

Best Practices on Challenging Gender Dynamics in Cultural Contexts

SWANNEPHA and NATICC Implementing the 'Changing the River's Flow' Programme in Swaziland



SAFAIDS

Southern Africa
HIV and AIDS Information
Dissemination Service



Department of International
Development



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Acronyms

AIDS	- Acquired Immune Deficiency Syndrome
CBV	- Community-Based Volunteer
CSW	- Commercial Sex Worker
CTRf	- 'Changing the River's Flow'
GBV	- Gender Based Violence
HIV	- Human Immunodeficiency Virus
IEC	- Information, Education and Communication
MOH	- Ministry of Health
NATICC	- Nhlangano AIDS Training Information and Counselling Centre
NERCHA	- National Emergency Council on HIV and AIDS
PLHIV	- People Living With HIV
SADC	- Southern African Development Community
SAfAIDS	- Southern Africa HIV and AIDS Information Dissemination Service
SWANNEPHA	- Swaziland National Network of People Living with HIV and AIDS
UNAIDS	- Joint United Nations Programme on HIV and AIDS
UNDP	- United Nations Development Programme
VCT	- Voluntary Counselling and Testing

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Contents

Acronyms	i
Acknowledgements	ii
Contents	iii
List of Figures	1
1. Introduction	2
1.1 Purpose of documenting Best Practices	3
2. Contextual analysis of cultural practices in Swaziland	4
2.1 Introduction	4
2.2 Linkages between HIV, gender and culture in Swaziland	4
3. Introduction	8
3.1 SADC criteria of HIV Best Practice documentation	8
3.2 Documentation methodology	9
3.3 Data collection tools	9
4. Success Story – SWANNEPHA ‘Changing The River’s Flow’ Project	10
4.1 Introduction	10
4.2 Project start-up	10
4.3 Key project activities	12
4.4 Elements of Best Practice	16
4.5 Key project success	20
4.6 Challenges	21
4.7 Lessons Learnt	21
4.8 Way Forward	22
4.9 Conclusion	22
5. Success Story - NATICC ‘Changing the River’s Flow’ Project	23
5.1 Introduction	23
5.2 Project Start-Up	23
5.3 Key project activities	24
5.4 Elements of Good Practice	27
5.5 Key project successes	31
5.6 Challenges	32
5.7 Lessons Learnt	32
5.8 Way forward	33
5.9 Conclusion	34
6. Overall Recommendations and Conclusion	34
7. References	36

List of Figures

- Figure 1: Map of Swaziland
Figure 2: Organisational Chart for Geographical Coverage – SWANNEPHA CTRF Project
Figure 3: Project Cycle
Figure 4: Bucopho Council Traditional Leader
Figure 5: Men participating in the community trainings
Figure 6: SWANNEPHA Project Officer-Gavin Khumalo
Figure 7: Women listening through the proceedings of the dialogue sessions
Figure 8: The Swazi are a homogenous people, sharing a common language, culture and dress
Figure 9: A local councillor stressing a point during an interview
Figure 10: Women engaging in group work activities during a workshop
Figure 11: Stakeholder Engagement Chart
Figure 12: Traditional leaders participating in community activities.
Figure 13: Men's participation in a focus group discussion
Figure 14: Participants in advocacy campaigns
Figure 15: Women participating during a Focus Group Discussion
Figure 16: Mamzulu and Mamankosi
Figure 17: Focus group discussion with women
Figure 18: Community empowerment through dialogue

1. Introduction

The Kingdom of Swaziland is a small, landlocked country with a population of 1.1 million. It is located in southern Africa and covers a surface area of 17,000 square kilometres. Swaziland shares borders with Mozambique in the East and the Republic of South Africa in the South, North and West. The country is divided into four administrative regions; Hhohho, Manzini, Lubombo and Shiselweni. Each region has an Administrator who is politically appointed and who reports to the Deputy Prime Minister. The country is further subdivided into fifty five (55) administrative centres (called Tinkhundla), under which there are about two hundred chieftaincies. Chiefs have control and authority of the country's land.

Swaziland's legal system is comprised of a mixture of Roman-Dutch Law, English Common Law and unwritten Swazi Law and Custom. Swaziland is one of the few ethnically homogenous countries in Africa. The population share a common language, culture and tradition.



Figure 1: Map of Swaziland

Swaziland is hard hit by the HIV epidemic. According to the Swaziland Health Demography Survey (2007), the HIV prevalence in the country is 26% - the highest in the world (UNAIDS, 2009). Since the first HIV case was reported in 1986, the epidemic has spread relentlessly in all parts of the country, resulting in an increase in child-headed families, orphans and vulnerable children and households headed by the elderly.

Out of a population of 1.1 million, it is estimated that about 186,000 people are living with HIV, of this number 57% are women. The epidemic's impact has been so severe that life expectancy has dropped to as low as 32 years - the lowest in the

world. According to UNAIDS, the primary mode of HIV transmission in this conservative country is heterosexual intercourse. Key drivers of the epidemic include cultural practices, many of which are harmful in the context of HIV, but which are still religiously practiced in the country. Some of these cultural practices include, but are not limited to, polygamy, arranged marriages, widow inheritance and annual reed dances. Moreover, low condom use (influenced by traditional beliefs and practice) and high incidence of multiple concurrent partnerships (whether sanctioned, as in polygamy, or not) also serve to increase infection rates in the country.

Harmful cultural practices in Swaziland also have negative impacts on efforts to achieve gender equality and to ensure that women are able to exercise and enjoy their rights both in the private and public spheres. This confirms the need for harmful cultural practices to be challenged, revised or stopped for HIV prevention and mitigation efforts to be effective.

According to some interviewees and focus group discussants, the most harmful cultural practice exacerbating the spread of HIV in Swaziland is polygamy. According to information obtained during the documentation process, in Swazi culture a man is celebrated for having many partners, this applies both to his wivies, and to those with whom he is having extramarital affairs. Young, unmarried men are also expected to have multiple partners. A woman's role is to bear children continuously whereas the role of a man is to impregnate as many women as possible for as long as possible; society expects men to continue having sexual relations into their old age.

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Another harmful cultural practice which was singled out was the practice of widow inheritance. When a woman is widowed, she is inherited by a brother-in-law, who becomes her husband with the responsibility of looking after her, any children she may have, as well as taking control of any assets. While traditionally meant to be a positive practice that allows the widow to remain in her in-laws' home with her children, and provides a man with the responsibility of providing for her and her children, widow inheritance becomes an issue in contemporary societies when HIV testing is not considered before the marriage begins. This is the case in most Swazi communities.

Widow inheritance is also an issue when the widow is not allowed to make a choice as to whether she wants to be inherited or not. The practice not only places men and women at risk of contracting HIV, but it also infringes on the rights of women to choice as the process is led by men, and women, who are viewed as minors, are not afforded opportunities to make decisions, especially those which are related to their bodies and their sexual health.

In the context of a world with HIV, it has become urgent that measures are taken to ensure that socio-cultural factors do not become a hindrance in efforts to eradicate the epidemic in the Kingdom of Swaziland.

In response to this need, Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS) embarked on the 'Changing the River's Flow' programme in Swaziland in 2009 to contribute to the national HIV response. From 2009 - 2011, in partnership with four local organisations, SAfAIDS implemented the programme, which undertakes activities aimed at addressing the inter-linkages between HIV, women's rights and gender in specific cultural contexts.

The experiences, successes, challenges and lessons learnt in implementing the programme by two of those implementing partners, the Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA) and Nhlangano AIDS Training Information and Counselling Centre (NATICC) are discussed in this report. The two organisations were selected for documentation through a rigorous selection process by a 10-member Regional Selection Committee in 2010. They were documented the same year.

1.1 Purpose of documenting Best Practices

The overall aim of the documentation process is to scale-up information generation and the body of knowledge regarding the inter-linkages between HIV, gender, women's rights and culture in specific countries in southern Africa, the epicentre of the epidemic. It is hoped also that the description of processes and lessons learnt will encourage replication of programmes and interventions that are known to work in other countries and communities in the region and beyond.

This report aims to also promote sharing and learning among all players working to address harmful traditional and cultural dynamics that negatively impact on HIV prevention and mitigation efforts. In this way, it becomes possible to concurrently address the traditional and cultural ideologies and practices that promote male dominance and the marginalisation of women to achieve reductions in new HIV infections in southern African countries.

This report can also be used as an advocacy tool and can be effective in ensuring that relevant stakeholders have greater capacity to influence real change in the lives of women. The report will also contribute immensely to a widened base of programmers equipped with improved confidence and knowledge in implementing programmes in specific cultural contexts.

Z. Contextual analysis of cultural practices in Swaziland

2.0 Introduction

Tradition and culture are central in defining the Swazi nation; the country has endeavoured, and mostly managed, to keep specific cultural beliefs and practices intact while undergoing modernisation. 'Swazi culture' refers to the way of life of the Swazi people. It includes customs, traditions, practices, dress code, living patterns, marriage rites, arrangement of intimate relationships and everything that occurs in a society that is rooted in tradition.

The family is central to Swazi culture. Families are arranged hierarchically, with the husband as the head of the family, and the wife, (or wives), residing in the same homestead together with their children. The traditional family controls, safeguards and determines the actions of all its members. However, although the head of the family has power as the overall guardian of the family, he does not have absolute power as he is expected to consult with other extended family elders before making decisions. No family member can make a major decision without consultation. Since the man has the household head status, he has considerable power and is looked up to by the rest of the family; this respect comes with responsibility, however, as he is expected to be a positive role model.

It is through the family structures that children are socialized in preparation for adulthood. Socialisation is gendered. By and large girls are socialised to become mothers and wives, while boys are taught how to be tough husbands and fathers. This arrangement has serious implications for gender equality. The labour and work of girls and women in Swaziland, unless they are working in the public realm, are usually not remunerated, in cash or through other means, which means that they are by and large denied opportunities to access and control resources.

Interview respondents indicated that popular belief and sentiment in Swaziland is that girls will

Since the man has the household head status, he has considerable power and is looked up to by the rest of the family; this respect comes with responsibility however as he is expected to be a positive role model.

be taken care of by a man, whether father, brother, uncle, husband or son, hence there is no need for them to benefit in terms of material resources; women should instead be trained to support men in taking care of resources. This belief produces and perpetuates a socially constructed group of girls and women who are perpetually economically dependent, feminising poverty and causing them to be more vulnerable to abuse, violence and HIV.

Interestingly in Swaziland, cultural diversity, which may not otherwise have been completely embraced by the nation, is manifesting itself in various practices characterising the lives of the Swazi people. Due to urbanisation and the HIV epidemic, the Swazi family structure has evolved into more nuclear forms. There has been a rise in the incidence of single parent families, grandparent families and also child-headed families. Urbanisation and modernisation has also led to more marriages breaking up through divorce due to a variety of reasons, among them infidelity and the fear of contracting HIV from an unfaithful partner.

2.1 Linkages between HIV, gender and culture in Swaziland

This report attempts to share specific information from two such programmes in Swaziland. While culture and tradition should ideally not inhibit development and change, it should be noted here that culture and tradition are only useful and functional for society if made contemporary to each generation. When culture and tradition are not considered relevant by a generation, or are not cognisant of external changes and factors that make the practicing of certain traditions harmful, there is a need to re-evaluate them. There is a growing body of evidence that in order to contain the spread of HIV, it is imperative that age-old

traditions and customs be altered and/or renewed. However, in the fight against HIV in Swaziland, the cultural environment has not changed much, and in some respects, it is in fact not enabling of the implementation of effective programmes.

The vulnerability of women and girls has increasingly been influenced by the socio-cultural systems that define females as inferior, powerless, subordinate and minors.

Swazi women are not allowed to access, inherit and/or own resources and instruments for economic production from their parental or marital family (Swaziland Human and Development Report) 2007.

Swaziland Human and Development Report (2007). Lack of access to productive resources and the disempowerment of women, as noted by Bush et al (2002), results in Swazi women having multiple sexual partners as a means of achieving economic security as having more than one partner adds to a woman's potential for economic support. Women and girls thus become more vulnerable to HIV as many of them fail to make informed decisions about their lives, their bodies and their sexuality, even when they have the necessary information to do so.

Age - disparate sex, early sexual debut among girls, and high incidence of multiple concurrent sexual partners; combined with other gender inequality-related factors have contributed to high HIV prevalence, not only in Swaziland, but in southern Africa as a whole.

Furthermore, polygamy, which is prevalent, and the traditional family guardianship that endorses men's power and dominance over women have also contributed to women experiencing the epidemic more keenly.

In order to lessen the impact of HIV, particularly on women and girls, there is need to change the cultural environment by bringing to the fore, through discussion and interrogation, those cultural practices

which perpetuate gender inequality and increase women's vulnerability to HIV and violence, and to allow this understanding to form a national response.

The following are some of the harmful cultural practices cited during the interviews as having a negative impact on efforts to ensure gender equality and a resultant reduction in HIV incidence in Swaziland.

a. Polygamy – In Swazi culture, men are allowed to marry as many wives as they wish. However, in contemporary Swaziland, polygamous unions carry a great HIV risk because if one member enters the union already HIV positive, or is unfaithful and contracts HIV as a result, it implies that all the other spouses in this union could be infected by HIV. The male respondents in the focus group held in Hhohho noted that condom use was low in marriage due to traditional beliefs that one does not use a condom with one's wife. In Swaziland, because of the expenses involved when a man pays lobola for his wife, men are increasingly less likely to enter into formalised polygamous marriages. During the women's focus group discussions it was noted that men are more likely to have extramarital, multiple and concurrent relationships than women. They explained that it has become common for a married man to have girlfriends outside marriage. Such a situation poses problems because women fail to negotiate condom use due to fear of being physically and verbally abused by their husbands.

The key informants interviewed at the Bucopho council in Mbabane East noted that women in polygamous marriages often seek out additional partners themselves for various reasons. This raises the risk of contracting and spreading HIV within the family. This was also indicated by the nurses at the local clinic in Mbabane who explained that polygamy has exacerbated the spread of HIV in the communities. They explained that although the risk inherent in polygamy and multiple concurrent partnerships can be lessened by the high uptake of condoms, in Swaziland condom use remains low.

It is estimated that 59% of the population use condoms inconsistently (Swaziland Human Development Report, 2007). There is a general acceptability of condoms in various relationships, but this acceptance is very low in marriage. The sentiments raised during the youth focus group

discussions in Mbilaneni, Nhlangano, revealed that there has been an increase in realisation of the importance of condom because of the fear of contracting HIV.

situation is challenge as there is a belief that when a couple is married, the use of a condom is not necessary, since a comfort zone is created where the couple is supposed to trust each other.

b. Arranged Marriages – Arranged marriages are common and generally accepted by the Swazi people. When marriages are arranged extra-marital sex is common amongst one or both partners. It was reported that when women and men in arranged marriages are unhappy, they may look for love and fulfilment elsewhere, leading to the risk of spouses becoming infected with HIV as they keep extramarital relationships secret.

However, it should be noted that, during the community discussions it was revealed that cases of arranged marriages in urban or semi urban areas such as Mbabane were becoming rare as young men and women were asserting their right to choose their life partners. However, in Nhlangano where cultural practices were preserved, there were still cases of arranged marriages. In a discussion with community leaders at Mbilaneni they noted that arranged marriages were still practiced especially

in circumstances involving the marriages of members of the royal families. In other instances where arranged marriages took place a family would arrange for their daughter to get married to a man from a wealthy family or a man who had wealth in his own right. In such cases, the age difference between the woman and the man, or the man's marital status would not be considered as the family from the daughter's side were motivated by the desire for wealth.

c. Widow Inheritance – This is a cultural practice in which the brother in law becomes the widow's surrogate husband and father to the widow's children. Through the widow, the brother-in-law also receives all the property of the deceased, leaving the widow with no choice but to submit to him in order to be cared for financially. Depending on the ages of the women in these marriages, sexual relations may be either mandatory or implied. For instance, if the widow is child-bearing age, she is expected to bear children also for her new husband and former brother-in-law. If the woman is past child-bearing age, sexual relations may be implied.

In the communities under discussion, widow inheritance is a practice that continues to be observed. According to the participants taking part in the focus group discussions held in Hhohho, poverty is one of the major factors that has forced women to agree to be inherited by their brothers in-law after the death of their husbands. The women interviewed in the discussions held in Mbilaneni noted that since most women in Swazi communities depend on their husbands for survival, in the case of the death of their husbands, they are left with no option but to be inherited. Most female focus group discussants noted that women succumb to such pressures because they are widowed with children in most instances and therefore the need to fend for the children on their own arises. Due to lack of income, they then agree to be inherited.

d. Annual Reed Dance – The annual reed dance is a custom of preserving girls' chastity and paying homage to the Queen Mother. According to Swazi culture only virgins are allowed to participate in the dance. The virgins present the Queen Mother Ntombi with reeds, which she uses to build windscreens around the royal village. At least 30,000 girls take part in the dance every year. There were mixed feelings within the communities with regards to the reed dance. During the interviews some respondents viewed the practice as a good act as it encourages young women to preserve their virginity until marriage, however some believed that the ceremony exposes young women to HIV infection as some of them engage in sex with boys and men, and even traditional authorities during the week when they are away from home and have low, or no parental supervision.

e. Women as Legal Minors – Until the enactment of the Constitution of Swaziland in 2005, women were regarded as minors under the law. The majority of women could not own property, enter into contracts or receive bank loans without the consent of a male relative. Only women married under Swazi law can access the bank loan without the consent of the husband. Despite this achievement, the second-class status of women in the country has remained largely intact, with women being denied their inheritance rights and hobbling their progress as entrepreneurs and traders. So, in spite of the Constitution guaranteeing women equal rights with men, in practice, the old laws continue to define gender relations.

Gender stereotypes abound, and women are told that their principal duty is to procreate and to please a man who will take care of them. Furthermore, Swazi marriage laws assume that all women are married the traditional way, so all those women who are on the outside of this set-up face a plethora of problems, especially when they want to register immovable property in their own names because a husband or a male relative is always referred to before such decisions

are made. Eventually, women's inability to make autonomous informed decisions about issues that concern them may cause women to be more vulnerable to infection with HIV, as feelings of powerlessness may permeate into the private realm of the home and bedroom.

f. Initiation Rite of Passage for Girls ('Hyena') – 'Hyena' is a practice in which a girl's virginity needs to be taken by her uncle before she can be allowed to engage in any sexual relationship. The practice is seen as a means of verifying that the girl has indeed remained a virgin before she is bestowed to a man through marriage. In this way, it is said that girls are more likely to remain virgins if they know that their virginity will be checked. Any irregularities found would have consequences, with the shame and ridicule experienced when found not to be a virgin being a deterrent to pre-marital sex. Due to the secrecy that shrouds the practice, and the fact that the HIV status of the uncle may not be considered or known this practice fuels the spread of HIV, especially among girls and women, and the men that they go on to marry.

It should be noted however that during the community discussions there were revelations from the participants that the practice was not widely condoned by the community leaders. As a result only a few instances of such a practice were witnessed in the remotest parts of the country.

The Swaziland documentation process found that cultural practices that were largely believed by the community members and stakeholders themselves to increase incidence of HIV infection include polygamy; widow inheritance and the annual reed dance. All of these are commonly practiced in the country. Multiple participants in the focus groups noted that as a way of mitigating the impact of HIV on women and girls and the influence of culture and tradition in women's vulnerability, it is imperative that information on responsive, relevant and community-specific programmes be documented and shared widely for cross-learning.

3. Introduction

The southern Africa region has witnessed the sprouting of non-governmental organisations (NGOs) working to craft appropriate responses to the HIV epidemic. However, although the southern Africa region is the worst affected by HIV, it is plagued by limited financial resources to effectively address the epidemic. As such, there is need to use these resources as efficiently as possible in order to reach out to more people.

In its work, SAfAIDS realised that interventions aimed at addressing HIV were inefficient and ineffective, resulting in wastage of resources due to lack of coordination of efforts and a lack of integration of issues and programmes. However, there are organisations that have proved to be efficient and effective at implementing projects that have touched people's lives and made a difference across the region to bring lasting and permanent impact. It is against this background that SAfAIDS has pioneered the documentation of HIV Best Practices and lessons learnt to help organisations and stakeholders to share experiences, success stories, lessons learnt and challenges in order to put the little available resources to good use.

3.1 SADC criteria of HIV Best Practice documentation

The SADC Framework for HIV and AIDS defines a Best Practice as

'a practical instrument that facilitates sharing within and between Member States in order to assist local authorities to scale up interventions based on what is known to work, through documenting, understanding, and appreciating good experiences, facilitating learning of what works and what does not, sharing experiences, and assisting replication of small successful interventions on a larger scale.' (SADC, 2006)

The criteria used by SADC, which was adopted and applied for this documentation to select Best Practices, evaluates a programme, project or interventions according to the following elements;

a. Effectiveness

A Best Practice must have clear objectives guided by identified community needs obtained through a baseline study and it must have evidence that it is achieving these objectives.

The community should participate at every stage of the project, from its inception to its implementation, monitoring and final evaluation.

b. Ethical Soundness

A Best Practice should uphold social principles and maintain professional conduct. An intervention is a Best Practice if it does not violate human rights, respects the principle of confidentiality, embraces the concept of informed consent, applies the 'do no harm' principle, and works towards protecting the interests of vulnerable groups.

c. Cost Effectiveness

The programme should have the capacity to produce desired results with minimum expenditure of energy, time or resources. The intervention should result in an improvement in the quality of life of more community members. The programme should have in place cost-saving and cost-reduction systems.

d. Relevance

The interventions should take note of the specific context in which they are operating, noting cultural, religious and other norms, as well as political systems and the socio-economic environment in as far as they affect vulnerability, risk behaviour, or the successful implementation of the response.

e. Replicability

The programme should have the ability to be copied or adapted. It should also discover interventions that set an example.

f. Innovativeness

A Best Practice may demonstrate a unique and/or more cost-effective way of implementing a programme or responding to an issue. The programme itself should be unique.

g. Sustainability

Sustainability is the ability of a programme or project to continue to be effective over the medium and long-term period. This can be strengthened through community ownership of the project and through skills transfer.

3.2 Documentation methodology

Prior to the documentation process, SAfAIDS sent out an open call for organisations working to address HIV, gender based violence and gender equality in communities in southern Africa to express their interest in being documented as Best Practices. The call was open to organisations working in communities in Mozambique, Namibia, South Africa, Swaziland and Zimbabwe. A number of expressions of interest were received in response to this call. A ten-member Regional

Selection Committee, comprised of two people in each target country, was identified to select the projects that most closely met the criteria set in the call for documentation as Best Practices. The Selection Committee members used a standardised scorecard and a summary sheet to assess and score each submitted expression of interest. SWANNEPHA and NATICC were selected for documentation in Swaziland.

3.3 Data collection tools

The documentation team conducted field work and collected data in Swaziland between the 8th and the 15th of November 2010; data about each organisation were collected over four days. Qualitative methods of collecting data were applied. Methods used include observation, interviews with key informants, focus group discussions with beneficiaries and interviews with project implementers.

The questions in the data collection tools were designed to elicit information on all the seven key elements of a Best Practice in order to ensure that the most relevant and complete information required to adequately rate the organisation was obtained.



Figure 2: The Swazi are a homogenous people, sharing a common language, culture and dress

4. Success Story – SWANNEPHA 'Changing The River's Flow' Project



SWANNEPHA
SOUTHERN AFRICAN NETWORK FOR PEOPLE LIVING WITH HIV/AIDS

4.1 Introduction

SWANNEPHA operates from Mbabane, East Inkhundla which is situated in the southern part of the Hhohho Region. The inkhundla is comprised of three chiefdoms; Fonteyn Township, Msunduza Township and Sidwashini Township. Chiefs head the inkhundla, with the traditional structure of governance fully operational and with a substantive representative Member of Parliament (MP). The Msunduza Township is comprised of five chiefdoms: Gobholo, Maqobolwane, Mcozini, Mncitsini and Mntulwini. The constituency is partly located within the urban area of the Municipal Council of Mbabane while the other part lies within a rural boundary completely outside this urban boundary with low to lower middle income settlement areas. The total population for the Mbabane East Constituency is 28,355; 13,219 males (46.6%) and 15,136 females (53.4%) (2007 Swaziland Population Census).

Sidwashini and Msunduza have, as a result of the HIV epidemic, the highest mortality rate in Swaziland. It is estimated that more than 25% of all adults are infected with HIV. Since the living standards of the majority of people are below the poverty datum line, high HIV infection rates have been inevitable; this being attributable to many factors, including but not limited to, transactional sex and high incidences of multiple concurrent sexual partnerships.

The health needs of members of the Mbabane East Constituency are met by, amongst others, the Salvation Army Clinic and the Mbabane Government Hospital (which is a national referral hospital.)

In 2004, groups of people living with HIV (PLHIV) in Swaziland, together with the Ministry of Health and Social Welfare, the National Emergency Response Council on HIV and AIDS (NERCHA) and UNAIDS conducted an assessment of the situation of people living with HIV in the country. The report revealed that there were 46 groups offering support to people living with HIV (PLHIV). A major finding of the assessment was that groups lacked coordination and had hardly any platforms through which to express the collective voice of people living with HIV. Swaziland National Network for People Living with HIV and AIDS (SWANNEPHA) formed and launched in November 2004 as a first step towards providing greater coordination. The network's secretariat opened its doors in March 2005.

SWANNEPHA is a non-profit making organisation which aims to promote unity among its members in striving for the greater involvement of people infected with and affected by HIV in Swaziland. The network promotes and upholds positive living for people living with HIV and coordinates the mobilisation at community level of support groups to help prevent new HIV infections. It also offer support and care for the infected and affected and designs impact mitigation projects to counter the effects of the epidemic.

4.2 Project start-up

SWANNEPHA, through its partnerships with local community stakeholders, has managed to register successes in challenging deeply entrenched cultural practices inherent in Swaziland that perpetuate gender inequalities and exacerbate the spread of HIV.

In 2009, SAfAIDS partnered with S W A N N E P H A to implement the programme 'Confronting Cultural Practices, Beliefs and Customary Laws to Promote Gender Equality and Prevent Gender Based Violence Against Women and Girls in Southern Africa' dubbed the 'Changing the River's Flow' (CTRF) programme. SWANNEPHA, through its partnerships with local community stakeholders, has managed to register successes in challenging deeply entrenched

cultural practices inherent in Swaziland that perpetuate gender inequalities and exacerbate the spread of HIV.

The CTRF programme is hinged on the realisation that harmful cultural beliefs and practices are central to the forces supporting gender inequalities and negative stereotypes. These trigger and normalise incidences of gender-based violence, leading to the violation of women's rights and contribute to the continued spread of HIV.

Negative cultural ideals and values often perpetuate the notion that women are naturally inferior to men and therefore should assume lesser, subservient non-questioning roles. These ideals seriously undermine women's capacity to take control of their bodies and make informed decisions and choices, a dangerous situation within the context of a world with HIV.

women and girls in particular are affected. The CTRF programme aims to address harmful cultural beliefs and practices through targeting those who practice them; community members and those who ensure their continuation, the custodians of culture (traditional and religious leaders, as well as influential charismatic members of a community).

The programme also harnesses the influence of key stakeholders who may be involved with a community, in terms of offering leadership, or a service that is helping to prevent and mitigate the impact of HIV. SWANNEPHA, in a bid to enhance its implementation of the project, has formed partnerships, both formal and informal, with, among others, the Member of Parliament for the area, the *inkhundla* (constituency) secretary,

Indvuna Yenkhundla (Chief of the Constituency), community police (and in particular the Domestic Violence Unit), community clinic (the Salvation Army), community leaders and community support groups. These partnerships help in coordinating HIV and GBV prevention and mitigation efforts and in offering integrated services if a referral system is in place. Monitoring and evaluation to showing the impact of a project is also enhanced in this way. If, for instance SWANNEPHA can show that there has been an increase in the number of people accessing GBV mitigation and prevention information and services at the local police station as a result of its activities at local level, the impact of the project can more easily be assessed and understood.

SWANNEPHA has experienced immense success in implementing the CTRF programme. This has been mainly attributed to the high level of stakeholder buy-in and communities' willingness to interrogate their cultural practices, identify those that promote gender-based violence that fuels HIV, and then work towards addressing these in their community. With the support of stakeholders at different levels, SWANNEPHA is implementing the CTRF programme in all three chiefdoms/ wards in Mbabane east, i.e. in Fonteyn, Sidwashini and Msunduza. All three chiefdoms are peri-urban.

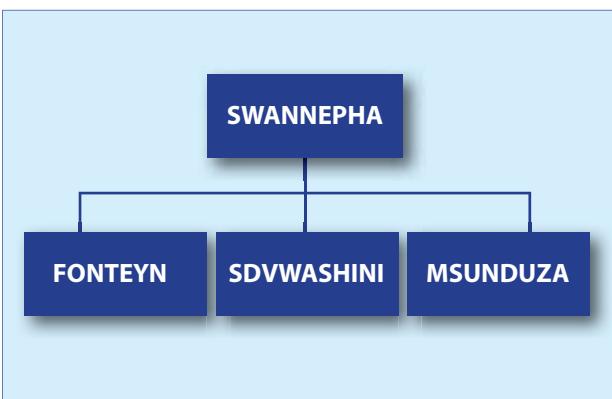


Figure 3: Chart illustrating SWANNEPHA's geographical coverage with the CTRF Project

SWANNEPHA aims to build and raise awareness on the interlinkages between culture, gender based violence, HIV and women's rights among support groups and their communities. The main method employed to achieve this is community dialogue on culture, gender based violence, HIV and women's rights within the communities.

4.3 Key project activities

In line with its objectives, SWANNEPHA provides a comprehensive range of activities and services to support people living with HIV in Mbabane East and the surrounding communities.

Project implementation is in a cycle format, where each activity feeds into the next activity (see Figure 3 below). There is a clear logical sequence in the project activities that have been implemented in Mbabane East. Below is a visual representation of the project cycle:

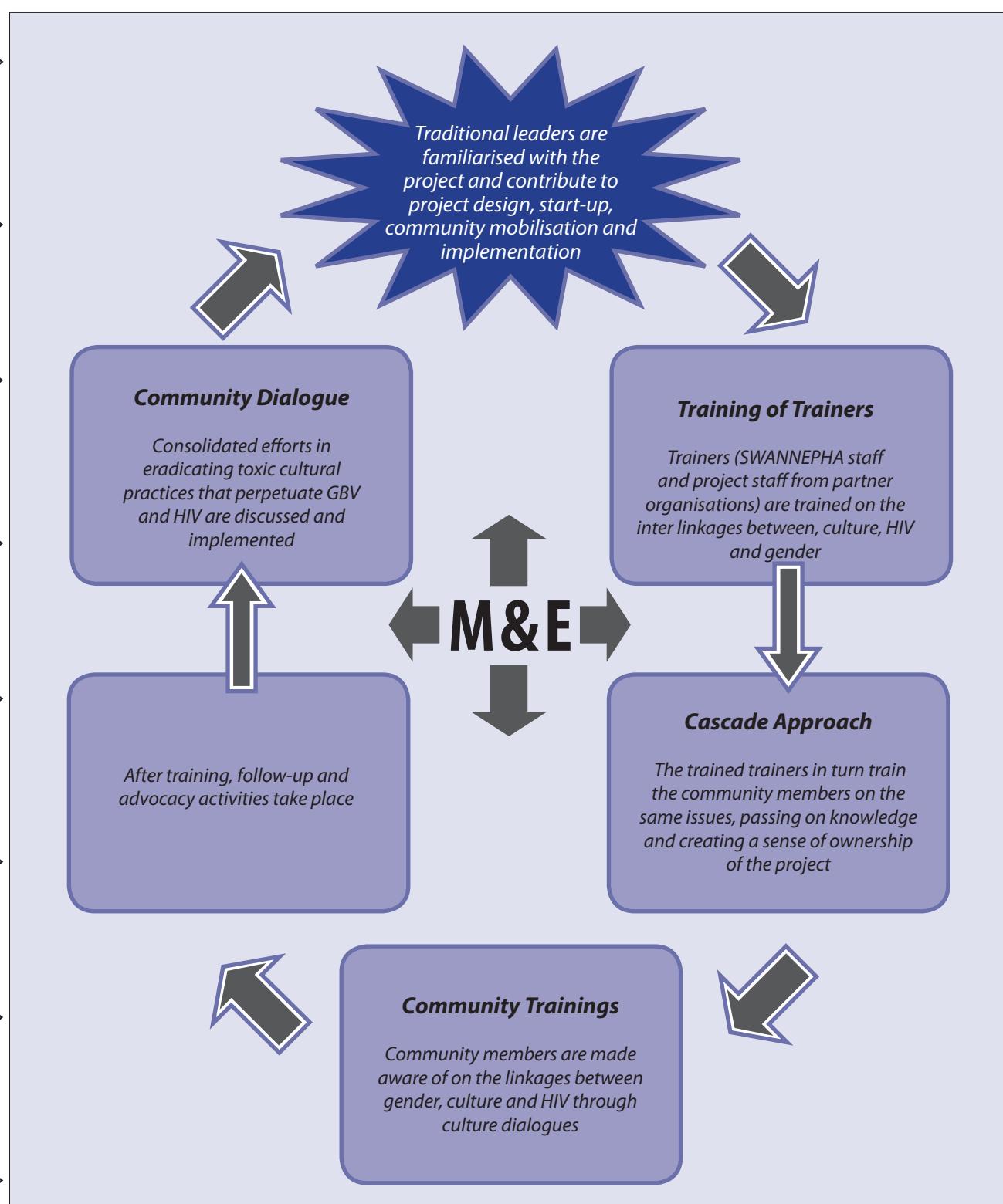


Figure 4: Project cycle

Sensitisation of Traditional Leaders

Traditional leaders are the custodians of culture in Mbabane East. They have the sole responsibility of preserving Swazi culture and ensuring that communities are aware of the cultural practices and protocols that are to be observed. In order to make a real impact in the communities, SWANNEPHA realised that it was crucial to engage traditional leaders at project start-up in order to get their endorsement and through that, community buy-in for the project. Thus the network's first activity was to engage with local traditional leaders in sensitization meetings where they explained the project, its goals and methods.

SWANNEPHA works with traditional leaders who have since taken on the responsibility of mobilizing members of their communities to participate in project activities and attend events. The traditional leaders are also instrumental in providing venues for trainings or cultural dialogue in their areas. The network works closely with 28 traditional leaders in Mbabane East. During an interview with one of the traditional leaders in the area, he explained that it is the responsibility of the traditional leaders to ensure that their people benefit from programmes that address people's well being. As he explained, traditional leaders felt obliged to ensure that every member of their communities benefitted from the programme.



Figure 5: Bucopho Council Traditional Leader

a. Training of trainers

'Because of the training that we received, we are now able to talk openly about sensitive issues with other members of the community...'

- Focus group discussant

In order to build a critical mass of people who understand the ways in which HIV, women's rights, GBV and culture inter-link, the project utilises a Training of Trainer's Cascade Model to provide the necessary knowledge and skills to as many people as possible in as short a time as possible. Following training of one SWANNEPHA member of staff at regional level, four trainers (SWANNEPHA staff and programmers from organisations working around GBV and HIV issues in Swaziland) were trained at national level. They in turn trained twenty-eight community-based volunteers (CBVs) each as trainers. The CBVs in turn trained PLHIV support group members in the communities on the linkages between culture, gender-based violence, HIV and further disseminated information door-to-door. They were also responsible for engaging community members during culture dialogues and other events.

The Cascade Model of training is important in quickly transferring knowledge and skills to community members, so that community members take on ownership of the project early on.

It is also important to note that having information disseminated by volunteers and members of support groups of PLHIV who are based in the communities in which they are operating is effective. Community members reported being more comfortable with discussing contentious community-specific issues with other members of the same community, even if they were in the role of information providers, and dialogue-facilitators. Participation around efforts to identify harmful cultural practices that exacerbate gender-based violence, and ultimately the spread of HIV in specific communities was reported to be better when community members were left to lead the process. This had the consequence of making it more likely that community decisions to transform certain cultural behaviours would be voluntarily reached through consensus. The fact that there

were no external parties to ‘impose’ solutions was very important for community members’ ability to discuss issues honestly, and ultimately to come up with home grown solutions.



Figure 6: Men participating in a focus group discussion

b. Community training

SWANNEPHA conducts community training courses that are designed to reach as many community members as possible. As noted by Gavin Khumalo, the CTRF project officer courses are open to men, women and youth. He further noted that training courses are designed in such a way as to encourage participants to interrogate and challenge the relevance of those cultural practices in Swazi culture that contribute to high incidences of both gender-based violence and HIV. In an interview with the Bucopho Council Traditional leader, he indicated,

“...the various trainings have greatly improved community members’ understanding of the relationship between gender, women’s rights, HIV and culture. Community members report being able to differentiate between harmful cultural practices and good cultural practices that need to be preserved.

During one of these training sessions which was conducted in Fonteyn, participants identified a number of cultural practices which they considered harmful practices. Among these were:

- “*Tibi tendlu*”- a practice which encourages families not to report bad things that happen within their family and to regard

these as “family secrets”. Family secrets which are commonly kept include sexual abuse of children and the physical abuse of children and wives by fathers and husbands. Staff at the local clinic indicates that through SWANNEPHA’s work to bring out these issues into the public fora for discussion, they have been able to encourage children to report sexual abuse to the clinic or to SWANNEPHA. According to the CTRF Project Officer at SWANNEPHA, the network has acted as a referral point for survivors of sexual or physical abuse. The organisation provides a friendly environment for survivors by providing psycho-social support, counselling and referral to the clinic for medical attention. The project officer also emphasised that staff at the organisation also referred survivors to the victim friendly unit at the local police. The key informants from the Bucopho Council noted that the CTRF programme’s presence in their communities has enabled SWANNEPHA, the Salvation Army Clinic and the Mbabane East Police (Victim Friendly Unit) to have a more coordinated and effective effort to tackle GBV issues and to address some drivers of HIV. Clinic staff revealed that they have experienced an increase in the number of reported cases of GBV since SWANNEPHA began implementing the programme. CBVs who were interviewed also noted that the trainings have created a platform where people feel more empowered to report cases of GBV without fear of victimisation. Community members feel more empowered and able to seek assistance.

- Widow inheritance and polygamy - These were identified as harmful cultural practices that are commonly practiced in Mbabane East. Poverty was largely blamed for increasing incidences of widow inheritance. In addition, Swazi law, which views women as minors and therefore not eligible to have own land or any assets in their name, was blamed for leaving most widows with no option but to be inherited by their late husband’s brothers. The Project Officer from SWANNEPHA noted that it was unfortunate because the majority of widows and

prospective new husbands did not know their own, or each other's HIV status before they started a new relationship. In response to this challenge, key informants from the Bucopho Council noted that SWANNEPHA's role under the CTRF programme had been to encourage people to take an HIV test if they were planning to enter into these relationships. Clinic staff indicated that they had experienced an increase in the number of people visiting the clinic to seek HIV counselling and testing and counselling.

Some of the good cultural practices that were praised for playing a major role in reducing incidences of gender based violence and the violation of women's rights and curbing the spread of HIV include:

- '*Endlini kagogo*' – in this practice a family forum usually consisting of elders is convened to discuss issues affecting married men and women. The forum is designed to come up with good resolutions to keep the family happy and progressing.
- '*Lisango*' – this is a forum where men pass on their wisdom relating to what constitutes a 'good Swazi man'. Older men educate against toxic conceptions of masculinities that promote GBV and fuel the spread of HIV.
- '*Liguma*' – this is a forum where older women share information on the attributes of a 'good woman' to young girls. Young girls are encouraged to preserve their virginity and respect their husbands.

The CTRF Project Officer at SWANNEPHA also indicated that the programme embraces the identified good cultural practices and in its programme, supports traditional leaders and relevant stakeholders in advocating for the continuation of these practices as they play a role in the reduction of incidences of GBV and the spread of HIV.

The discussion on harmful and helpful cultural practices which goes on in the training is useful for participants as it provides them with real practices with which they are familiar. Discussions about the need to identify strategies to eradicate harmful

practice or to make them safer within the context of HIV are reported to be much richer following the training.

"SWANNEPHA's main task is to share knowledge on the interlinkages between culture, gender, women's rights and HIV so as to ensure that everyone is at the same level in understanding the relationship between these four variables. A platform is then set where the community members identify harmful cultural practices in their communities that fuel gender based violence and the spread of HIV through dialoguing. SWANNEPHA's approach in addressing the harmful cultural practices is participatory; the community members are encouraged to participate, relating experiences they know in their own communities and thinking through how these can be changed or eradicated."

- Gavin Khumalo, Project Officer, SWANNEPHA



Figure 7: SWANNEPHA Project Officer-Gavin Khumalo

c. Community dialogue

One of SWANNEPHA's key activities is culture dialogue which aims to reach a large number of community members to discuss community-specific cultural practices that can be addressed in order to achieve a reduction in HIV and GBV. During the dialogue, community members share ideas on what efforts can be made to address toxic cultural practices. For instance, during the culture dialogues in Mbabane East, community members agreed that all occurrences of GBV would be reported to the nearest police station where cases would be handled by the Victim Friendly Unit in that police station. Prior to the community

dialogues, a lot of community members reported that they failed to report cases of GBV because they were not aware of institutions that could address their problems.



Figure 8: Women participating in a cultural dialogue session

4.4 Elements of Best Practice

a. Effectiveness

The CTRF project implemented by SWANNEPHA has been effective in meeting its objectives and meeting the needs of community members. The project is participant-driven, with the organisation's main role being that of coordinating community activities. The high level of community involvement exhibited in the SWANNEPHA project ensures that activities implemented are in line with the communities' needs and creates a sense of ownership within the community. In an interview with a local councillor; he noted:

"It is crucial for organisations operating in our constituency to engage the traditional leaders from the onset of the project so that the leaders are able to participate meaningfully. As a matter of fact, SWANNEPHA has managed to earn respect from the traditional leaders in Mbabane East due to the consultative process that they conducted before the inception of the project. Therefore, you will realise that the activities that are implemented are driven and led by the community because they are addressing issues that community members are familiar with."



Figure 9: A local councillor stressing a point during an interview

The CTRF Project Officer from SWANNEPHA also highlighted that prior to project start-up, SWANNEPHA undertook a situational analysis in collaboration with community members and other stakeholders. The findings of the analysis revealed that harmful cultural practices were rife in Mbabane East Constituency where widow inheritance, tibi tendhlu and polygamy were the norm, although they were not always acceptable to some community members. This indicated that there was room for SWANNEPHA to introduce a project that aimed to facilitate community discussion around culture.

Furthermore, many community members interviewed during the situational analysis explained that psycho-social support was an important need, especially for PLHIV and survivors of GBV. In order to meet this need SWANNEPHA provides counselling for survivors of GBV.

The deep sense of community ownership of the project and the high level of participation that community members exhibit in the project has ensured that the project flourishes. The project is an excellent example of how civil society, government, communities and other stakeholders can work together in fighting HIV and AIDS.

Community-based volunteers have been responsible for training other community members on the linkages between gender, HIV and culture; for mobilizing community members to attend the dialogue sessions; and for spearheading awareness campaigns. This is an effective way of spearheading

community engagement, as community members themselves are in the forefront of ensuring that the community buy into activities and that positive behaviour change is encouraged and sustained.

SWANNEPHA, through the CTRF programme, has managed to create awareness in the community on the HIV risks inherent in widow inheritance, *kungena*. In a focus group discussion a male participant noted:

"Nowadays due to increasing cases of HIV, it is difficult for one to inherit a late brother's wife without going for VCT. It is in our culture to inherit the wife and we continue to respect it, but prior to the wife inheritance ceremony it is important for both parties to go for VCT to ensure that they are aware of their status."

Culture is dynamic, it changes over time. To change cultural beliefs and practices is a process, albeit an attainable one, as illustrated by the quotation above. The network's role in training communities to identify harmful cultural practices and to ensure that efforts to reduce cases of gender-based violence are stepped up is proving to be effective in contributing to behaviour change, and it is reductions in new HIV infections among people in Swaziland.

b. Ethical soundness

According to the SADC criteria, a project is regarded as a 'Best Practice' if it upholds human rights, respects confidentiality as a principle, embraces the concept of informed consent, applies the "do no harm" principle, and works towards protection of the interests of various vulnerable groups. In its interaction with clients, particularly people living with HIV and survivors of gender-based violence, the CTRF project is ethically sound. Beneficiaries are treated as equals, autonomous and intrinsically valuable, irrespective of their situation or gender. Project activities address the cultural and environmental needs of the community. The SWANNEPHA CTRF project staff are not discriminated against based on their sexual orientation or HIV status. As a result, the organisation employs people regardless of their HIV status, gender or sexual orientation.

CBVs, during an interview, explained that SWANNEPHA focuses on people living with HIV and survivors of gender-based violence. As a result, the organisation adheres to the key principle of confidentiality and informed consent. The views of all stakeholders are considered in project implementation, feeding back into project design. Project staff are prohibited from divulging confidential client information to anyone without the client's permission. It is against this background that people living with HIV and survivors of GBV are confident to consult project staff on personal issues.

"It is our role as SWANNEPHA to preserve the human rights of the communities we work with, through realising that human beings are equal and therefore should be treated as such despite their HIV status without discrimination. It is also our responsibility to educate those who discriminate against PLHIV on how to live with them and also educate PLHIV with low self esteem on how to live positively."

- CTRF Project Officer (SWANNEPHA)

c. Cost Effectiveness

The CTRF project has put in place cost-effective measures to ensure the effective delivery of services to communities. The CTRF project officer explained that SWANNEPHA has in place strategies aimed at saving costs and at the same time reaching out to a larger number of people with limited financial and human resources. For instance, the traditional leaders explained that the Mbabane East Constituency provides the venue for CTRF project activities. As a result, the organisation does not spend any money on hiring a venue for project activities. The inkhundla also mobilises community members to attend activities. The organisation avoids advertising, instead using its funds to reach out to more people. Based on the feedback from CTRF programme staff, in order to attract a large number of people, it is important to provide food or refreshments for participants. SWANNEPHA asks that community members

prepare food that is consumed during the various events that are held. Trained members prepare food for other participants, leaving SWANNEPHA with the responsibility of buying the food to be cooked.



Figure 10: Women participating in group work during a workshop

d. Relevance

The comprehensive situational analysis conducted prior to the implementation of the project ensured that the identified needs of community members were also included in strategies for project implementation. According to information obtained in an interview with traditional leaders, they were involved in the early stages of the project design and formulation and their contributions were incorporated into the programme document. According to project staff, the programme was designed in such a way as to respond to the following challenges that fuel GBV: sexual abuse such as rape, alcohol abuse and gender inequalities. According to the CBVs, the project has assisted communities to openly discuss and respond to GBV. Strengthened community involvement has meant that even the most vulnerable groups have been empowered to share their experiences and seek help in an enabling environment.

The network has managed to successfully address the drivers of HIV, which are the prevalence of negative cultural practices and gender inequalities in communities.

Thandeka¹ is a woman in her late 30s, married to Butho and they have a child together. Thandeka, however, has four other children from four previous relationships and the children live in the rural areas with her parents because her husband will not approve of her bringing the children to their new home. Instead they stay with their only child Thami*. Thandeka loves her husband; however her husband is very abusive, both emotionally and physically. The husband always shouts at her and beats her. She explains his behaviour by the fact that he grew up in an abusive family where it was normal for his father to abuse his mother. Thandeka has been abused for 12 years; she can't leave her husband because she still claims to love him. However, she has started to attend the dialogue sessions hosted by SWANNEPHA and started to realise that her husband needs counselling and that they will have to seek assistance if he is to refrain from his abusive behaviour. She wants to help him to be able to communicate effectively rather than communicating through abusing her.*

The project is relevant given the high number of cases of GBV. SWANNEPHA addresses cases of GBV with support from staff at the community clinic and the community police. SWANNEPHA's partnership with the community police is premised on jointly addressing GBV cases. Since SWANNEPHA works closely with community members to conduct dialogue sessions, trainings and campaigns, the organisation also plays a role in encouraging community members to report cases of GBV to the local police station so they can get protection and assistance.

The organisation refers survivors of GBV reports perpetrators to the Victim Friendly Unit at the community police station. It also offers assistance in reporting incidences. The police, in response, investigate these cases. The police have also conducted awareness raising campaigns and produced IEC materials in partnership with the network and other organisations.

¹ Not her real name

The respondent at the Victim Friendly Unit at the police station indicated that they work closely with the Salvation Army clinic and SWANNEPHA to end incidences of sexual and physical abuse against women and children in the communities. The clinic is responsible for providing VCT services and medical attention for survivors of GBV who have been referred to them by SWANNEPHA. The Victim Friendly Unit is responsible for creating awareness among communities around GBV issues through training and dissemination of IEC materials addressing GBV. These materials explain what physical, sexual and psychological violence are, and how to identify the signs of abuse. As a result of the specific roles played by the three partners, reported cases of GBV have been handled expeditiously to curtail incidence.

e. Replicability

SAfAIDS developed a manual that SWANNEPHA uses to offer standardised training for trainers on the inter-linkages between GBV, women's rights HIV and culture. The fact that a standard manual is available means that is easier for other organisations in the region to utilise it in their own work and communities, thus making replication more effective.

The fact that a standard manual is available means that is easier for other organisations in the region to utilise it in their own work and communities, thus making replication more effective.

SWANNEPHA also keeps meticulous records which contain invaluable information that will help it to scale-up activities, and assist other national organisations to replicate efforts in other areas. Programme processes from the planning, implementation and monitoring and evaluation stages are all recorded. SWANNEPHA produces quarterly and annual reports, evaluation reports, case study reports, funding proposals, activity plans and newsletters. A report of the situational analysis is also available. All these documents are comprehensive and can provide a lot of insight into how the programme was started and run in other areas. In addition, in order to ensure that all Swazis

are aware of the CTRF programme, SWANNEPHA makes use of media. The organisation works closely with Swaziland's only radio station to air programmes. Since it is the only radio station in Swaziland, most people who listen to the radio know about the programme and have gained knowledge about the inter-linkages between culture, gender, women's rights and HIV.

f. Innovativeness

The CTRF project was introduced in a country where traditional and cultural beliefs and practices are still strongly observed and where they contribute to fueling GBV in communities, ultimately contributing to increased new HIV infections. Traditional leaders in these communities are the vanguards of culture who are responsible for preserving cultural practices. The unique of the CTRF project as implemented by SWANNEPHA is in the emphasis placed on meaningful engagement of traditional leaders who also occupy high offices in the political set up in Swaziland. As a result, changes in cultural practice are endorsed from the top, meaning that changes are, more often than not, maintained.

The level of buy-in for the programme is so high that traditional leaders themselves are at the forefront in educating communities on the inter-linkages between culture and gender based violence, women's rights and HIV.

There is urgent need to educate the young generation on the disadvantages of polygamy in this era that we live in. During our days polygamy meant that a man would officially and legally marry as many wives as he would see fit. The man would then take the responsibility of taking care of his family financially and emotionally. The wives would know the whereabouts of their husband and would treat each other with respect. But in this day and age, polygamy is now likened to having multiple sexual partners. Bride price is only paid for the first wife. The children born in these relationships are no longer the responsibility of the father but of the grandparents. The women on the

other hand also tend to have other sexual partners, eventually creating a web of sexual partners and in such circumstances HIV is inevitable. There should be strict laws that should be enforced by the Government to ensure that men take care of their children, such as maintenance. The young generation should be conscientised on the importance of VCT before engaging in sexual intercourse so as to minimise cases of HIV. It is difficult to eradicate polygamy as it is our tradition and encouraged in our country but there is need to educate people on the negative health effects of such negative cultural practices.

- Local Councillor (Mbabane East)

g. Sustainability

The programme is sustained through efficient skills and knowledge transfer among community members. SWANNEPHA initially trains and sensitises community based volunteers (CBVs) on the inter-linkages between culture, gender, women's rights and HIV. The CBVs then cascade the information to their peers, neighbours, families and colleagues. These CBVs are actively involved in the day-to-day running of the programme, facilitating dialogues, trainings, mobilising participants and in the monitoring and evaluation of the programme. To this end, they provide recommendations in the weekly reports which they produce during their door to door visits, articulating how the programme could be improved.

Ultimately the CBVs are responsible for the overall running of the project, with technical support from SWANNEPHA. Programme activities such as dialogues are planned and conducted by the CBVs in the absence of SWANNEPHA staff. Skills have been sufficiently transferred to make the programme sustainable, even after the project ends.

Furthermore, the cost of starting and running the programme in communities is very low. In the event that SWANNEPHA withdraws from the communities, traditional leaders noted that the programme will continue because the issues that are covered in the programme, HIV and GBV, affect

entire communities at a very personal level, and as such they need to be addressed. The buy-in and support of traditional leaders for the project, shows the project's potential to remain sustainable.

SWANNEPHA is also taking steps to ensure project sustainability through marketing the programme to relevant community stakeholders and potential funding partners such as UNESCO. If funding is received, not only would it help to sustain the project, but it would help the organisation to scale-up activities and specifically target in-school youth - an initiative which SWANNEPHA is planning to undertake in partnership with schools. The in-school programme will also focus on raising awareness of the inter-linkages between culture, gender, women's rights and HIV among young people.

4.5 Key project successes

The CTRF project has achieved success in the three communities where it is being implemented. During the interviews, participants mentioned some of these successes as:

- Increased meaningful involvement of people living with HIV in project activities
- Women are more aware of their rights and have become more assertive in exercising them

Women are now able to participate during mixed sex dialogue session; they are able to voice their opinions on issues that affect them. Most women indicate that if they suspect that their husband is having an extra marital affair, they negotiate condom use.

- Female participant during a FGD

- Improved condom uptake by the community members

We have noticed that there has been an increase in condom uptake. We distribute condoms in the clinic and some of the condoms are put in toilets where we have noticed an improved uptake and some people come to the clinic to ask for condoms.

- Local clinic staff

- Improved adherence to medication by people living with HIV.
- Reduction in cases of gender-based violence.

Awareness campaigns against GBV by the victim friendly unit in partnership with SWANNEPHA have played a pivotal role in the reduction of GBV incidences. Our department provides information on legal action taken by the police in cases of GBV. We also encourage survivors of GBV to report the perpetrators so that legal action is taken.

- Police Officer

- Reduction in cases of sexually transmitted infections

The use of condoms by most people has led to a reduction in STI cases. SWANNEPHA has played a critical role in conscientising the community on the effects of unprotected sex.

- Local clinic staff

- Increased number of people accessing VCT.
- Reduced cases of harmful cultural practices, in particular wife inheritance.
- Improved knowledge around the linkages between culture, gender, HIV and AIDS.

4.6 Challenges

Notwithstanding the successes noted in the project, there are some challenges that may hinder the organisation from realising the project's full potential if no strategies are put in place to counter them. The challenges highlighted are discussed below:

a. Scale up activities

The project is effective in facilitating community engagement and dialogue around the socio-economic and cultural issues which underpin inequalities between the sexes and support the infringement of women's rights. The project is being undertaken with the aim of reducing HIV incidence in Swaziland. Project activities should thus involve all community members, including

young people; in-school and out-of-school youth, instead of targeting the older men and women in the community. SWANNEPHA therefore plans to include all groups in the project's scale-up plan.

b. Monitoring and evaluation framework

The monitoring and evaluation framework for the CTRF project is not well developed. It is, therefore, difficult to address emerging issues regarding HIV or the views of the community on the project. Ideally SWANNEPHA needs to put in place systems and structures to ensure tracking of all cases of GBV reported, and information on the actions taken thereafter. The same applies for tracking of new HIV infections. SWANNEPHA is planning to work more effectively with clinic staff to ensure accurate and consistent data collection to inform project activities and interventions. The data will then be used to measure impact of the project.

c. Changing culture is a process

SWANNEPHA reports that in the early stages of the programme project staff met with resistance from traditional leaders. Some traditional leaders felt that the programme was going against the country's beliefs and practices and as a result the project sought to dismiss the values held dear by the Swazi people. However, after efforts were made to explain the effects of harmful cultural practices on high HIV infection rates, the traditional leaders were more willing to accept the programme.

It should be noted that the network does still encounter some resistance to change; cultural practices such as polygamy and multiple concurrent sexual partners still take place in some communities. It must also be noted however that resistance has significantly declined as the results of the project, are seen.

4.7 Lessons Learnt

The CTRF project offers several valuable lessons that can inform other organisations and stakeholders as they design and implement their own HIV and GBV projects in southern Africa and beyond. Some key lessons are highlighted below:

a. Project planning and design

Project activities should be designed in such a way that they complement each other. SWANNEPHA offers a clear example of an effective project cycle. Ensuring leadership buy-in and community sensitisation and ownership early on is crucial to the success of a project.

In the initial stages of the programme SWANNEPHA sensitised traditional leaders on the programme and sought to transfer skills to community members very early on by training CBVs who in turn trained their peers and other community members on the inter-linkages between culture, gender, women's rights and HIV. The CBVs are involved at every step of the project. CBVs are influential in identifying information gaps on GBV and HIV, which are then addressed with the support of SWANNEPHA.

b. Stakeholder engagement



Figure 11: Stakeholder Engagement Chart

The need to engage other stakeholders, for instance the local police and health delivery centre staff from the outset is a key learning point. These players determine the success or failure of the project because they are also working in the project to offer related services. Coordinated activities achieve better impact. SWANNEPHA's partnerships with the Mbabane Police, Salvation Army clinic and Mbabane

East Inkundla Traditional Leaders has served to make their impact bigger in terms of holistic services through referrals where the network itself does not have the capacity or mandate to provide needed services.

4.8 Way Forward

SWANNEPHA intends to scale up its project activities through reaching out to in-school and out-of-school youths so as to 'catch them young'. Through schools and youth-friendly centres, SWANNEPHA will offer training and information on the linkages between culture, gender, HIV and address issues that youth face including rape, forced marriages and early marriages.

In the same vein, SWANNEPHA will continue to provide training to communities, sensitising community leaders to ensure that political commitment to the initiative is maintained. In this regard, SWANNEPHA will strengthen its partnership with NERCHA and the Ministry of Health. More capacity building initiatives targeting project staff will be conducted with the aim of equipping staff members with enhanced skills in monitoring and evaluation, fundraising and advocacy skills.

4.9 Conclusion

Information from interviews with various key respondents indicated that addressing HIV through cultural dialogue with communities was a relevant intervention in the communities documented. Initially the organisation encountered some challenges in confronting harmful beliefs and practices inherent in Swazi culture and tradition because culture is so strongly observed, preserved and respected in the country. However, consistent engagement through community-facilitated and moderated culture dialogues and training has reaped some results, and communities now exhibit more knowledge on the ways in which harmful cultural practices fuel incidences of GBV and new HIV infections in their communities. The fact that community members have been capacitated with the information necessary to critically think about and debate these issues within their communities, and then supported to make changes, has the potential to ensure lasting positive changes that will turn the tide of the HIV epidemic in Swaziland.



5.1 Introduction

Nhlangano is situated in the Shiselweni Region, about 90 kilometres south of Mbabane, the capital of Swaziland, and approximately ten kilometres from the South African border. The Shiselweni region has the country's lowest HIV prevalence rate of 38.5% as compared to the other three regions. Nhlangano means 'meeting place'. The town was named after the meeting held between Swazi King Sobhuza II and King George VI of the United Kingdom in 1947.

Nhlangano is the third largest town in Swaziland, and is the largest town in the southern district of Shiselweni. It is also known as "the hub of the south". It has a number of agricultural and small industrial projects. The local population, estimated at 6,000, mainly depend on agriculture and forestry for their income.

5.2 Project Start-Up

As with other regions in the country, Nhlangano is not spared by HIV. In response, Nhlangano AIDS Training Information and Counselling Centre (NATICC) a church-based, non-profit organisation that provides training, information and counselling on HIV was formed in 2002. The organisation is

Through funding from Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS), NATICC is implementing the 'Changing the River's Flow' programme, in three chiefdoms, Mbilaneni, Dlovunga and Magwaneni.

in three chiefdoms, Mbilaneni, Dlovunga and Magwaneni. All three chiefdoms are situated in the rural area.

According to the NATICC CTRF programmes staff, in implementing the programme NATICC aims to encourage and support in and out-of-school youth to critically explore the linkages between HIV, violence, sexual rights and to foster a realisation amongst youth that they have the power to bring about meaningful change in their lives, and in the lives of family and community members.

The CTRF programmes manager indicated that the project mainly focuses on training youth to build a critical mass at all levels that will effect change in structures, systems, laws, practices and beliefs. The programme again is expected to promote gender equality, and ultimately reductions in new HIV infections in the chiefdoms. Youth activities are undertaken in churches and schools as well as community gatherings and sports galas.

Youth do not live in isolation. Although the primary target of the project is youth, NATICC is also implementing activities with youth support systems including women, men and custodians of culture.

NATICC's project is based on the premise that gender inequalities are perpetuated by the existence of patriarchal structures in African cultural contexts, including in Swaziland. In these, women are viewed as mere sex objects who should be subordinate to their husbands and other male relatives.

An interview with one of the traditional leaders revealed that women are not allowed to question decisions made by their husbands, and as a result, husbands are free to marry additional wives or engage in extra-marital affairs without their wives' consent. Wives however are expected to be faithful. Protecting themselves from contracting HIV thus becomes difficult as women are not expected to negotiate safer sex lest they be accused of infidelity or disrespect. The fear of violence and withdrawal of material support is also an impediment to women's ability to negotiate for safer sex.

Women in Swaziland, for a variety of reasons, some of which have been outlined above, remain susceptible to HIV infection despite the advances made in HIV prevention initiatives in southern Africa. It is against this background that NATICC aims to address harmful cultural beliefs, practices and gender inequalities prevalent in Swaziland that contribute to the spread of HIV.

NATICC realised that communities have an important part to play in curbing gender violence and ultimately in reducing incidences through raising awareness on the links between culture and gender inequalities in the spread of HIV.

The CTRF project as implemented by NATICC is based on the understanding that the roots of violence against women begin with the inferior position they are accorded in most African societies. This is sustained by complex beliefs and practices within communities that systematically continue to undermine women. Any meaningful programmes to end violence, reduce women's vulnerability to HIV and increase their access to resources must therefore start by unlocking the fundamental beliefs, practices and customary laws that promote male dominance, treat women as secondary citizens and continue to widen the power imbalances between men and women. NATICC believes that youth, as future leaders should be supported to think critically about the linkages between culture, HIV, violence and women's rights in general.

NATICC also targets sex workers with information, condoms and activities. NATICC realised that there was need to promote safer sex among sex workers because of reports that some sex workers engaged in unprotected sex because some clients offered a higher price for unprotected sex.

Despite the availability of information on HIV, knowledge on the influence of tradition and cultural beliefs and practices in contributing to the epidemic remains scarce in many rural communities in Swaziland. As a result, in implementing the project NATICC aims to highlight the link between culture, gender-based violence, HIV and women's rights. The project is in line with the country's HIV and AIDS National Strategic Plan which outlines the need to address HIV and AIDS through a gendered

perspective. The Plan also emphasises the need for projects encouraging positive behaviour change as a strategy in curtailing the spread of HIV.

5.3 Key project activities

At project start-up, NATICC held sensitisation meetings with the chief and other key stakeholders in the communities. The organisation used this opportunity to introduce the project to community leaders and other custodians of culture.

a. Engaging traditional leaders

A one-day meeting was held in the three communities which was attended by custodians of culture, including chiefs or their representatives; inner counsellors and church leaders. High community attendance by these stakeholders (84 men and 129 women) was very important and instrumental in achieving community interest and buy-in during the earliest stages when the project was introduced to communities.



Figure 12: Traditional leaders taking part in community activities

We are glad to be the first ones to be notified about the project therefore we are willing to work together with NATICC in this project.

- Traditional leader

b. Training of community-based volunteers

NATICC trained 215 male and 265 female community based volunteers who were identified through churches, schools, soccer and netball teams on the inter-linkages. The 480 trainees were from all three chiefdoms. NATICC chose the community members who were invited to the CBV trainings very carefully. They identified and invited individuals who exuded leadership qualities and who were already active in addressing HIV and GBV issues in their communities.

Following the Cascade Model of training, after they were trained, the 80 CBVs in turn trained their peers, educating them on the risks of harmful cultural practices and their inter-linkages with high incidences of violence against women and HIV in their communities. The training in particular focused on the influence of intergenerational sex in fuelling the spread of HIV. In NATICC's 2009 annual report there is evidence that most young women in Nhlangano felt that youth in their communities were at high risk of contracting HIV due to the desire for a "modern and western lifestyle that revolves around money and its accrual". As a result many young women would sleep with 'sugar daddies' in order to get money for clothes, food and entertainment.

The training offered by NATICC aimed to encourage confidence and assertiveness in young women. It was hoped that in this way young women would feel more empowered and confident about negotiating for condom use and in exercising their rights. If women are more confident in claiming their rights and in making decisions about their bodies, their risk of contracting HIV is reduced. Since young women negotiate condom use with men, NATICC also trained men, focusing on encouraging the men to support women and respect their views.

Young men in relationships were also targeted and encouraged to go for voluntary HIV counselling and testing with their partners. Jointly, young men and women participated in dialogue and discussions around how some cultural beliefs and practices contribute to incidences of violence and increase young peoples' susceptibility to HIV. The sessions

were designed to allow youth to explore pertinent sexual and reproductive health issues and to come up with strategies to address the identified harmful cultural practices.

NATICC realised that another challenge facing young women is a high rate of early pregnancies. Adolescents and youth constitute a significant proportion of the population of Swaziland. They also contribute to the high fertility rate, as shown by the high proportion of teenage pregnancy. This is evidenced by the high incidence of teenage antenatal attendance and high rate (27%) of institutional deliveries among teenagers.

It is estimated that a quarter of the 56% of women giving birth at health institutions are adolescents aged 15 to 19 years (Zwane, 2005). As a result, early childbearing is often considered inevitable among young girls in Swaziland, although it is recognised as an impediment to improvements in the educational, economic and social status of women.

For female adolescents, early marriage and early motherhood can severely curtail educational and employment opportunities, which can have long-term adverse impacts on their quality of life and that of their children. In turn, poor educational attainment and lack of economic opportunities and sexual exploitation are important factors that contribute to high levels of adolescent and teenage pregnancy. It is against this background that the NATICC CTRF project aimed to address the challenges that affect young women through training CBVs who in turn train young men and women and their support systems.

c. Community Dialogues

NATICC hosted community dialogue sessions with youth, men, women and custodians of culture separately. Based on the feedback from the CTRF programme officer, in the year and a half that the organisation had been implementing the project, the programme had reached 217 males and 403 females through the cultural dialogue sessions in all the three communities. The culture dialogues sessions focused on discussions about those cultural beliefs and practices that contribute to the perpetuation of gender-based violence

in communities. Other issues that exacerbate inequality and which were discussed include unsupportive legislation; limited opportunities for women in national development; poor access by women to the means of production, education and health; and gender discrimination based on gender.

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of the fact that they had the power to change harmful practices within their communities while traditional leaders reported feeling more confident about putting in place and supporting measures to curtail cases of GBV in their communities.

Traditional leaders in the areas where NATICC is working were reportedly increasingly leading from the front in terms of GBV and HIV prevention and mitigation interventions. Since project inception traditional leaders were reportedly very active in encouraging voluntary counselling and testing (VCT) prior to entering into a sexual relationship with someone new as an effective way of curbing the spread of HIV. Furthermore, traditional leaders were also leading by example and taking HIV tests. Women in the communities in which NATICC is implementing the project also report that the dialogue sessions have helped them to open up to their husbands and partners in order to express their concern and resentment of some harmful cultural practices which they explain have been imposed on them and which they believe place them at increased risk of contracting HIV. Some of these practices include 'ukwendzisa' - (forced marriage) and 'sithembu' (polygamy).

The dialogue sessions allowed community members to explore issues within the settings in which they occurred. Following the dialogues, community members often indicated that they had a heightened appreciation

NATICC partners with the police officers in the crime prevention and gender based violence units in the local police station in Nhlangano to ensure that legal action is taken in cases of GBV. Traditional leaders also play an important role in addressing cases of GBV in the traditional courts in which they sit. Since the CTRF project was implemented in the communities, women reported that the traditional courts had become more friendly places for women who went there to report incidences of violence from at the hands of husbands, partners or other family members.



Figure 13: Men participate in a focus group discussion

d. Community Gala

NATICC marked the birth of the CTRF project in Mbilaneni, Dlovunga and Magwaneni by holding a community gala which was made possible with financial and technical support from SAfAIDS. The event was organised and held in partnership with the local clinic, police, local schools and traditional leaders. The gala was reportedly attended by 121 males and 144 females from all three communities. The gala was an effective vehicle to reach a larger number of people. A variety of information dissemination methods were used to reach participants. These methods included dance, thematic songs, poems, and distribution of IEC materials containing information on the inter-linkages between gender, women's rights, HIV and culture. The interest that the gala generated in the project went a long way in cementing the project's popularity among communities in Nhlangano.

NATICC invited key stakeholders and service providers working in the community to participate in the gala, and to provide participants information



Figure 14: Participants at the community gala

and services which were directly linked to the work that service providers were doing in the communities.

5.4 Elements of Best Practice

The programme was implemented in the rural settings of Swaziland where cultural beliefs and practices are deeply rooted and prevalent. In these communities it is viewed as normal for almost every household to be a polygamous one, and the physical and sexual abuse of women by their husbands is common. The Chief at Mbilaneni was quick to point out that he and his council have, in collaboration with NATICC and the local police, been addressing cases of GBV in their community. He noted that in most instances the causes of GBV could be attributed to alcohol abuse and extra marital affairs by men which triggered disagreements with between couples. He explained that it was unfortunate that women were most often on the receiving end of such abuse and that in most instances women tended not to report the abuse out of fear of experiencing further abuse or rejection by their husbands. The traditional leaders in Mbilaneni did acknowledge that traditional cultural practices such as polygamy, wife inheritance, *tibi tendhlu*, and forced marriages were still practiced in their communities.

NATICC had managed, through the CTRF programme, to capacitate communities with the knowledge and information necessary to bring about self introspection and the ability to start to challenge harmful cultural practices that fuel the spread of HIV in their communities. In order to examine the elements of the programme which are most crucial to its success, and which can inform replication and scale-up of similar

project, the documentation process focused on an assessment of the clarity of programme objectives. The documentation team focused on the extent to which the objectives were informed by community needs and on assessing how the involvement of communities in the project cycle supported the attainment of objectives. The following elements of the project were assessed:

a. Effectiveness

A number of men and women who were interviewed during the interviews and focus group discussions agreed that prior to the implementation of the CTRF project in their communities; stigma and discrimination

Furthermore, women who experienced physical, sexual or emotional violence from their partners could not openly discuss this with their peers, elders or families. Incidences of violence were regarded as domestic issues which could not be discussed in public.

against people living with HIV was high. Furthermore, women who experienced physical, sexual or emotional violence from their partners could not openly discuss this with their peers, elders or families. Incidences of violence were regarded as domestic issues which could not be discussed in public.

which could not be discussed in public. The abuse of women by their husbands was common; men physically abused their wives, forced wives to have unprotected sex, and indulged in extra-marital sexual relationships, placing their wives in a position where they were more vulnerable to contracting HIV. Young women were physically abused by their boyfriends, left with unwanted pregnancies and abandoned in rural areas.

However, since the inception of the project and with NATICC successfully training community members in partnership with the local clinic, church and the police, community members report having more information about the ways in which culture, gender and HIV are linked and on where to find HIV and GBV information and services. The project, through the information and training shared, has also cemented collaborations between NATICC, the local police and clinic staff, making the handling

of GBV cases in an integrated and timely manner much easier. Due to reductions in levels of stigma, women report feeling more able to open up and share information on personal experiences around cultural beliefs and practices that contribute to abuse and ultimately HIV infections, as explained by one women during the interview:

I have been married for almost 20 years to my current husband, Joshua. Joshua used to be a drunkard and under the influence of alcohol he would find fault in everything I did. For instance he would accuse me of not taking care of his parents and physically abuse me for that. He would then walk out in the middle of the night and sleep out. It wasn't until later that I was informed that he had a girlfriend in another community and it had become a routine that he would physically abuse me and sleep out. Sometimes he would force me to have unprotected sex with him. In our culture it is difficult to negotiate for condom use. So as a result I had to give in in order to save my marriage. After a few years I got sick and I went for VCT. That is when I found out I was HIV positive and my husband also tested positive. When the project was introduced to us, I learnt of the inter-linkages between gender, culture and HIV, and I also trained as a CBV. I am living positively and I have accepted my status and as a result I am able to train other women and educate them on negotiating for condom use with their partners and encourage them to go together with their partners for VCT. I don't want women in my community to go through my experience, my husband has since rehabilitated, he no longer drinks beer and he participates in the dialogues and also encourages men to respect their partners and to desist from extra-marital affairs. The CTRF transformed my life and my husband, we live positively and healthy and we share knowledge with community members.*

*Not his real name

- Interview Participant (Mbilane)

Community involvement in the programme was reportedly very high as the programme targeted all community members with information, as well as targeting specific sections with capacity development in order to ensure the transfer of skills, as well as greater project ownership. NATICC was very careful to recruit an equal number of men and women as CBVs so as to ensure gender balance in the project, and in the people reached. As a result, community leaders and CBVs have taken a very active role in encouraging community members to access HIV counselling and testing. Community based volunteers are very active in information dissemination and sharing knowledge with community members.

b. Ethical soundness

The programme is an all-inclusive intervention that targets all community members, both women and men in the communities. It upholds the principle of non-discrimination and targets vulnerable groups such as women and people living with HIV. NATICC also provides VCT and counselling services to

NATICC also provides VCT and counselling services to survivors of gender-based violence and people who would have tested HIV positive. Confidentiality is an important value practiced by all project staff members.

survivors of gender-based violence and people who would have tested HIV positive. Confidentiality is an important value observed and practiced by all project staff members.

A mobile VCT clinic is run by NATICC HTC staff. Medical staff at the local clinic offer HIV testing while NATICC staff offer counselling. The partnership project began due to a realisation by NATICC staff members that as they increasingly encouraged people to speak out about GBV and to know their HIV status, the organisation had a responsibility to bring testing services closer to the people, as well as to provide further on-going psycho-social support through counselling for survivors of violence and those who would have tested positive for HIV to ensure that they get as much support as they need.



Figure 15: Women participating during a Focus Group Discussion

Traditional leaders are also brought together regularly in order to encourage discussions on progress made in their communities regarding tackling and addressing harmful cultural practices. During these feedback sessions the traditional leaders share information on the number of GBV incidences they addressed in their communities and explain whether any positive change was being realised.

Regular dialogue sessions with traditional leaders were also very important for providing a platform where different traditional leaders from different communities could share experiences on progress in their communities and learn from each other.

a platform where traditional leaders from different communities could share experiences on progress in their communities and learn from each other.

c. Cost effectiveness

NATICC has been implementing cost-effective measures to reach out to more people with minimum resources. The organisation avoids channelling funds for hiring of venues for activities. In order to cut costs incurred in the hosting of

community dialogues for a large number of people, community leaders provide venues for the meetings and community members prepare food for participants for a small fee. Community leaders have also been in charge of mobilising participants for activities, which has led to NATICC achieving impressive turnout of participants who live within a walking distance to the venue. The organisation's transport costs have therefore also been reduced.

We do not cover any transport, venue or accommodation costs when we want to talk to the communities. We just need to inform the chief's council of our intentions and the CBVs who are responsible for going door-to-door inviting community members to the dialogues. Sometimes the only challenge that we face is of numbers. It is difficult to say that we want to conduct training for 25 people and get the exact number; in most instances we get double the number because the programme has gained support and participation during the dialogues or trainings is high. It is even cheaper to conduct dialogue sessions because the expenses that we only incur are those of refreshments and fuel from the office.

- NATICC Programme Officer

As a result of these savings NATICC is able to channel 80% of the programme's funds towards programme implementation, with 10% being earmarked for administration costs. NATICC uses the funds to reach out to more people.

d. Relevance

Cultural practices are deep-rooted among the Swazi people. Encouragingly, although polygamy is still observed and encouraged, there is a move towards emphasis being placed on the need to seek HIV testing and counselling before marriage. Although the Swazi find it hard to challenge polygamy because of its popularity in Swaziland; community members are identifying and challenging the practise of widow inheritance and forced marriage due to the realisation that these practices play a big role in fuelling the spread of HIV.

The story of Mbilane Chief's widows, Lazulu and Lamntfwanenkhosi:

"To us polygamy is something normal as we were socialised in a polygamous family. As a result, we both got married to the Chief. However, ours was a different setting from the polygamous marriages we know where the wives would compete against each other and try to win the man's heart. We got married the same month and we liked each other and eventually became more like sisters living under one roof with different bedrooms. We have been living together happily even after our husband passed on. We continue to share the house and our children know that they have two mothers. Our relationship is different from other women in polygamous settings. Currently we are running the day-care centre for the children and we are Community Based Volunteers."

The current Chief of Mbilane is Malambule Mdhluli, a young, energetic and unmarried young man who is actively involved in the NATICC programmes through the facilitation of dialogues and ensuring that people attend activities. He is a typical example of a stakeholder who supports and participates in the project. The Chief was recently medically circumcised after hearing HIV awareness campaigns encouraging circumcision. The Chief also went for HIV testing and is currently advocating for all men in his community to go for medical male circumcision and HIV testing with their partners. During an interview the Chief explained:

I am yet to get married and I will marry many wives. However, before I marry, I will go with my partners for HIV testing and will occasionally conduct group HIV testing with my wives. In my community I encourage men to use condoms in all their sexual encounters and to go for HIV testing with their partners. I am also part of the council that addresses cases of GBV in the community. We ensure that all cases are reported and handled accordingly because we are trying as much as possible to reduce the cases of GBV.

- Chief Malambule Mdhluli

In addition, as an indication of the importance of NATICC's CTRF programme in the three communities, there has been an increase in the number of local people who approach NATICC for help or counselling in matters of GBV. This has since been a common pattern for both men and women.



Figure 16: Mamzulu and Mamankosi

e. Replicability

The project can easily be replicated in other communities in the country and in the region. Project activities are documented through progress reports, CBVs' weekly, monthly, quarterly, annual reports and as well as monitoring and evaluation reports.

The annual work plan also sets out specific activities, target groups, intended outputs and outcomes of the activities and methods to be employed that would provide clear guidelines for replication.

employed that would provide clear guidelines for replication.

The extensive documentation of project activities ensures easy replication of the programme for those who want to adopt a similar initiative or those who are implementing the same programme but want to ensure that their programme is effective. Project documents clearly outline successes, challenges, lessons learnt and recommendations which make replication easy.

f. Innovativeness

The project was implemented in a rural setting where strong cultural beliefs and practices abide, where community leaders guard their culture jealously and preserve cultural practices such as wife inheritance, polygamy and forced marriage. The project, however, managed to penetrate the community and to engage the leaders as important agents of change who are actively involved in challenging harmful cultural practices and beliefs. The project has been innovative in primarily targeting community leaders.



Figure 17: Focus group discussion with women

g. Sustainability

The involvement of traditional leaders as agents of change and the training of CBVs whose home is in the communities will ensure sustainability after the project ends. Community members will still be able to conduct training for their peers making use of the skills they have acquired from NATICC. Key stakeholders, among them the police, the clinic and the church can also be counted on to ensure that the project is maintained, and that activities are conducted in a timely manner, given their high level of participation and ownership of the project to date.

The police, the clinic and the church have also been working closely with NATICC in the CTRF project. Among other functions already discussed in this report, the clinic is responsible for providing VCT services to community members and family planning information and services for couples. The police handle GBV cases and the church and NATICC offer counselling services to couples.

NATICC's role as the focal point for GBV and HIV services and information in the communities allows for a coordinated response with referrals made for guaranteed timely and relevant services. In the event of NATICC phasing out the programme, communities will not be left without any form of recourse for information and services as the other stakeholders will continue to play their role in the communities with the assistance of the CBVs.

5.5 Key project successes

The project has registered key notable successes that have enabled it to be identified as a Good Practice in HIV and GBV prevention models. Participation in the project is high, and the ability of the organisation to get the buy-in and active participation of chiefs, and to maintain this participation over the long-term must be commended.

The project has been very useful in getting women to talk freely and openly during the mixed dialogue sessions. The fact that women were being more assertive and confident about airing their views on certain negative cultural practices that perpetuated gender-based violence is an achievement, especially in culturally conservative communities in Swaziland:

I attend the dialogues and I urge my female friends to participate because this is the only platform that we can be listened to as women. Men should know that as women we also have rights and need to be treated with respect. I am really grateful for the project that NATICC is providing to our communities because we are learning more on HIV and AIDS. We need more activities so that they can also reach out to other communities.

- Women focus group discussant

During an interview the Chief of Mbilane noted that there has been improved condom uptake by

young men in his community. Most young men reported that they used condoms during sex. He attributed this achievement to the training courses offered by NATICC under the CTRF project. The local clinic medical officials confirmed

that condom uptake had significantly improved as a result to the project.

Cultural practices such as forced marriage and wife inheritance are also reported to be on the decline due to the CTRF project. The Chief was very outspoken about the need to encourage women to report cases of abuse or forced inheritance to the traditional court in which he sat. Here, he promised, he would do all he could to bring perpetrators to book and to do his part to ensure a reduction in cases of GBV and HIV in his community.

In order to make the most impact and to achieve the most long-lasting changes, NATICC aims to scale-up the project to reach more communities so that they also receive information and so that they can be capacitated to advocate for the redressing of harmful cultural practices.

5.6 Challenges

The CTRF project provides communities with chances to reflect on the impact of the cultural practices they observe on national HIV prevention and mitigation efforts. They are supported in their

efforts to identify good cultural practices that need to be preserved, as well as the harmful ones that hamper individual's ability to protect themselves from HIV.

Because changing cultural beliefs and practices is a process, and not an easy or fast one, the organisation has found it difficult to measure impact.

Because changing cultural beliefs and practices is a process, and not an easy or fast one, the organisation has found it difficult to measure impact. A process that normally takes a long time can reasonably be expected to take longer in Swaziland, where traditional and cultural beliefs are commonly held and deeply rooted into the very fabric of society. NATICC has achieved some successes, and will continue working to achieve maximum impact and success.

5.7 Lessons Learnt

- The early involvement of community leadership is important to fostering programme ownership and participation. In NATICC's case, the community leaders have become important ambassadors in the identification of CBVs to be trained for the project.
- The CBVs are the heart of the project. Ensuring that implementation and sustainability of the project hinges on these CBVs is key to project success and future sustainability. In the event that the project implementers are not in the community, well trained volunteers with a strong sense of ownership of the project are quite capable of ensuring that activities such as dialogue and training sessions can go on.
- Meeting separately with key players, among them community leaders, women, men, youth, and finally bringing the groups and sexes together is a vital strategy for eliciting information, crafting strategies and ensuring community consensus on the measures to be taken in their particular contexts. Separating the sexes in particular gives women the space to share their views and to build their confidence in sharing these views before the views from both men and women are shared and discussed at a later stage.
- Challenging cultural practices is a process requiring long term, sustained engagement, and a multi-sectoral approach. Formalised partnerships with relevant service providers and stakeholders are important for ensuring the provision of effective and relevant services.

5.8 Way forward

NATICC intends to scale up its activities under the 'Changing the River's Flow' project by targeting more communities with activities and information. The organisation realises that most communities in Nhlangano still practice harmful cultural practices that perpetuate GBV against women, leading to HIV infection. In response, the organisation intends to identify and train CBVs who have a passion to reach out to more people through training and dialogue sessions. NATICC also intends to work more closely with the young Chief of Mbilane who will act as an ambassador of the CTRF project in the area. The Chief will be responsible for encouraging young people to seek VCT services and refrain from risky cultural practices that promote gender inequalities and fuel HIV in the communities. The Chief set an example by going for HIV testing and male circumcision and has publicly committed his intention to go for VCT with his wife or wives prior to the marriage ceremonies. The Chief is a good role model for young men and women in Swaziland.

5.9 Conclusion

NATICC's efforts under the CTRF project in the three communities have instilled a sense of positive living among people living with HIV and AIDS through training on nutrition and treatment adherence. GBV cases have significantly decreased due to training on the linkages between culture, gender, women's right and HIV. The Chief noted that the number of GBV cases addressed per week had been reduced due to the awareness campaigns. Moreover the organisations' partnerships with key local stakeholders have also contributed to the success of the project where most people as reported by the local clinic, are gradually adopting more health-seeking behaviours and positive behavior change.

Figure 18: Community empowerment through dialogue



6. Overall Recommendations and Conclusion

It is critical to note that women in Swaziland are more vulnerable to HIV infection than men. As perpetual minors in terms of the law, Swazi women cannot make decisions, even on issues that affect them directly or individually. The fact that male domination is culturally supported in all spheres means that male involvement and commitment to interventions aimed at curtailing the spread of HIV is critical to addressing, and eradicating the continuation of harmful cultural practices.

SWANNEPHA and NATICC are only reaching out to six communities in the whole country. Project impact is limited. There is a need to replicate the project to other communities so as to realise and maintain change in the country as a whole.

There is also need to empower women in Swaziland on their rights as women, to empower them with the ability to effectively communicate to their male counterparts on issues pertaining to their sexual and reproductive health and rights. On the other hand, men must also be trained on how to redefine masculinities - with efforts being made to capacitate men to challenge toxic masculinities which

Men should be encouraged to become support systems for the women in their lives in an effort to curb the spread of HIV.

contribute to incidences of GBV and ultimately HIV infection. Men should be encouraged to become support systems for the women in their lives in an effort to curb the

spread of HIV. Finally, there is also need for civil society to advocate for changes in the Constitution of Swaziland that prohibit women from owning property and from having agency over their lives.

The 'Changing the Rivers Flow' Model - Touching Lives; Making a Difference

CTRF as a model that addresses HIV, gender imbalances and women's rights through interrogating harmful cultural practices is widely viewed as a Best Practice model by the communities in Mbabane East and Nhlangano. The programme has gained support from community leaders who, during the documentation process, were able to articulate the positive impact that the project has had on people in their communities. One community leader pointed out that:

The programme has enlightened our communities and has made us realise that harmful cultural practices can fuel the spread of HIV and GBV. The common thinking in our communities was that when one tested HIV positive we would be quick to think that the person might have engaged in promiscuous behaviour and that was the stereotype attached to HIV positive people. Whereas, as far as GBV was concerned, we would take it as normal that the husband has physically abused his wife or children and when it came to sexual abuse it was an in-house matter that could not be shared with outsiders. However, the programme has changed our thinking regarding harmful cultural practices and GBV. People are enlightened and cases of GBV are reported to the police. The training that we have acquired from CTRF programme contributed immensely to people condemning these harmful practices

The CTRF programme has enlightened traditional leaders in the communities on the effects of harmful cultural practices in relation to HIV and AIDS and the leaders have reacted positively and proactively to the project. Traditional leaders work in collaboration with SWANNEPHA and NATICC in subsidising project costs. For instance those relating the venue and the mobilisation of community members for project activities. Moreover community leaders also share knowledge with participants on the cultural practices that fuel the spread of HIV and speak out about the negative effects of GBV in their communities. They were instrumental in encouraging and supporting community members to report cases of GBV to the police, and go as far as referring cases from the traditional courts to the police where appropriate.

The involvement of both men and women in the CTRF programme as beneficiaries of the programme and as CBVs has been supported by the programme's holistic approach to addressing HIV and gender imbalances in non-threatening and non-blaming ways, but in ways that remain respectful or cultural

set-ups and the various contexts in which people are living. The environment is so conducive that men participate fully in project activities. The presence of men in the programmes has greatly contributed to the reduction of harmful cultural practices that are practiced, as men have the power to determine these issues. As noted in the male focus group discussions by one of the male respondents;

Involving men in the programme was a noble idea, because usually men are responsible for perpetuating negative cultural practices that leave women prone to HIV infection. Most men from the trainings and dialogues have adopted health seeking behaviour where they seek HIV testing and counselling activities. Again, the involvement of both men and women has enabled working together in an effort to reduce HIV infections and GBV incidences. We are now able to support our female counterparts in addressing harmful cultural practices that affect them.

The most popular identified harmful cultural practices in the communities that work with SWANNEPHA and NATICC are polygamy, forced marriages, widow inheritance and *tibi tendlu*. The CTRF model encourages communities and their leaders to engage and discuss sensitive issues in a non-judgemental manner. The premise of the model is the acceptance and appreciation of the existence of various cultural practices that occur in communities. The model starts from a position that emphasises respect for peoples' cultures and their way of life. Particular emphasis is placed on information provision around harmful cultural practices, and support for communities to change, or eradicate these harmful practices; *tibi tendlu*, forced marriage and widow inheritance. Positive practices are encouraged, if they contribute to efforts to reduce GBV and new HIV infections.

The CTRF project has enabled community members to realise that harmful cultural practices do fuel HIV infection and GBV.

You would realise that in most instances in practices such as widow inheritance, people would not bother about knowing each others' status before they sleep together. However due to the training received from the CTRF trainings and the follow-up dialogue sessions,

most people are cautious about their sexual behaviors. I have noticed that after the trainings we attend to increased numbers seeking HIV testing and counselling and condoms.

It is because during the CTRF trainings they are referred to the clinic for condoms and HIV testing and as a result many of them visit the clinic. It should also be noted that the 'Changing the River's Flow' model enhanced communication round sex and sexuality issues within the communities where the project was implemented. The most evident result of this is that women feel more empowered to speak freely about issues that affect them in relation to their sexuality and reproductive health without fear of victimisation and without worrying about certain taboos. The cultural dialogues provided a platform where men and women, separately, and jointly could interrogate their cultural practices in relation to their contributions to high incidences of gender based violence and HIV. As a female interviewee explained:

It is amazing how the programme has changed my life. I feel more human and more appreciated and when I talk I know everyone listens to what I am saying. The dialogue sessions have come at a right time where we were regarded as inferior and no one would listen to what we had to say. The training on the interlinkages between gender, HIV, women's rights and culture has placed us in a position where we are appreciated and men treat us as equals.

The programme has equipped women with the necessary skills to open up and speak freely during discussions that involve both men and women. Although there are some challenges, and progress is slow in some respects, in particular around women's rights and gender equality, the programme should be credited for creating a platform where women's rights are addressed in the context of HIV, gender and culture. Addressing culture, and the norms, beliefs, practices and stereotypes that support cultures in order to ensure greater gender equality and that women are able to enjoy their rights and protect themselves from violence and HIV can only be done through a long process. It is evident, however from this report that with the right approach, and through a multi-stakeholder approach that foregrounds the participation of community leadership, the goals are achievable.

7. References

- Booth, Alan. 1985. Homestead, State Migrant Labour in Colonial Swaziland. African Economic History.
- Jackson, Helen. 2002. AIDS Africa: A Continent in Crisis. Harare: SAfAIDS
- NATICC. 2010. 'Changing The Rivers Flow' Quarterly Report,
- SWANNEPHA. 2010. 'Changing The Rivers Flow' Quarterly Report,
- UNDP. 2001. Gender Focused Response to HIV and AIDS in Swaziland. Mbabane: UNDP
- Zigira, Christopher. 2003. HIV/AIDS Prevention, Gender and the Challenge of Tradition. Blue Moon Printing

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