yet for SWAGAA staff, there is constant worry about being able to make ends meet.

While SWAGAA was founded to provide services to female survivors of GBV, new programs and activities that expand the reach of the organization were developed in response to needs expressed by community members during baseline studies and community assessments—an approach the organization consistently uses to identify needs and gaps in services. Community assessments, for example, led SWAGAA to integrate HIV within all of its programs. This integration was based on stories that women told about GBV and HIV, and predated the current attention by donors and other agencies. Assessments also pointed to the strong need for an increasing emphasis on engaging men and boys, preventing GBV, developing a referral network to increase the capacity to meet survivors’ needs, and implementing a more strategic



A small reception area for clients awaiting services.

SWAGAA

response to GBV. An asset of SWAGAA's approach has been its engagement with traditional leaders and power structures at the community level to garner support for programs, typically a first step for working in a targeted area. Ongoing programs include the following.

Lihlombe Lekukhalela (LL; “A Shoulder to Cry On”): This is a child protection initiative created by the Government of Swaziland and UNICEF that several organizations, including SWAGAA, have adopted. SWAGAA oversees the LLs in 15 of its 24 target communities. Local volunteer “child protectors” are provided training on how to identify children experiencing sexual, emotional, or physical abuse; support children and families; and provide needed referrals to advocacy, legal, and medical services. “Child protectors,” who are both male and female community volunteers, visit homes to develop rapport with families and spot behaviors that might indicate abuse. They are also known in the community as “go-to” adults for children in need. When children are identified who have been abused, or who are orphaned and made vulnerable by the impact of HIV, they are provided opportunities to talk with a volunteer (given a “shoulder to cry on”) and referred to police, legal, and medical services, and other appropriate providers. In addition, the LLs sponsor community dialogues on GBV and HIV awareness and prevention, and training to build the capacity of local traditional structures to respond to child abuse.

Education for prevention: Education programs are central to SWAGAA's approach. These include school sensitizations,⁵ girls' empowerment clubs, the LL initiative, the male engagement initiative, and awareness campaigns. In 2009 and 2010, more than 20,000 women, men, and children were reached by these education programs through messages about GBV and HIV

⁵ The term “sensitization” is used to refer to awareness raising activities, including short trainings or briefings.

prevention, human rights, trafficking in persons, and the role of GBV as a driver in the HIV epidemic. Other interventions, often implemented in collaboration with other agencies, have included training for police, prosecutors, health providers, government agencies, and NGOs.

School sensitizations: These peer-based programs have been used to increase awareness of abuse and promote HIV prevention through abstinence. In SWAGAA's 24 target communities, three students per school are trained as peer educators, along with a teacher peer supporter, in a two-and-a-half-day workshop. Male and female peer educators in turn train groups of 25 students, until every student in the school has received training.

The male involvement initiative: This program, with the theme “Men for Change,” was launched in 2006 in response to a community assessment that returned feedback that men and boys must be engaged if SWAGAA is to be effective in achieving its goals. Canadian Crossroads International supported the training, which included a study tour to Canada for the initiative's first coordinator. The project is introduced to communities by engaging the chief, the chief's inner council, and other influential males who are part of the traditional community power structure, with activities following once the men understand the project (see Box 1).

Facilitators have been trained in all 24 SWAGAA target communities. They organize men's dialogues as opportunities for men to come together to discuss topics relating to gender norms. The project's focus is to engage men as partners in ending GBV. In 2009 and 2010, a total of 1,053 men were reached.

SWAGAA has been experimenting with bringing unmarried boys and young men into the male

dialogues. While there is traditional reluctance to discuss intimate details of sexuality in their presence, SWAGAA hopes to reach the younger generations to instill values of gender equality. One way of doing this while keeping with traditional practices is to have the boys join the first part of the session where the discussion is kept more general.

Other activities of the male involvement initiative have included a Father’s Day campaign event, bringing 2,000 men together in one place, and a “Man of the Year” competition in collaboration with the national newspaper to recognize a man who displays attributes such as respecting his female partner’s rights to be an equal in decision making and never using violence of any kind.

Girls’ empowerment clubs: These clubs, adapted for Swaziland from the Zimbabwe-based Girl Child Network, promote school-based weekly gatherings where girls can discuss topics of importance to them, including sexuality, abuse, and HIV, while building confidence, assertiveness, and leadership capacity. A female teacher is recruited and trained to serve as volunteer club coordinator at each school. She helps club members set their own agenda and determine activities within the parameters of the key issues.

BOX 1: INTRODUCING MALE INVOLVEMENT TO COMMUNITIES

1. Provide sensitization on GBV at a regional chief’s meeting.
2. Address the local chief’s inner council, the *bandlancane*.
3. Select two men from the local community to become volunteer facilitators.
4. Provide technical knowledge and leadership skills to facilitators in a three-day workshop using materials from the Sonke Gender Justice Network in South Africa, internationally known for engaging men and boys in GBV and HIV prevention.



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One of the male dialogue participants.

BOX 2: ESCAPING THE CYCLE OF ABUSE

One of SWAGAA's many stories of success includes counseling a woman who came to discuss what she believed were false accusations by her daughter that she was being raped by her father, the client's husband. Counseling services helped the woman move from denial to acceptance, and helped her identify a way to create a microenterprise business to support her household—her need for financial support was a primary reason she was afraid of reporting the abuse to the police. Recently, the client was ill and tested positive for HIV. SWAGAA arranged for her to have help with her business so that she can continue to make a living.

—SWAGAA counselor

Counseling: SWAGAA provides face-to-face individual and group counseling in six locations and phone counseling through the national toll-free line. In addition, SWAGAA provides psychosocial support counseling, for GBV as well as other issues, for male, female, and juvenile inmates within the government's correctional facilities.

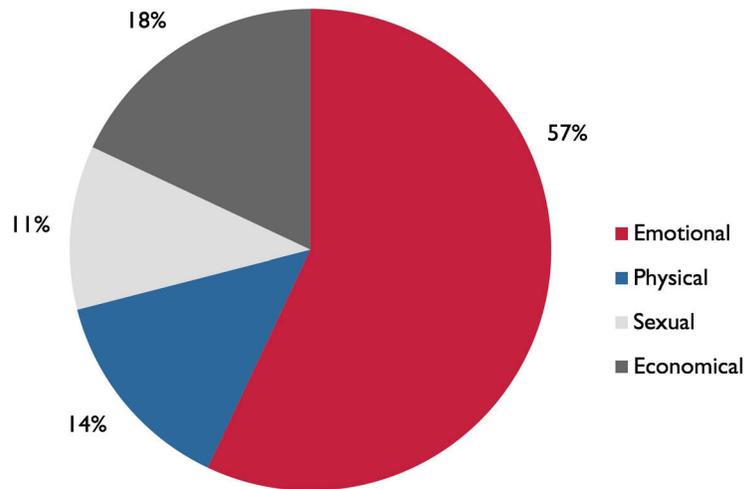
SWAGAA's staff includes both male and female counselors who work with clients of the same and opposite sex. Counselors are trained through an annual two-week in-house program and receive on-the-job training by accompanying a seasoned counselor. Additional in-service training, both in-house and external to SWAGAA, supplements staff expertise. Within its current Strategic Framework 2010–2013, the organization emphasizes the provision of comprehensive support services to survivors. The role of counseling is to provide a safe space and to support and empower clients, help them to prevent further abuse, and describe possible strategies to achieve economic security (see Box 2).

In fiscal year 2009/2010, a total of 1,753 clients received face-to-face counseling services in all six locations. Quality counseling is maintained by limiting the number of clients per counselor. Figure 2 provides a breakdown of the types of abuse reported by these clients. While the majority of women and men report experiencing emotional abuse, for the 22 percent of clients who were children, more report sexual abuse than any other form of abuse, and almost all were female.

The intake process for clients who receive face-to-face counseling includes asking if they know their HIV status, although clients are not pressured for disclosure. Clients who do not know their status are encouraged to go for HIV testing and counseling services. All clients receive some counseling on HIV by SWAGAA, including referral to partner support groups for those who are HIV-positive and counseling on prevention strategies for those who are HIV-negative or do not know their status. Of 1,606 clients who were asked about their status, 214 (13 percent) were HIV-positive, 447 (28 percent) were negative, 688 (43 percent) did not want to disclose their status, and 257 (16 percent) did not know their status.

For survivors of sexual assault who reported the assault within 72 hours, SWAGAA follows the initial counseling with a referral to the Family Life Association of Swaziland (FLAS) for emergency contraception and post-exposure prophylaxis (PEP). FLAS, an International Planned Parenthood Federation affiliate, is a provider of comprehensive sexual and reproductive health services that integrates family planning and HIV

Figure 2. Types of Abuse Reported by Counseling Clients, Fiscal Year 2010 (N = 1,753)



Source: recreated from SWAGAA 2010, 11.

services for adults and youth. In turn, FLAS clients are told about SWAGAA and offered a referral to SWAGAA when abuse is revealed.

SWAGAA has been instrumental in strengthening the health sector’s response (clinics and hospitals) to rape by incorporating providers into the referral network and by supporting the development of a national training manual for clinical management of sexual violence cases. While there is a national protocol for the provision of PEP, the awareness and capacity of health facilities to provide PEP across the country are still limited. In 2007, 432 people were provided PEP at the 22 health facilities that were equipped at that time to provide PEP services.

SWAGAA is part of the national PEP technical working group, led by the Ministry of Health, which recently trained personnel from 47 health facilities on the collection of DNA evidence and administration of PEP, and reviewed data collection tools to ensure effective monitoring of the PEP program. These facilities were slated to receive

DNA kits by the end of October 2011, in line with the Ministry’s objective to increase uptake of PEP services.

Case management: Individuals and families with complex needs are provided case management services (203 clients were served in the 2009/2010 fiscal year, an increase from 175 the previous year). This entails identifying a survivor’s short- to long-term needs and providing mechanisms to meet those needs, such as emergency food, shelter, clothing, and medical attention, including access to PEP for HIV prevention, and follow-up; survivors also have access to protection and legal aid. This care may involve referral to other service providers; for example, SWAGAA does not provide shelter but works with independently run shelters. SWAGAA also finds housing for orphans and vulnerable children, and helps women to develop opportunities for income generation. There are no shelter facilities specifically for survivors of trafficking in Swaziland.

SWAGAA convenes a network of organizations working on related issues on a regular basis.

BOX 3: PLANNING SUSTAINABLE SERVICES

Case management is costly and challenging to do well, given the lack of adequate resources. Going forward, SWAGAA believes that a strategic response to complex survivor needs will include defining a comprehensive, multi-sectoral package of services, defining protocols and monitoring processes, and developing tools and guidelines to support service delivery. Key to successful delivery will be a strong partner referral network and an effective national coordinating mechanism for GBV.

–SWAGAA Executive Director

The network developed a referral directory (2010) and will be creating guidelines and tools to formalize and improve the entire referral process as a next step.

SWAGAA is considering strategies to ensure sustainable management of clients' needs given financial constraints (see Box 3).

Self-help groups: Community self-help groups are a SWAGAA strategy to reach rural women at the community level with strategies to prevent violence and increase economic security. SWAGAA provides training and organizational support to help women organize income-generating cooperatives that build savings and loan associations for members. SWAGAA uses the groups for dialogues about issues that include GBV and HIV, and encourages the development of informal support groups among women. Women from one self-help group said that the presence of their group in the community has helped to reduce the incidence of GBV.

Legal services for access to justice: The legal unit provides women with GBV-specific legal needs including legal counseling and information, assistance and representation for peace-binding orders, interdictions, divorce, custody, property rights, and restraining orders, among others. To maximize limited resources, SWAGAA creates



Diane Gardsbane

Self-help group stripping and cutting sisal to make salve marketed throughout Swaziland.

relationships with independent attorneys who agree to provide services at a greatly reduced, fixed fee. SWAGAA's lawyer will draft papers and liaise with the client to facilitate the private attorneys' work and keep costs down. Currently, three outside attorneys accept cases from SWAGAA.

The legal unit also provides court preparation for children, women, and sometimes men to help them understand the judicial process and how to present themselves in court.

SWAGAA is developing a Court Watch Program. As part of this program, SWAGAA staff have been given permission to sit in court to observe courtroom attitudes and behavior, with the goal of making recommendations for improvements toward recognition of survivors' rights, gender equity in the courtroom, and adherence to legal standards relating to GBV cases.

Communications and advocacy: Advocacy is a cornerstone of SWAGAA's work. The organization was centrally involved in advocating for the Sexual Offences and Domestic Violence Act, the People Trafficking and People Smuggling (Prohibition) Act of 2009, as well as numerous other initiatives to reform laws and policies relating to domestic violence and child protection. SWAGAA plays a convening role with partners, calling them together on a regular basis, and currently chairs the Gender Consortium, an advocacy group of approximately 17 organizations that are members of the Coordinating Assembly for Non-Governmental Organizations.

SWAGAA has played a significant role in advocating for child-friendly courts, with one court functioning in the country's capital city of Mbabane for several years, and a second court opening with support from UNICEF in Nhlanguano in the Shiselweni District. Some courts throughout

the country have facilities to allow children to be interviewed in private, if requested by a prosecutor.

Monitoring and Evaluation and Surveillance Systems: SWAGAA has been working to establish an effective monitoring and evaluation system within a context of limited resources. Community assessments are conducted as needed and programmatic statistics are recorded. SWAGAA plans to develop indicators and tracking mechanisms to be able to measure program impact.

There is no routine surveillance in Swaziland to provide data relating to the incidence or prevalence of GBV; however, a unique initiative in the Southern Africa region is the development of the national surveillance system that collects data about GBV survivors who report abuse. All referral partners collect monitoring data with agreed-on common

“We were banging on people’s doors—demanding change—we didn’t just sit in our offices. It was speaking to individuals in decision-making positions and the police. We took survivors with us to tell their stories. We went to communities and to schools. Using case studies—true stories where we changed the names—was most effective in breaking through the denial.”

—Nonhlanhla Dlamini, Member of Parliament and former SWAGAA Executive Director

LEVERAGING SWAGAA'S CAPACITY BY BUILDING A NETWORK OF PROVIDERS

Major strategies:

- Quarterly meetings of partners to facilitate knowledge sharing, building of expertise in GBV, and networking among partners
- Naming and mentoring of partner focal points to build expertise
- Publication of a referral directory and distribution to all partners
- Development of national multi-sectoral guidelines for management of GBV
- Development of a national surveillance system to track reports of GBV by all partners
- Moving from providing all direct services to a coordination and capacity building role.

indicators relating to the type of abuse, location of abuse, victim and perpetrator identity, and services and referrals provided. Monthly meetings are held where each organization reports on data collected, and the data is then consolidated into a national surveillance report.

While there is no baseline for comparison, SWAGAA reports an increase of reporting on GBV based on anecdotal evidence. There is also growing support in communities for activities, such as campaigns for prevention of violence against women, which promote changes in norms relating to violence against women and children.

What Worked Well

Boldly speaking out: According to Cebile Manzini-Henwood, SWAGAA Executive Director, SWAGAA's success initially was largely based on the willingness of a few to speak out. She states:

When SWAGAA was first established by a group of Swazi women, many of whom had been affected by violence, it was the first organization in Swaziland to boldly address the problem of GBV, let alone women's rights. A shock factor that rippled through society was created and continues to prevail when people think about SWAGAA. It was a group of women with few resources, who took a stand to challenge the status quo, and who refused to allow things to continue the way they did. The initial work is what led to the reputation the organization has today—even if the backlash was immeasurable! History, or rather 'herstory' was made.

Engaging survivors: Early organizational strategies may be the key to SWAGAA's achievements in creating widespread awareness of GBV. According to Member of Parliament Nonhlanhla Dlamini, one of the former Executive Directors of SWAGAA, critical factors of early success were deep passion for the cause, perseverance in the face of adversity, the role of survivors who spoke out about their stories, and the strong support of the media, nurtured through meetings, training, and collaboration. These strategies continue to be useful today.

Engaging the media: One of SWAGAA's significant strategies from the beginning was engaging the media as partners, laying a



Diane Gardsbane

SWAGAA's Programmes Manager Nelly Dlamini-Mtshali explains services.

groundwork that created a sustained relationship that is still evident today. Early in SWAGAA's development, staff held meetings with the editor of each media house and took the time to learn how the media works. SWAGAA continues to work with editors to understand and appreciate the complexities of GBV, and provide training to help the media become more sensitive to the needs of those who survived violence. In turn, the media often alerts SWAGAA about reports of abuse. As the media prints newsworthy and important stories, SWAGAA acknowledges them with awards.

Partnering with community leaders:

All SWAGAA community programs begin with a presentation and sensitization on the issue to the chief's inner council. Official acceptance at this traditional level allows the program to function and is typically the source for volunteers who staff the programs at local levels.

SWAGAA's work at the community level, particularly school sensitizations, has promoted widespread awareness and education about GBV and children's human rights, and provided SWAGAA with high visibility and virtually universal name recognition throughout the country.

Engaging men as partners: Working with men to achieve a more gender-equitable society has been critical to SWAGAA's recent progress. As Programmes Manager Nelly Dlamini-Mtshali notes: "It is very important, especially in a patriarchal society. They don't know how to share the power—or even what you mean by sharing the power. What they see is 'you want to take this from me.'" SWAGAA uses a "man-to-man" approach, helping men reflect about their notions of masculinity and engaging them as partners in GBV prevention. Among the changes since SWAGAA began to proactively engage men is a more open stance within communities for messages about GBV. Ultimately, it is hoped that men will be equally capable of taking a stand against GBV and raising awareness of HIV within their families and communities.

Multiple partnerships: SWAGAA works in close collaboration with civil society organizations, government, United Nations agencies, and donors to accomplish its mission and objectives. Partners include Women and Law in Southern Africa (Swaziland chapter); FLAS; Save the Children; the Deputy Prime Minister's Office, including the Gender Unit, the National Children's Coordination Unit, and the Social Welfare Department; the Swaziland Police Domestic Violence Unit; Government Correctional Services; United Nations agencies, including UNICEF, the UN Population Fund, and the UN Development Programme; and donors including PEPFAR. This increases efficiency or resource use, and helps SWAGAA maintain its close focus on supporting survivors of GBV.

Expanding organizational capacity by building a broad-based network of providers: SWAGAA has placed a strong emphasis on developing a network of partners that can provide GBV services, including services to children, as a strategy to leverage its own capacity to serve all GBV survivors in Swaziland. The goal,

according to SWAGAA’s program director, is to move from a role as the sole provider of GBV services in the country to coordinator of multi-sectoral and multi-agency service provision.

SWAGAA initiated quarterly meetings of partners, including police, legal, social welfare, and medical service providers, to provide an opportunity for sharing of expertise and knowledge across sectors, building the expertise of partner NGOs and government providers in addressing GBV, networking among partners, and developing a referral directory. Partners have named a focal point that SWAGAA can target for mentoring on GBV, and memorandums of understanding with specific NGOs, such as FLAS, formalize services to be provided to GBV survivors.

SWAGAA is also coordinating the development of national multi-sectoral guidelines for the management of GBV cases.

Challenges

Sustainability of funding: While government, civil society, and ordinary citizens place a very high value on SWAGAA’s contribution to the country, funding is a constant challenge. For example, when SWAGAA’s budget grew from no designated funds for work on trafficking in 2009 to \$100,000 in 2010, the organization’s budget for counseling services—the organization’s initial *raison d’être*—was reduced by the same amount. This raises the question of whether priorities to address trafficking come at the expense of domestic and sexual abuse programming. Interview participants said that SWAGAA is taken for granted by many partners—with an assumption that the organization will always be “bailed out” financially. Unfortunately, the constant funding uncertainty is affecting not only staff morale, but also the availability of resources, especially for operational and administrative

expenses, which affect the organization’s capacity for continuous quality service delivery.

Slow policy response: SWAGAA has greatly increased public awareness of GBV, slowly bringing about incremental changes in social norms relating to gender inequity, and the government has adopted a new gender policy. Yet the policy environment in Swaziland remains difficult, as evidenced by the challenges in getting the Sexual Offences and Domestic Violence Bill passed.

Limited internal capacity: SWAGAA faces serious challenges to its capacity to provide the most needed services. Infrastructure needs include such basic items as a dedicated computer for the monitoring and evaluation officer, and funds to conduct formal program evaluations. Whereas SWAGAA was once characterized by staff longevity, today, few staff members have worked for SWAGAA for more than two years. Staff morale has declined with anxiety about job security and salary scales. Training needs include ensuring that all staff have good knowledge of international best practices in GBV, including issues relating to trafficking in persons, a new area of concern for SWAGAA, and men as clients.

Serving men as clients: While engaging men as partners to eliminate GBV has been a good practice, serving men as clients raises questions that may not have been sufficiently considered. Adult males comprised 22 percent of clients in fiscal year 2001-2002, 25 percent in fiscal year 2008-2009 (SWAGAA 2009), and 28 percent in fiscal year 2009-2010 (SWAGAA 2010). Staff report that counseling is provided both to men who say they are victims of abuse and to perpetrators. Perpetrators receive one-on-one anger management counseling; when the client is repentant and the couple wants to remain together, couples counseling and communication skill building is provided.

The 2009/2010 annual report indicates that 433 adult men reported abuse, representing 28 percent of all adult reports of abuse. While there has been insufficient research to determine the extent of abuse suffered by men, some research and considerable anecdotal data indicate that it is uncommon for women to establish the kind of coercive control over men that defines domestic violence (Larance 2007; Pence and Das Dasgupta 2006; Reed et al. 2010). The number of men reporting abuse to SWAGAA is high, and is raising questions about how to properly screen a man's report of abuse. For example, a man can be convincing of his role as a victim, when SWAGAA can later discover that he was the initial perpetrator. Some women report that after putting up with abuse for many years, they have begun to strike back. SWAGAA, like many other GBV programs, is continuing to consider how to address these challenging issues.

Challenges with prioritization: SWAGAA has been successful in generating public awareness that GBV is a thread woven through every aspect of Swazi society. However, this success has pulled the organization in many different directions. As a result, many of SWAGAA's programs serve a cross-section of the population, including those who may not be directly affected by GBV. SWAGAA's recent strategic planning process highlighted this dichotomy, and the new strategic plan will more clearly prioritize services to those most in need, with the additional priority, discussed previously, of building the capacity of other agencies to address GBV.

Recommendations

The SWAGAA experience supports several recommendations for other programs, as well as for its own continued development.



Diane Gardsbane

Members of a Lihlombe Lekukhalela.

Use survivors' voices to combat denial and to determine needs: Denial that abuse occurs among families in one's own community is a global issue. Having women who can tell their stories can break this denial. In addition, including women who have experienced abuse among staff, board members, and volunteers is a good practice for programming and evaluation.

Use assessment to determine needs: Situational analyses and baseline assessments help to identify what is already working and what is not, and specifies gaps that can be filled. Questions to ask include the following: What structures are in place to provide support and service to women? Who are the key partners? How can programs coordinate services? How can the links between HIV and GBV prevention and services be improved?

Develop a national coordinating mechanism for GBV: SWAGAA sees the lack of a national coordinating agency for GBV in Swaziland as a factor that limits the effectiveness and synergy of programming and partnerships.

Increasingly, SWAGAA sees the need to build the capacity of partner organizations to address GBV as a way to meet growing needs, as awareness of abuse increases in Swaziland. There is a sense that replicating a mechanism such as NERCHA for GBV would support higher levels of service coordination, as well as the development and coordination of multi-sectoral structural interventions that can ultimately impact the social and behavioral norms that promote GBV.

Advocate for a national budget for GBV:

In Swaziland, the absence of a reasonable national budget for the Gender Unit, the National Children's Coordinating Unit, and other government agencies tasked with addressing gender inequity limits the ability of these entities to do the work even with committed staff. A recommendation is to ensure a sufficient national budget specifically for GBV. In addition, strengthening awareness of linkages between GBV and HIV should lead to the allocation of some funds within HIV programs to also cover GBV interventions.

Generate and use evidence: The international evidence base on effective interventions for GBV remains thin. A key recommendation is to incorporate monitoring and evaluation into all programs. In addition, it is critical to identify funding to support an infrastructure with the capacity to support evidence gathering from the beginning, so that data can be easily collected, analyzed, and reported, and the results used to improve programs. SWAGAA has successfully used community assessments and routine monitoring data as the basis of program development, along with research studies. For example, SWAGAA supported a significant study by UNICEF on child sexual abuse, *A National Study on Violence Against Children and Young Women in Swaziland* (2007), which provided

a deeper understanding of the complex issues relating to GBV.

Leverage cultural assets: SWAGAA's ability to work so closely at grassroots levels and to gain the legitimacy and respect required to broach sensitive topics in communities is to a large extent related to its willingness to work with traditional leaders. Rather than attempting to circumvent the traditional sector because they are often perceived as conservative and likely to object to the promotion of new gender norms, SWAGAA staff have been actively involved in engaging traditional leaders and fostering their commitment for the fight against all forms of abuse and GBV. Where appropriate, efforts to leverage key cultural assets such as the traditional sector to make them part of the solution can only strengthen and deepen programming.

Future Programming

SWAGAA developed a strategic plan for 2010 to 2013 that will streamline services and focus limited resources on five priority areas: prevention of GBV, care and support for survivors, access to justice, financial sustainability, and institutional strengthening. This approach is intended to emphasize measurable objectives and achievements, rather than focus on individual activities. Defining a comprehensive package of services for women and an effective way to deliver these services, including a strong referral network, is considered a major priority going forward. Drawing on the success and popularity of its Girls' Empowerment Clubs, the organization is currently developing a similar initiative to work with boys to establish healthy gender norms. Administratively, the focus will be on financial sustainability and institutional strengthening. ■

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ACKNOWLEDGMENTS

The authors would like to thank all of the SWAGAA staff, particularly Cebile Manzini-Henwood, SWAGAA Executive Director, and Nelly Dlamini-Mtshali, SWAGAA Programmes Manager; Natalie Kruse-Levy, U.S. Agency for International Development Gender Focal Point; as well as the many representatives of government, United Nations agencies, and nongovernmental organizations that took the time to meet with them. The authors owe a special thank you to the community groups they visited and interviewed, including a self-help women's group, a Lihlombe Lekukhalela meeting, and men participating in a male dialogue session. Thanks also to the U.S. President's Emergency Plan for AIDS Relief Gender Technical Working Group for their support and careful review of this case study.

RECOMMENDED CITATION

Gardsbane, Diane, and Sizakele Hlatshwayo. 2012. *Swaziland Action Group Against Abuse: Addressing Gender-based Violence within the Context of HIV*. Case Study Series. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

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