

# External Evaluation Report

For the project:

**‘Leave No One Behind: Towards A VAW/G Free Eswatini’**

**Final Report**



Cover Photo by Zandile Nkambule

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Evaluators: K.J.B. Keregero, Ms H.Z. Nkambule and Mrs. N.E. Ntshalintshali  
- Centre for Empowerment and Development

Organization Commissioning the Evaluation: Swaziland Action Group Against Abuse



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## LIST OF ACRONYMS AND ABBREVIATIONS

AGYW	-	Adolescent Girls and Young Women
ACRWC	-	The African Charter on the Rights and Welfare of the Child
AU	-	African Union
CEDAW	-	Convention on the Elimination of All Forms of Discrimination Against Women
CF	-	Community Facilitator
CPWA	-	Child Protection and Welfare Act
CRC	-	Convention on the Rights of the Child
CRPD	-	Convention on the Rights of Persons with Disabilities
CWDs	-	Children with Disabilities
DGFI	-	Department of Gender and Family Issues
DPMO	-	Deputy Prime Minister's Office
DU	-	Disability Unit
FGD	-	Focus Group Discussion
GBV	-	Gender-based Violence
GBV-CN	-	Gender-based violence Coordination Network
IP	-	Implementing Partner
KII	-	Key Informant Interview
OPDs	-	Organizations of Persons with Disabilities
PWDs	-	People with Disabilities
SODVA	-	Sexual Offences and Domestic Violence Act
SRH	-	Sexual Reproductive Health
SWAGAA	-	Swaziland Action Group Against Abuse
TCD	-	Transformational Community Dialogues
UN Trust Fund	-	United Nations Trust Fund to End Violence Against Women
UN	-	United Nations
UNICEF	-	United Nations Children's Fund
VAW	-	Violence Against Women
VAW/G	-	Violence Against Women and Girls
WGWDS	-	Women and Girls with Disabilities

## **EXECUTIVE SUMMARY**

### **Introduction**

The Leave No One Behind Project: Towards a VAW/G Free Eswatini was a UN Trust Fund to End Violence Against Women (UN Trust Fund)-supported project that ran from October 1, 2019, to September 30, 2022 (with a no-cost extension until December 31, 2022). It was implemented jointly by the Swatini Action Group Against Abuse (SWAGAA) and Bantwana Initiative Eswatini (BANTWANA). The project aimed to improve the safety and protection of 3,000 adolescent girls and young women (AGYW) with disabilities and refugees (10-24 years) from violence at the family and community levels in the Lubombo region of Eswatini. It was grounded in gender and power analysis, framed VAW/G as a power-based violence, and used social norms change theories and approaches to address the root causes of VAW/G, including gender inequality, harmful social norms, and lack of knowledge and skills. The project's specific objectives were to:

- 1) Increase support for gender-equitable norms and protection of AGYW with disabilities and refugees from violence among 6,250 community members (men and women) in the Lubombo region.
- 2) Improve positive parenting practices among 2,900 caregivers of AGYW with disabilities in the Lubombo region.
- 3) Improve the agency and safety from violence for 3,000 AGYW in the Lubombo region.
- 4) Strengthen the provision of VAW/G prevention, response, and support services among service providers in the Lubombo region.
- 5) Strengthen the institutional capacity of the project's implementing partner, SWAGAA, to sustainably respond to VAW/G in the COVID-19 pandemic and other crises.

### **Methodology**

SWAGAA and BANTWANA commissioned an independent end-of-project evaluation to measure project achievements and capture key project learnings under the following objectives:

- 1) Evaluate the entire project against the effectiveness, relevance, efficiency, sustainability, and impact criteria, as well as the cross-cutting gender equality and human rights criteria, and institutional capacity strengthening.
- 2) Identify key lessons and promising/emerging good practices in the field of ending violence against women and girls, for learning purposes.

This end-of-project evaluation used a cross-sectional descriptive survey design to collect primary data from interviews with project stakeholders, including adolescent girls and young women (AGYW) with disabilities and refugees (10-24 years), community members, caregivers of AGYW with disabilities, CSOs, government line ministries, and program personnel. The evaluation also included a review of program documentation, relevant national strategy and policy documents, and data. In the absence of a baseline survey, the evaluation measured the project impact on the target population by assessing progress in attainment of project objectives using a combination of data collection methods, including desk survey, key informant interview, questionnaire, structured personal interviews, and focus group discussions.

### **Key Findings**

Relative to the evaluation criteria and questions, the following are the key findings:

### *Effectiveness*

The project made significant strides towards achieving its goal of improving the safety and protection of 3,000 adolescent girls and young women (AGYW) with disabilities and refugees (10-24 years) from violence at the family and community levels in the Lubombo region of Eswatini. Evidence showed that exposure to the various intervention activities improved behaviors, knowledge, and attitudes. This is evidenced by the following findings – **(a)** 89% of AGYW surveyed reported feeling safer from violence since participating in the project; **(b)** 84% of caregivers of AGYW with disabilities reported that their parenting practices have improved since participating in the project, and **(c)** 64% of community members reported that they have a better understanding of violence against women and girls (VAW/G) and how to prevent it since the project was implemented. The project was, however, implemented in a constrained operating environment characterized by the COVID-19 pandemic and civil/political unrest. These disruptions made it difficult to reach some of the target beneficiaries. The main lessons learned from the project's implementation include: **(a)** the importance of engaging with the target community from the start of the project design process to ensure buy-in and mitigate potential resistance, **(b)** the importance of building partnerships with key stakeholders to enable AGYW to be linked with essential VAW/G services, and **(c)** the importance of adapting to unforeseen challenges, such as the COVID-19 pandemic.

### *Efficiency*

The project was implemented efficiently and effectively, delivering most key activities across the results chain despite a constrained operating environment. The project leveraged existing resources and partnerships with key stakeholders and adopted innovative approaches such as **(a)** digitalising the GBV Helpline (951) enabling survivors to access it from across all mobile networks, and **(b)** the use of technology for remote program delivery, monitoring, and data collection. This led to program continuity and cost-effectiveness. However, the project was also implemented in a complex operating environment characterized by the COVID-19 pandemic and civil/political unrest, which made it difficult to implement some project activities on time, leading to a no-cost extension. The project also had some attrition of key personnel, particularly in finance, which posed a challenge in terms of reporting. The project team managed, however, to adapt and adopt blended approaches to program delivery, enabling program continuity and safety of program staff, community volunteers and program participants. Among the lessons learned are: **(a)** the importance of strategic planning and activity scheduling, including periodic team debriefs to stay on track and meet deadlines, **(b)** the importance of scenario planning and adapting to unforeseen challenges, and **(c)** the importance of partnerships to increase reach and maximize impact.

### *Relevance*

The evaluation findings suggest that the project's objectives were relevant to the target beneficiaries, the national and local policies, and strategies on VAW/G and disability, and to the UN Trust Fund's priorities. This is evidenced by the following – **(a)** the project's focus on prevention was particularly relevant to the needs of AGYW with disabilities/refugees in Eswatini, who are at increased risk of violence due to their intersecting identities, **(b)** the project's alignment with the specific UN Trust Fund's special funding window (on addressing violence against women and girls with disabilities) and Strategic Plan (2015-2020) ensured that it was contributing to global and regional efforts to address VAW/G against women and girls with disabilities, and **(c)** the project's focus on prevention was also particularly relevant to Eswatini, which has a high prevalence of VAW/G, **(d)** the project was designed in consultation with the target community and other relevant stakeholders, and **(e)** the project's activities were aligned with national and local policies and strategies on VAW/G and disability, notably, the National Strategy and Action Plan to End Violence (2017-2022), and the National Disability Plan of Action (2018-2023).

### *Impact*

The evaluation findings indicate that the project had a positive impact on the target beneficiaries even though VAW/G still persists. The project's interventions resulted in a significant increase in the knowledge and awareness of VAW/G among AGYW, caregivers, and community members, crucial for sustainable protection. This is evidenced by the following findings: **(a)** 75% of AGYW reported that their knowledge of VAW/G had increased significantly since participating in the project, **(b)** 86% of caregivers reported that they had a better understanding of how to protect their children from violence since participating in the project, and **(c)** 50% of community members reported that they were more likely to report VAW/G since participating in the project. However, the evaluation acknowledges that measuring the impact of VAW/G prevention programs is challenging, given the time required for behavioral and attitudinal change. A key lesson learned is the importance of collecting baseline data to obtain a more comprehensive understanding of the project's impact over time. The project staff highlighted that the onset of the COVID-19 pandemic affected the planned baseline assessment. The evaluation also found that the project had some positive, unintended impacts, such as strengthening the OPDs through the Disability Advisory Committee (DAC), a project taskforce, and an external reference group for disability inclusion. It created a platform for engagement between and among OPDs and other key stakeholders and was instrumental in providing critical on-ramps for disability coordination, such as the establishment of the National Disability Technical Working Group Committee.

### ***Sustainability***

The project took steps to ensure sustainability beyond the end of the project period. It also empowered AGYW, caregivers, and community members with knowledge of VAW/G and VAW/G services, which will enable them to continue accessing services beyond the life of the project. Project staff and partners highlighted the multi-sectorial nature of the project, and the manifold stakeholders engaged at all levels. The project has, therefore, built partnerships with key government ministries/departments, organizations of persons with disabilities (OPDs), other CSOs and service providers within the VAW/G prevention and response ecosystem which will continue to provide services to the target beneficiaries after the project ends. The community volunteer-driven project also trained a pool of community volunteers as change agents, who remain a vital resource at the community level with the potential to continue championing community VAW/G activism beyond the life of the project. The main challenge to the project's sustainability includes: **(a)** the limited availability of resources after the end of the project period which may make the continuity of activities difficult. The key lessons are on the: **(a)** the importance of incorporating sustainability considerations early on in the project cycle, including accounting for challenges and barriers to uptake, and developing mitigation strategies; **(b)** capacitating community volunteers as a vital community resource to continue championing VAW/G activism beyond the end of the project, and **(c)** building partnerships with local organizations and service providers to build sustainable support system and network in place for the target beneficiaries after the project ends.

### ***Gender equality and human rights***

Overall, the project has made significant progress in promoting gender equality and human rights in Eswatini, laying the foundation for positive and lasting change. A review of project documents and interviews with project staff reveals a program firmly grounded in gender and power analysis, and which effectively framed VAW/G as power-based violence, adopted a human rights-based approach, and integrated gender-responsive approaches and strategies. Its empowerment framework enabled program participants and key stakeholders to be equipped with the knowledge to critically examine and challenge the underlying barriers and norms that perpetuate VAW/G and hinder access to services, with the potential to enhance accountability to women/girls with disabilities/refugees in the long term. The project's focus on centering women/girls with disabilities/refugees in VAW/G prevention efforts extended beyond



viewing them as potential victims but empowering them as key actors in their protection by providing them with knowledge and skills for risk-informed decision-making.

Program participants interviewed, including AGYW with disabilities, their caregivers, and community members, confirmed their awareness of protective laws like the Sexual Offences and Domestic Violence Act. This knowledge empowers them to stand up for their rights and the rights of others. The engagement of male and female community members, side-by-side, particularly during community dialogues which promoted gender-equitable attitudes and behaviour, fostered essential ally-ship to reduce the risk of backlash. For community leaders, respected opinion leaders and cultural gatekeepers in Eswatini, their engagement and improved awareness of VAW/G hold the potential to foster support for gender equality and VAW/G prevention, triggering the diffusion of positive social and gender norms. For service providers, engaged through the Regional GBV Referral Network meetings, the project built the capacity to deliver gender-responsive and disability-sensitive services. A review of national violence surveillance data, however, highlights the deep-rooted nature of VAW/G in Eswatini. While the project has led to noticeable improvements in VAW/G awareness among program participants, an essential entry point to behavior change, achieving lasting change requires sustained efforts to address the root causes of gender inequality and discrimination, and to promote positive social and gender norms.

### ***Institutional capacity strengthening***

The evaluation found that the project strengthened SWAGAA's institutional capacity to sustainably respond to VAW/G in the COVID-19 pandemic and other crises. The project implemented several systems strengthening activities through the Spotlight Initiative "plus-up funds". This enabled SWAGAA to adapt existing VAW/G prevention interventions during COVID-19, enhance the safety of program staff, community volunteers, and program beneficiaries, and upskill program staff and community volunteers to embed emergency response readiness, and a few financial management systems. The "plus-up funds" enabled SWAGAA to adapt existing VAW/G prevention interventions during COVID-19, enhance the safety of program staff, community volunteers, and program beneficiaries, and upskill program staff and community volunteers to embed emergency response readiness. This enabled program continuity and adaptation, and embedded response readiness, adaptability, and resilience to COVID-19 and other emergencies, such as the civil/political unrest. The main challenge was digital exclusion for program participants in remote areas with poor network connectivity or without digital devices and ensuring the quality and effectiveness of remote program delivery. The findings demonstrate the importance of funding flexibility to adapt to unforeseen crises.

## **Conclusions and recommendations**

### **Effectiveness**

The following conclusions and recommendations can be drawn on the project's effectiveness:

- The project was effective in achieving its objectives and that it should be continued and expanded to other communities. The evaluation also identified some areas for improvement, such as strengthening the intervention's focus on gender equitable attitudes and ensuring that the intervention is linked with essential VAW/G services.
- **Continue and expand the intervention to other communities:** the evaluation found that the project made significant strides towards achieving its goal of improving the safety and protection of AGYW with disabilities and refugees from violence at the family and community levels. Qualitative evidence showed that exposure to the various intervention activities improved behaviors, knowledge, and attitudes. Additionally, the project was implemented in a constrained operating environment characterized by the COVID-19 pandemic and civil/political unrest, and despite these challenges, the project was able to achieve its objectives. It is, therefore,

recommended that the intervention be expanded to other communities to allow more AGYW and young women to benefit from the project's activities.

- **Strengthen the intervention's focus on gender equitable attitudes:** while the evaluation found that the intervention had a positive impact on knowledge of VAW/G and attitudes that support violence, it did not observe an impact on gender equitable attitudes. This suggests that the intervention could be strengthened by including more activities that explicitly promote gender equality and challenge harmful gender stereotypes.
- **Strengthen partnerships with key stakeholders:** the evaluation found that it is important to build partnerships with key stakeholders to enable AGYW to be linked with essential VAW/G services, expand reach, and maximise impact. This is because AGYW who experience violence need access to a range of services, such as medical care, legal assistance, and counseling. Therefore, it is recommended that the intervention strengthen partnerships with key stakeholders, such as government agencies, civil society organizations, and the private sector, to ensure that AGYW have access to comprehensive VAW/G services.
- **Develop a more robust monitoring and evaluation system:** the evaluation found that the project's monitoring and evaluation system could be improved. Therefore, it is recommended that future interventions develop a more robust monitoring and evaluation system to track progress, assess the long-term impact of the intervention on various outcomes and identify areas for improvement.

### **Efficiency**

The following conclusions and recommendations can be drawn about the project's efficiency:

- The project was implemented efficiently and effectively, delivering most key activities across the results chains, and achieving the intended results, despite facing multiple challenges in the operating environment. The project managed to adapt to a complex operating environment characterized by the COVID-19 pandemic and civil/political unrest.
- The project used innovative and adaptive strategies, such as digitalizing the 951 GBV Helpline, using technology for remote program delivery, monitoring and data collecting, to overcome the barriers posed by the COVID-19 pandemic and the civil/political unrest and ensured the safety and protection of the project staff and beneficiaries.
- The project leveraged existing resources and partnerships with key stakeholders to optimize its reach and impact, and to reduce duplication and costs. The project also digitalized some of its key services and processes, such as the GBV Helpline and the data collection system, to enhance accessibility and quality of service delivery and monitoring. Future projects should continue exploring the utilization of digital technologies to enhance efficiency and program reach.
- The project could improve its efficiency and effectiveness by strengthening its planning and reporting systems, and by ensuring adequate and timely staffing, especially in the finance function. The project could also benefit from more frequent and regular team meetings and debriefs, to review progress, identify challenges, and share lessons learned.
- Future projects should strengthen contingency planning and scenario modelling to adapt to unforeseen challenges, possible disruptions, and emergencies, including investing in building the capacity and resilience of the project staff and beneficiaries.
- Future projects should continue to foster stronger and diverse partnerships with relevant stakeholders, including government, civil society, OPDs, and the private sector actors to increase reach and maximize impact.

### **Relevance**

The following conclusions and recommendations can be drawn about the project's relevance:

- It was highly relevant to the context and needs of AGYW with disabilities and refugees in Eswatini, who face multiple forms of violence and discrimination due to their intersecting identities.
- It was consistent with the UN Trust Fund's strategic objectives and priorities (2015-2020) and aligned with the national and local policies and strategies on addressing VAW/G and disability.
- It had a prevention focus, and adopted a comprehensive and participatory approach to prevent VAW/G by addressing the underlying social norms and power dynamics that perpetuate violence against AGYW with disabilities and refugees in Eswatini, which has a high prevalence of VAW/G.
- It delivered a range of relevant activities and outputs that aimed to enhance the safety and protection of AGYW with disabilities and refugees, such as awareness-raising campaigns, social asset building sessions, community dialogues, and referral mechanisms, which provide on-ramps for future programming.
- Future projects should replicate and expand the scope and reach of the project to ensure to ensure women and girls with disabilities and refugees, who face high levels of VAW/G and limited access to services and opportunities, are not left behind.
- Future projects should strengthen the monitoring and evaluation systems to capture the outcomes and impacts of the project activities and outputs on the target beneficiaries and the wider community.

### ***Impact***

The following conclusions and recommendations can be drawn about the project's impact:

- The project had a positive impact on the target beneficiaries by increasing their knowledge and awareness of VAW/G, which is essential for VAW/G risk-reduction. The project, however, faced some challenges in measuring the impact of its interventions, due to the lack of baseline data and the disruption caused by the COVID-19 pandemic.
- The project had some positive, unintended impacts on the OPDs and the disability sector, by strengthening their capacity and coordination, and creating a platform for engagement and advocacy.
- The project had some positive, unintended impacts, such as strengthening the OPDs through the Disability Advisory Committee (DAC), an external reference project taskforce for disability inclusion.
- The project should disseminate the promising practices and lessons learned from the project's interventions and results to provide onramps for similar programming and foster collective action on shared goals.
- Future projects should continue to implement VAW/G prevention programs that are grounded in gender and power analysis and use social norms change theories and approaches.
- Future projects should develop and implement a comprehensive monitoring and evaluation plan, including collecting baseline data, to establish a clear and measurable indicator framework for assessing the project's impact over time.
- Future projects should foster coordination and partnerships with relevant other stakeholders, such as government agencies, civil society organizations, OPDs, UN agencies, and private actors, to maximise impact, and ensure the sustainability and scalability of the project interventions and results.

### ***Sustainability***

The following conclusions and recommendations can be drawn about the project sustainability:

- The project has contributed to the prevention of VAW/G among women and girls with disabilities and refugees through improved knowledge of VAW/G and attitudes at various levels of the socio-ecological model which is essential to long-term VAW/G risk-reduction.
- The project took steps to ensure sustainability by empowering AGYW, caregivers, and community members with knowledge and skills on VAW/G, building partnerships with key stakeholders, and training community volunteers as change agents. These efforts have created a supportive environment and a network of services for the target beneficiaries to continue accessing after the project ends.
- The main challenge to the project's sustainability is the limited availability of resources after the end of the project period, which may affect the continuity of activities and the quality of services. Therefore, it is recommended that the project team and partners explore alternative sources of funding and mobilize resources from the government, private sector, and other donors to sustain the project's achievements and impact.
- Lessons learned from the project highlights the importance of incorporating sustainability considerations early in the project cycle (to account for challenges and barriers to uptake), capacitating community volunteers as a vital community resource to continue championing VAW/G activism and building partnerships with relevant local organizations and service providers to build a sustainable support system and network, and ensure the sustainability and scalability of the project interventions and results.
- The main challenge to the project's sustainability is the limited availability of resources after the end of the project period, thus the need to advocate for increased funding for VAW/G prevention and response programs.

### **Gender equality and human rights**

The following conclusions and recommendations can be drawn on the project's gender equality and human rights:

- The project made significant contribution in promoting gender equality and human rights in Eswatini, and empowered program participants and key stakeholders with the knowledge to critically examine and challenge the underlying barriers and norms that perpetuate VAW/G and hinder access to services.
- The project was firmly grounded in intersectional feminist programming principle and approaches, and the implementing partners had a clear understanding of the root causes of VAW/G in the local context. It was informed by a gender analysis, effectively framed VAW/G as power-based violence, adopted a human rights-based approach and integrated gender-responsive and inclusion strategies across the results chain enabling the diverse needs of AGYW with disabilities and refugees to be addressed. This is consistent with the UN Trust Fund's strategic objectives and priorities (2015-2020) and the UN Women's RESPECT Framework.
- The project's focus on centering women/girls with disabilities/refugees in VAW/G prevention efforts has extended beyond viewing them as potential victims and has empowered them as key actors in their protection. It also engaged male and female community members, and community leaders to foster essential ally-ship to reduce the risk of backlash in a context highly accepting of VAW/G.
- The project engaged and built the capacity of relevant service providers to deliver gender-responsive and disability-sensitive services, creating an enabling environment essential to enhance accountability to women and girls in VAW/G prevention and response in the long-term.
- The project has generated relevant practice-based evidence and lessons on the situation and experiences of AGYW with disabilities and refugees, who are disproportionately affected by

violence, as well as the effectiveness and impact of the project's interventions, which provides onramps for future programming and policymaking.

- Future projects should continue with tailored evidence-informed efforts to address the root causes of VAW/G, by promoting positive social and gender norms through continued engagement with communities, service providers, and key stakeholders.

### ***Institutional Strengthening***

The following conclusions and recommendations can be drawn about on the project's institutional capacity strengthening:

- The project enhanced SWAGAA's institutional capacity to sustainably respond to VAW/G in the COVID-19 pandemic and other crises by implementing several activities, including adapt existing VAW/G prevention interventions, experimenting with digital platforms to deliver VAW/G interventions remotely and upskilling program staff and community volunteers emergency response and other instituting other organisational management systems. This ensured program continuity, and embedded adaptive capacity to unforeseen crises.
- The project also faced challenges of digital exclusion for program participants in remote areas and ensuring the quality and effectiveness of remote program delivery.
- Future projects should seek additional resources to sustain and scale up systems strengthening, contingency planning and scenario modelling to adapt to unforeseen challenges and possible disruptions, and progressively adapt program approaches and strategies to the changing context and emerging needs and challenges of the target beneficiaries and the wider community.
- Future program should continue to monitor and evaluate the impact and effectiveness of adapted VAW/G prevention interventions during COVID-19 and other emergencies, to ensure the quality, effectiveness, and safety, including exploring ways to address digital exclusion and ensure the accessibility and inclusivity of remote VAW/G prevention interventions for all program participants.
- There is need for continued investment in strengthening the institutional capacity of VAW/G implementing partners, particularly those serving marginalized groups, to enhance their capacity to respond to commensurately to VAW/G in different operating environments.

# 1. INTRODUCTION

## 1.1. Project Background

### 1.1.1. Eswatini VAW/G context

Eswatini is a small, landlocked, lower-middle-income country bordered by Mozambique to the northeast, and South Africa to the north, west, south, and southeast. It has an area of 17,364 sq km and a population of 1.2 million. 16.8% (171,347) of the population are estimated to have disability, and of the persons with disabilities, 82% reside in rural areas, 58% (98,902) are women; and 19% (32,442) are children (0-19 years), 51% are without formal qualifications, and 85% of those of working age are unemployed. The incidence of disability is highest among 5-24 years age group. Eswatini has a high level of socio-economic inequalities (58.9% of Swazis live below the poverty line), high prevalence of HIV ((27% among adults), including high infection rates among AGYW<sup>1</sup>; high incidence of GBV, especially VAW/G (about 38%). GBV is a major public health and human rights problem in Eswatini, with significant consequences for the health and well-being of women and girls, including their sexual and reproductive health (SRH).<sup>2</sup> The key drivers of VAW/G in Eswatini include: inequitable gender norms which promote male dominance and the subservience of women, which scaffold VAW/G, including intimate partner violence (IPV); high acceptability and normalization of IPV in Eswatini, with 39% of women and 33% of men accepting it, and prevailing norms of family or community secrecy (*tibi tendlu*) which prevent women and girls from reporting violence, seeking help, and accessing services with only 1-in-400 girls who experience violence estimated to be known to service providers.

PWDs, particularly children, women and girls are at heightened risk of GBV due to intersection of identities and social systems. Globally, AGYW with disabilities are 10 times more likely to experience violence compared to their able-bodied counterparts.<sup>3</sup> The key drivers of VAW/G in Eswatini include: negative attitudes and stereotypes which make more vulnerable to violence, lack of access to information and services about their rights and to services that can help them to prevent and respond to violence, and dependence on others that can make it difficult for them to report violence or to seek help<sup>4</sup>. AGYW refugees are also at heightened risk of VAW/G in Eswatini due to several factors, including language barriers that can make it difficult for them to access information and services, and to report violence, residual trauma from displacement which can make them more vulnerable to violence<sup>5</sup>. Overall, AGYW are at heightened risk of violence due to their age and gender – for example, violent discipline affects approximately 88.3% children (0-17 years), with violence from carers accounting for 31%. There are several programmatic gaps in the prevention and response to VAW/G in Eswatini, particularly for AGYW with disabilities and refugees. These gaps include: a lack of disability-inclusive and refugee-sensitive services which means that AGYW with disabilities and refugees may not be able to access commensurate services, a limited capacity of OPDs and civil society organizations to deliver services, and lack of coordination among key actors can lead to duplication of efforts and gaps in services.

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<sup>1</sup> Swaziland HIV Incidence Measurement Survey 3 (SHIMS2) 2022

<sup>2</sup> 2017 Population and Housing Census. Central Statistical Office, 2019.

<sup>3</sup> Young persons with disabilities: Global study on ending gender-based Violence and realizing sexual and reproductive health and rights. UNFPA, 2018.

<sup>4</sup> Living conditions among people with disabilities in Swaziland: A national representative study report. SINTEF, 2017

<sup>5</sup> Socio-Economic and Market Assessment for Refugees in the Kingdom of Eswatini. ADRA, 2018.

### *1.1.2. International and National Policy Framework*

Eswatini is a signatory to several human rights frameworks safeguarding the rights of vulnerable groups such as the persons with disabilities and refugees. These include the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), Convention on the Rights of the Child (CRC), African Charter on the Rights and Welfare of the Child (ACRWC), and the African Union Convention on Refugees. Following ratification, reforms were enacted, including the National Gender Policy (2010; revised in 2022), Children’s Protection and Welfare Act (No. 6 of 2012), National Disability Policy (2013), Persons with Disabilities Act (No. 16 of 2018), Refugees Act (No. 15 of 2017), and the Sexual Offences and Domestic Violence Act (No. 15 of 2018). These collectively extend the bill of rights embodied in the Constitution of the Kingdom of Eswatini (2005). Specialized units were established to coordinate related issues, such as the Department of Gender and Family Issues and National Disability Unit in the Deputy Prime Minister’s Office; and the Domestic and Child Services Unit (DCS) in Royal Eswatini Police Services. Action plans were also drawn up, including the National Disability Plan of Action (2018-2022, currently under review) and National Strategy and Action Plan to End Violence (2017-2022; revised in 2022). These policies and institutional developments demonstrate national commitment to promoting and protecting the rights of persons with disabilities and refugees. The project was conceived as an opportunity to advance the rights of AGYW with disabilities and refugees in line with these existing policies.

### *1.1.3. The COVID-19 Pandemic Context*

The “Leave No One Behind: Towards a VAW/G Free Eswatini” project was implemented during concurrent crises, including the COVID-19 pandemic and civil/political unrest. The pandemic, declared six months after the project’s inception, made program implementation challenging. Anecdotal data highlighted increased risk factors such as food insecurity and crisis-based coping, along with a surge in GBV, particularly domestic violence, violence against women and girls, teenage pregnancies, and other women’s rights violations. The global declaration of COVID-19 as a pandemic and the subsequent containment measures disrupted the implementation context. SWAGAA programmed through different waves of COVID-19. The initial hard lockdowns were followed by intermittent relaxation and tightening of regulations amid surges of infections. The initial hard lockdown regulations halted all community-level programming, necessitating scenario planning and adaptations for continuity. With no prior experience programming in an emergency context, the implementers were caught off-guard. However, the financial and technical support from the UN Trust and cross-learning enabled the project to adapt program delivery approaches, resulting in the adoption of blended program delivery modes, including remote delivery. Program adaptation and innovations, upskilling of program staff and community volunteers for emergency response readiness, and other COVID-19 prevention procedures allowed us to continue programming safely. The project also incorporated COVID-19 risk communication, reaching all enrolled program beneficiaries with COVID-19 prevention messaging. The project also leveraged program platforms to sensitize community members on vaccination and signposted those eligible and willing to static and mobile vaccination sites. While the new program delivery approaches allowed safe continuation of programming, it also limited the number of beneficiaries that could be reached, particularly those without access to digital devices, who had to be reached through very small and short in-person sessions.

#### *1.1.4. The Political Context*

The adage, ‘bad things seldom walk alone,’ held true for Eswatini. As the project was starting to adapt to the COVID-19 pandemic, political tensions escalated, leading to an unprecedented wave of civil/political unrest towards beginning in June 2021. Widespread protests, arson attacks on private and public infrastructure, looting of businesses, and road blockades resulted in a nationwide lockdown, curfews, and intermittent internet shutdowns. The restoration of public order by security forces was marked by heavy-handedness, with reports of arbitrary arrests, detentions, injuries, loss of life, and displacements. This turn of events brought programming to a halt and compounded an already challenging situation. The curfew made local travel difficult, requiring field teams to conclude field activities early in the afternoon to ensure safe travel. The political tensions, characterized by widespread mistrust and resentment towards the government, made participant mobilization and program delivery challenging. The position of neutrality of the implementing organisations, and their close working relationships with the government were misconstrued as partisanship. The project management team, however, leveraged the adaptations, innovations, and protocols instituted during COVID-19 for program continuity during the civil/political unrest. This included delivering program activities remotely and reducing the number of participants in any given session to minimize the risk of gatherings being hijacked for protests or mistaken for political gatherings. Remote programming delivery was, however, hampered by the intermittent internet shutdown.

### **1.2. Project Description**

#### *1.2.1. Project Overview*

The *"Leave No One Behind Project – Towards a VAW/G Free Eswatini"* was funded under the UN Trust Fund’s special window for addressing violence against women and girls with disabilities. The project’s focus was aligned with the UN Trust Fund’s Strategic Plan (2015-2020) Outcome Area 3: Improved prevention of VAW/G through changes in behavior, practices, and attitudes. The project aimed to enhance the safety of 3,000 AGYW with disabilities and refugees by raising awareness and building social assets essential for VAW/G risk-reduction. Grounded in gender and power analysis, the project used social norms change theories and approaches within a socio-ecological model to target spheres where violence is perpetrated, and change could be triggered. The project also aligned with UN Women’s RESPECT Framework, notably, strategies 1 (Relationship skills strengthened, focusing on family relationships through positive parenting) and 7 (Transformed attitudes through community dialogues), providing a better understanding of VAW/G drivers and prevention entry points. Recognizing VAW/G as power-based violence, the project identified lack of knowledge and skills deficit as barriers to change. The design hypothesized that engaging AGYW, caregivers, and the wider community in successively deeper conversations on harmful social norms will equip them with knowledge and skills for VAW/G-risk reduction, foster gender equitable norms at various levels, and ultimately enhance the safety and protection of AGYW from violence.



Table 1. Leave No-one Behind project overview

<b>Project Title</b>	Leave No-One Behind Project – Towards a VAW/G Free Eswatini <sup>1</sup>
<b>Implementing Organizations</b>	Swaziland Action Group Against Abuse Bantwana Initiative Eswatini
<b>Project Start Date</b>	01-October-2019
<b>Project End Date</b>	31-March-2023 (incl. 6-month No Cost Extension)
<b>Implementation Status</b>	Completed
<b>Total Project Budget</b>	US \$ 1,430,000.00 (Inc. \$430,000.00 Spotlight Funds)
<b>Total Project Expenditure</b>	US \$ 1,204,335.13
<b>Geographic Coverage</b>	11 Tinkhundla (Constituencies) in Lubombo Region: Lomahasha, Mhlume, Mpolonjeni, Lugongolweni, Dvokodvweni, Gilgal, Matsanjeni North, Siphofaneni, Sithobela, Lubuli & Nkilongo. <sup>6</sup>
<b>Description of target group</b>	<b>Planned number of Primary beneficiaries:</b> 3000, including 2,900 AGYW with disabilities and 100 refugees. Actual number reached: 3181 AGYW with disabilities and 59 refugees. <b>Planned number of Secondary beneficiaries:</b> 9150, including 2,900 caregivers of AGYW with disabilities; and 6,250 community members. Actual number reached: 2629 caregivers of AGYW with disabilities and 6260 community members.
<b>Project Goal</b>	Improved safety and protection from violence at the family and community levels for 3000 AGYW with disabilities and refugees in the Lubombo Region of Eswatini.
<b>Forms of violence addressed by the project</b>	Intimate partner violence and non-partner sexual violence
<b>Key partners</b>	<b>Government</b> – DPMO-DSW, DGFI, MOH, MOHA, REPSI-DCS Deputy Prime Minister’s Office – Department of Gender and Family Issues, Department of Social Welfare and National Disability Unit; Ministry of Health, Ministry of Education, Ministry of Home Affairs – Refugees <b>Civil Society</b> – OPDs, and NGOs (CABRINI, World Vision, Super Buddies <b>UN Agencies</b> – UN Trust Fund

### 1.2.2. Project Theory of Change

The “Leave No One Behind: Towards a VAW/G free Eswatini” project was designed to enhance the safety of 3000 primary beneficiaries, including 2,900 Adolescent Girls and Young Women (AGYW) with disabilities and 100 refugees in the Lubombo region. The project aimed to prevent various forms of violence, including violence against girls, non-partner violence, and sexual and gender-based violence in refugee/IDP camps. By promoting behavioral change at the individual, family, and community levels,

<sup>6</sup> An Inkhundla (plural: Tinkhundla) is an administrative subdivision or constituency made up by a number of Chiefdoms (Imiphakatsi)

and addressing barriers to service access, the project sought to empower AGYW, enhance their self-esteem, and foster a supportive environment at the family and community level.

Utilizing the Socio-Ecological Model, the project targeted norms driving violence against AGYW, particularly those with disabilities and refugees, who are often targets of violence due to intersecting identities and social systems. The model facilitated change at individual, family, and community levels, leading to improved awareness of the rights of PWDs/refugees in 11 communities, enhanced attitudes towards PWDs/refugees, improved identification/reporting of violence, and strengthened GBV prevention/response services. The project engaged communities through transformational community dialogues (to promote gender equitable norms), enrolled caregivers in positive parenting clubs (to enhance risk-informed parenting and protective family environments and provided AGYW with tailored protective social assets skills training (to increase awareness of GBV risks, agency and risk-informed decision-making), and strengthened coordination among service providers. It also promoted awareness of existing legislation protecting the rights of PWDs and refugees. The project targeted 3,000 AGYW with disabilities, inclusive of 100 AGYW refugees in Malindza Refugee Camp, and 6,250 secondary beneficiaries (caregivers of AGYW with disabilities, community

members’ practitioners) in the 11 Tinkhundla/Constituencies in Lubombo region.

Overall, the project’s framing accounted for the data on VAW/G – including findings on drivers and recommendations from national studies – and aligned with the national VAW/G policy framework and priorities, and leveraged field experiences of the implementing organizations, SWAGAA and Bantwana, and the aspirations of target group and input of key actors. It was, therefore, designed to respond to the needs and constraints of target group – adolescent girls and young women with disabilities and refugees - and plug existent programmatic shortcomings relative to the target group

### Project Theory of Change

Figure 1. Project Theory of change

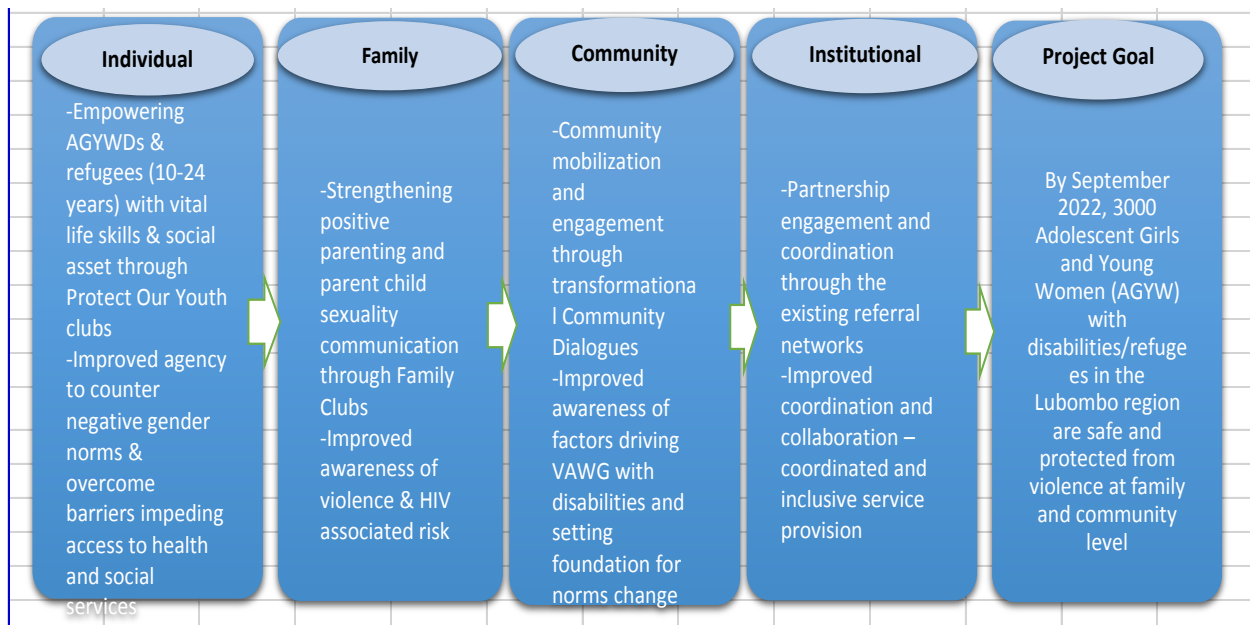


Table 2. Project Outcomes, Outputs and Activities

<b>Project Goal</b>	<b>By the end of project (30 March 2023), 3000 AGYW with disabilities/refugees in Lubombo Region are safe and protected from violence at family and community levels.</b>	
<b>Goal Indicator</b>	<b>Proportion (%) of AGYW with disabilities/refugees in the Lubombo region who have participated in the project who report that they feel safer and better protected from violence</b>	
<b>Outcomes</b>	<b>Outputs</b>	<b>Activities</b>
<b>Outcome 1: Men and women from Lubombo Region support gender-equitable norms and protection of AGYW/refugees from violence by December 2022.</b>	<b>1.1:</b> Community Facilitators (CFs) who have been trained on community dialogues methodology have knowledge & skills to facilitate community dialogues on VAW/G with disabilities/refugees in the Lubombo Region	<b>1.1.1:</b> Train, supervise, mentor and pay out stipends to 25 CFs to roll out community dialogues.
	<b>1.2:</b> Men and women in the Lubombo Region who have participated in community dialogues have improved knowledge of VAW/G with disabilities & their roles to prevent it in their communities.	<b>1.2.1:</b> Mobilize community members and roll out TCDs. <b>1.2.2:</b> Monitor and assess fidelity of implementation of community dialogues.
	<b>1.3:</b> Community members successfully referred cases of violence against AGYW with disabilities to appropriate services in the reporting period.	<b>1.3.1:</b> Mobilize communities and roll out quarterly campaigns. <b>1.3.2:</b> Facilitate and track identification and reporting of “suspected” violence against AGYW by communities, CFs, mentors
<b>Outcome 2: Caregivers of AGYW in the Lubombo Region improve positive parenting practices by December 2022.</b>	<b>2.1:</b> CFs who have been trained in positive parenting clubs methodology have knowledge and skills to facilitate positive parenting sessions with caregivers of AGYW on VAW/G.	<b>2.1.1:</b> Train, supervise, mentor and pay out stipends to 11 CFs to roll out positive parenting sessions.
	<b>2.2:</b> Caregivers of AGYW in Lubombo Region who have participated in positive parenting clubs have improved knowledge and skills on positive parenting for AGYW and their role to prevent VAW/G within their families	<b>2.2.1:</b> Mobilize caregivers of AGYW and roll out positive parenting Family Club sessions. <b>2.2.2:</b> Monitor and assess fidelity of implementation of positive parenting Family Club sessions.
	<b>2.3:</b> Caregivers reported knowing and seeking support from local resources to help AGYW in the reporting period.	<b>2.3.1:</b> Facilitate participatory mapping of local resource systems supporting VAW/G efforts and track reporting by caregivers of “suspected” violence.

<p><b>Outcome 3: AGYW/refugees in the Lubombo Region have improved agency and safety from VAW/G by December 2022</b></p>	<p><b>3.1:</b> Life Mentors in the Lubombo Region who have been trained in social asset building clubs methodology have knowledge and skills to facilitate social asset building sessions with AGYW/refugees</p>	<p><b>3.1.1:</b> Train, supervise, mentor and pay out stipends to 11 Life Mentors to roll out protective social assets.</p>
	<p><b>3.2:</b> AGYW/refugees in the Lubombo Region who have participated in social asset building clubs have improved knowledge of VAW/G and how to protect themselves</p>	<p><b>3.2.1:</b> Mobilize AGYW and roll out protective social assets sessions with AGYW with disabilities. <b>3.2.2:</b> Monitor and assess fidelity of implementation of protective social assets sessions with AGYW.</p>
	<p><b>3.3:</b> Number of AGYW/refugees in Lubombo Region who have participated in social asset building clubs have improved knowledge of VAW/G prevention, response, and support services.</p>	<p><b>3.3.1:</b> Facilitate participatory mapping of local resource systems supporting VAW/G effort and track self-reporting by AGYW of “suspected” violence.</p>
<p><b>Outcome 4: Service providers in the Lubombo Region increase the provision of VAW/G prevention, response and support services to AGYW/refugees by December 2022.</b></p>	<p><b>4.1:</b> Stakeholders/service providers in the Lubombo Region who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities and needs of AGYW/refugees and their role to provide VAW/G prevention, response, and support services.</p>	<p><b>4.1.1:</b> Facilitate quarterly multi-sectoral regional GBV-CN meetings.</p>
	<p><b>4.2:</b> Service providers provide VAW/G prevention, response, and support services to AGYW/refugees through mobile outreach campaigns in the Lubombo Region.</p>	<p><b>4.2.1:</b> Engage stakeholders to provide services during community campaigns, and track referral completion status.</p>
<p><b>Outcome 5: SWAGAA is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to end VAW/G with a focus on the most vulnerable women and girls.</b></p>	<p><b>5.1:</b> SWAGAA is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to ending VAW/G with a focus on the most vulnerable women and girls.</p>	<p><b>5.1.1:</b> Support for operational costs (Administrative Expenses): <b>5.1.2:</b> Personnel is a necessary expense for the project implementation in order to ensure that the goals and objectives are achieved. <b>5.1.3:</b> Supportive Supervision and Monitoring of Clubs at 56 Chiefdoms in all 11 Constituencies <b>5.1.4:</b> Support to integrate innovative approaches into programming. <b>5.1.5:</b> Support to capacitate (Team building).</p>
	<p><b>5.2:</b> SWAGAA has improved knowledge, skills and capacities to maintain or adapt ending VAW/G interventions and reach the most vulnerable women and girls while</p>	<p><b>5.2.1:</b> Support to capacitate staff (team building) <b>5.2.2:</b> Support for staff care and support. <b>5.2.3:</b> Support to program coordination</p>

	responding to the impact of the COVID-19 pandemic or other crises.	<b>5.2.4:</b> Support to alleviate household food/income poverty. <b>5.2.5:</b> Support to strengthen behavior change communication (BCC):
	<b>5.3:</b> SWAGAA has a strengthened and improved institutional capacity	<b>5.3.1</b> Community cadres and Staff brief
		<b>5.3.2</b> Institutional Strengthening

## Project goal and outcome indicators

Table 3. Project goal and outcomes indicators

Outcomes Indicators	Indicators
<b>Outcome 1:</b> Men and women from Lubombo Region support gender-equitable norms and protection of AGYW/refugees from violence by December 2022.	<b>1.1:</b> Proportion (%) of men and women in the Lubombo region who have participated in the project that report changes in attitudes tolerant of gender inequality and VAW/G with disabilities/ refugees
<b>Outcome 2:</b> Caregivers of AGYW in the Lubombo Region improve positive parenting practices by December 2022.	<b>2.1:</b> Proportion (%) of caregivers of AGYW with disabilities/ refugees reporting changes in positive parenting practices
<b>Outcome 3:</b> AGYW/refugees in the Lubombo Region have improved agency and safety from VAW/G by December 2022	<b>3.1:</b> Proportion (%) of AGYW with disabilities/refugees who report changes in social support, self-efficacy, and personal safety
<b>Outcome 4:</b> Service providers in the Lubombo Region increase the provision of VAW/G prevention, response and support services to AGYW/refugees by December 2022	<b>4.1:</b> Proportion (%) of relevant service providers in the Lubombo region providing VAW/G prevention, response or support services to AGYW with disabilities/ refugees
<b>Outcome 5:</b> SWAGAA is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to end VAW/G with a focus on the most vulnerable women and girls.	<b>5.1:</b> Number of measures put in place by the organization to strengthen sustainable prevention response to COVID19. <b>5.2:</b> Number of staff adhering to the COVID19 regulations at all work sites and working stations.
	<b>5.3:</b> Number of instruments/systems developed/reviewed by the organization

## Target beneficiary groups

The Leave No One Behind – Towards a VAW/G Free Eswatini Project targeted primary and secondary beneficiaries from 11 Tinkhundla/Constituencies across the Lubombo region of Eswatini. The project implementation Tinkhundla/Constituencies are: Lomahasha, Mhlume, Mpolonjeni, Lugongolweni, Dvokodvweni, Gilgal, Matsanjeni North, Siphofaneni, Sithobela, Lubuli and Nkilongo. The project reached:

- Primary beneficiaries: Planned: 3000. Reached: 3,240 AGYW women and girls

- Secondary beneficiaries: Planned: 9150. Reached: 8889, including 2,629 caregivers and 6,260 community members.

A beneficiary data sheet is included in Annex 6.5.

## 2. END OF PROJECT EVALUATION

### 2.1. Purpose of the evaluation

SWAGAA and Bantwana commissioned an external end-of-project evaluation as part of a mandatory requirement for UN Trust Fund-supported projects. The end of project evaluation was undertaken to promote accountability and advance learning, enabling the funder and the implementing organizations to understand why – and to what extent – intended and unintended results were achieved and to analyze the implications of such results. This will inform the design and implementation of future programming, and organizational effectiveness.

### 2.2. Scope and objectives of the evaluation

#### 2.2.1. Scope of evaluation

This summative evaluation assessed the level of achievements reached in this project against the set targets – across the result chain. The end of project evaluation covered the entire duration of the project implementation from 1 October 2019 to 31 December 2022, with a no-cost extension up to 30 March 2023. It was conducted across all the 11 Tinkhundla/Constituencies in the Lubombo region, namely: Lomahasha, Mhlume, Mpolonjeni, Lugongolweni, Dvokodweni, Gilgal, Matsanjeni North, Siphofaneni, Sithobela, Lubuli and Nkilongo. A representative sample of primary and secondary beneficiaries was selected from across all the project implementation sites as further described below (see section 6.4 - Sample Size).

The evaluation covered a wide range of beneficiaries and stakeholders, including:

*Table 4. Classification of beneficiaries*

<b>Primary beneficiaries</b>	Including AGYW refugees/internally displaced, and AGYW with disabilities (10-24 years).
<b>Secondary beneficiaries</b>	Including community leaders, community members, caregivers of adolescent girls, and young women with disabilities.
<b>Stakeholders</b>	Including members of the civil society; members of community-based groups (including Organizations of Persons with Disabilities (OPDs); government departments (such as the Police-DCS, Deputy Prime Minister’s Office – Department of Gender and Family Issues, Department of Social Welfare and National Disability Unit, Ministry of Health, Ministry of Education, Ministry of Home Affairs – Refugees); civil society organizations (such as CABRINI, World Vision, Super Buddies), UNICEF, among others, in the GBV prevention and response continuum in the Lubombo Region.
<b>Programme personnel</b>	Including SWAGAA and Bantwana programme management team and Community Facilitators.

<b>Programme and Grant Managers</b>	Including UN Trust Fund Portfolio Manager and Finance Manager.
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The actual distribution of selected respondents by identified target group and geographical location (Tinkhundla) is shown in Tables 6 - 9.

### 2.2.2. Objectives of the evaluation

The evaluation assessed the level of achievements reached by the Leave No One Behind – Towards a VAW/G Eswatini project against the set targets across the results chain. Key findings and learnings from this project will help shape other projects in the area, and the future of other interventions.

In accordance with the Terms of Reference (ToR) for the External End of Project Evaluation (See Annex 6.1), the specific objectives of the summative assessment of the project were:

- To evaluate the entire project (1 October 2019 to 31 December 2022, with a no-cost extension to 30 March 2023), against the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact criteria, as well as the cross-cutting gender equality and human rights criteria (defined in section 4).
- To identify key lessons and promising or emerging good practices in the field of ending violence against women and girls, for learning purposes.

### 2.2.3. Evaluation Framework

The external end of project evaluation draws on two key frameworks, namely, the UN Trust Fund evaluation criteria and questions, and the project’s results framework:

- **The project’s results framework**, with corresponding goal and outcome indicators (see Table 1). Table 4 contains a results framework matrix mapping key evaluation methods against goal and outcome indicators, with baseline and endline values for quantitative indicators included in Table 2.
- **The UN Trust Fund evaluation criteria and questions**, drawing predominantly from five OECD/DAC criteria - effectiveness, relevance, efficiency, sustainability, and impact - with two additional criteria (knowledge generation, and gender equality and human rights and institutional strengthening). These are listed in Table 2, with corresponding links, where relevant, to the key evaluation objectives and sub-objectives. One additional question has been added (What is the fitness of the project design and its implementation processes and gaps?) to respond to the evaluation sub-objective 4. The full evaluation matrix indicating how the evaluation methods respond to each evaluation question is included in table 4 as shown below:

Table 5. Evaluation Framework

<b>Evaluation Criteria</b>	<b>Mandatory Evaluation Question</b>
<b>Effectiveness</b> A measure of the extent to which a project attained its objectives / results (as set out in the	<b><u>To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?</u></b>

<p>project document and results framework) in accordance with the theory of change.</p>	<p>In addressing this question, the evaluation assessed the extent to which the project directly benefited the targeted beneficiaries. At project goal level this referred to primary beneficiaries (women and girls) and at outcome level, secondary beneficiaries (such as men and boys).</p>
<p><b>Relevance</b> The extent to which the project was suited to the priorities and policies of the target group and the context.</p>	<p><b><u>To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?</u></b> In addressing this, the evaluation assessed the extent to which the project strategies and activities were relevant and appropriate to the needs of women and girls and whether the project was able to adjust to any changes in the context and needs of the primary beneficiaries during the project.</p>
<p><b>Efficiency</b> Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.</p>	<p><b><u>To what extent was the project efficiently and cost-effectively implemented?</u></b> In addressing this question, the evaluation considered whether the activities were delivered on time and to budget and whether activities were designed to make best use of resources (e.g., were cost comparisons made between different intervention/activity types before decisions taken?). Also consider whether the project had been managed well to make best use of human and financial resources.</p>
<p><b>Sustainability</b> Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project/funding ends.</p>	<p><b><u>To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?</u></b> In addressing this question, the evaluation assessed the likelihood for sustainability (given that the evaluation was conducted at the end of the project when longer-term sustainability could not yet be assessed). For example, what steps had been taken to institutionalize the project, build capacity of stakeholders or secure benefits for rights holders through accountability and oversight systems?</p>
<p><b>Impact</b> Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact (both intended and unintended).</p>	<p><b><u>To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?</u></b> In addressing this question, the evaluation repeated some evidence and analysis from question one on effectiveness, however this question specifically sought to identify any changes in the situation for women and girls in relation to specific forms of violence and looked at both intended and unintended change for both women and girls targeted by the project and those not (if feasible).</p>
<p><b>Knowledge generation</b> Assesses whether there are any promising practices that can be shared with other practitioners.</p>	<p><b><u>To what extent has the project generated knowledge, promising or emerging practices in the field of ending VAW/G that should be documented and shared with other practitioners?</u></b> In addressing this question, it was clear that the knowledge generated was new, innovative, builds on evidence from other projects or had potential for replication or scale up in other projects or contexts. It should not include generic lessons or knowledge that had already been frequently documented in this context.</p>
<p><b>Gender Equality and Human Rights</b></p>	<p><b><u>Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.</u></b></p>



Ensured that the evaluation approach and methods of data collection were gender responsive (e.g., women and girls must feel safe to share information); specified that the evaluation data must be disaggregated by sex and other social criteria of importance to the project's subject.

### 2.3. Evaluation Team

The evaluation team consisted of three members, namely Prof. K.J.B Keregero and Ms. H.Z. Nkambule.

- **Prof. K.J.B Keregero** served as Lead Consultant/Team Leader. He was responsible for overall planning, steering, supervision, and guidance of the whole evaluation process, including logistical planning and control, as well as recruitment, training, deployment, and supervision of data collectors. He conducted desk surveys and developed the necessary evaluation instruments. He was responsible for the preparation and presentation of inception and final evaluation reports.
- **Ms H.Z. Nkambule** was involved in translating selected instruments, administering questionnaires, and interviewing selected stakeholders. She was involved in data analysis and compilation of findings.
- **Mrs. N.E. Ntshalintshali** was involved in sample selection, supervision of field data collection, interviewing selected stakeholders, data analysis and compilation of findings. She handled community level logistics and provided backstopping for research assistants.

### 2.4. Methodology

#### 2.4.1. Evaluation design

Evaluation design provides insights about how to conduct the assessment. It is a plan that guides the data collection and analysis phases of the evaluation. In this context, a cross-sectional descriptive survey design was employed as it allows the collection of data at one point in time and from a target population. Since no baseline survey was undertaken, the evaluation was a post-test only without a comparison group. That is, in the absence of baseline data, outcome evaluation or objectives-based evaluation, The evaluation team measured project effects in the target population by assessing progress in attainment of project outcomes or objectives.<sup>7</sup> In this context also, impact evaluation focused on assessing the degree to which the project was able to meet its set goal. This emphasizes the importance of clearly operationalizing the stipulated project goal, outcomes, outputs, and activities as a basis for development of data collection instruments.

#### 2.4.2. Data sources

The end-of-project evaluation was conducted in all 11 Tinkhundla/Constituencies of the Lubombo Region. The evaluation gathered primary data drawn from interviews with primary and secondary beneficiaries, and other key informants as listed below. The evaluation also included desk review of program documentation, relevant national strategy and policy documents, and data (see 6.3 below – desk survey):

- i. **Primary beneficiaries:** AGYW refugees/internally displaced and AGYW with disabilities in the age bracket of 10 – 24 years. Their opinions will be sought regarding project effectiveness, relevance, sustainability, impact as well as knowledge generated.

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<sup>7</sup> SWAGAA did not conduct the baseline, as planned, because of COVID-19, but tracked progress under each outcome through pre-and-post intervention surveys and leveraged secondary data sources – notably national VAW/G/VAC surveillance data, census data and reports - for some baseline values.

- ii. **Secondary beneficiaries:** community leaders, community members, caregivers of adolescent girls, and young women with disabilities. Their opinions will be sought on: improved parenting practices adopted, improved knowledge and skills acquired and changed attitudes.
- iii. **Stakeholders:** members of civil society organizations (e.g. CABRINI Ministries, World Vision, Super Buddies), members of community-based groups (including Disabled Persons Organizations), government departments (Police-DCS, DPM's Office – Department of Gender and Family Issues in DPM's Office, Department of Social Welfare and National Disability Unit, Ministry of Health, Ministry of Education, Ministry of Home Affairs – Refugees, UNICEF and others involved in the GBV prevention and response continuum in the Lubombo Region. Their opinions will be sought to validate responses by primary and secondary beneficiaries and programme personnel.
- iv. **Programme personnel:** SWAGAA and Bantwana programme management team and Community Facilitators.
- v. **Programme and Grant Managers:** UN Trust Fund Portfolio Manager and Finance Manager.

### *2.4.3. Data collection methods and analysis*

The evaluation utilized a combination of the following data collection methods: desk survey, key informant interview, questionnaire, structured personal interviews, and focus group discussions (FGDs). These instruments focused on generating data on the performance of the project in the context of effectiveness, relevance, efficiency, sustainability, and impact criteria, as well as knowledge generation, incorporation of human rights-based and gender-responsive approaches in the project, and institutional capacity strengthening. The instruments administered at the Inkhundla level were translated into the local language, SiSwati.

#### **Desk Survey**

The evaluation also included desk review of program documentation (incl. the program document/full proposal – for the resources & results framework, project progress & annual reports), national strategy and policy documents relevant to disability and VAW (incl. the Persons with Disabilities Act - 2018, the National Disability Policy - 2013, the National Disability Plan of Action (2018-2022), the Sexual Offences & Domestic Violence Act (2018), the National Strategy & Action Plan to End Violence (2017-2022), and the Children Protection & Welfare Act, 2012), and other national data sources (incl. the 2017 Population & Housing Census, the 2016 Drivers of Violence Affecting Children in Swaziland, the 2014 Swaziland Multiple Indicator Cluster Survey (MICS), and the 2022 Eswatini Violence Against Children and Youth Survey Priority Indicator Report (see Annex 6.8).

These key documents were obtained from the Evaluation Task Manager and reviewed to obtain relevant project insights. These insights informed and guided the development of key informant interviews, personal interview schedules, questionnaires as well as FGD checklists (See Annexes 6.6 A-M).

#### **Key Informant Interview**

A key informant interview (KII) is a qualitative in-depth interaction with resourceful people on matters related to the project. The key informants (KIs) are identified for having first-hand knowledge about the communities and project implementation in general. In this context, the KII focused on reflections pertaining to effectiveness, sustainability, and impact criteria, as well as emerging knowledge and practices, and the incorporation of human rights-based and gender-responsive approaches in the project. The instrument (Annex 6.6: C) was administered to selected stakeholders.

## **Questionnaire**

Two questionnaires (Annexes 6.6: A, B) were administered to programme personnel and reflected on the criteria of effectiveness, relevance, efficiency, sustainability, and impact. They also addressed emerging knowledge and practices, incorporation of human rights-based and gender-responsive approaches and institutional capacity building for SWAGAA and Bantwana.

## **Structured Personal Interview**

A structured personal or face-to-face interview is an instrument that employs a standard interview schedule to collect data to ensure that all respondents are asked the same set of questions in the same sequences for consistency. It is a two-way conversation initiated by an interviewer to obtain information from a respondent. The advantages of this data collection technique include flexibility that allows for probing for more specific answers as well as repeating and clarifying a question to avoid misunderstanding; improved response rate even among illiterates; the opportunity to observe nonverbal behaviour and to assess the validity of the respondent's response directly; control over interview environment; and spontaneity in recording responses, thereby increasing the reliability of data.

Three structured personal interview schedules were used to collect data from primary beneficiaries, one for AGYW with disabilities (Annex 6.6: D) and for AGYW refugees (Annex 6.6: E) and another for community facilitators (Annex 6.6: H). Annexes (6.6: D and E) contain close-ended and open-ended questions and items and cover a wide range of data on the performance of the project in the context of effectiveness, relevance, efficiency, sustainability, and impact criteria, as well as knowledge generation and incorporation of human rights-based and gender-responsive approaches in the project. Annex 6.6: H contains issues pertaining to facilitation and its outcomes. All the interview schedules (Annexes 6.6: D, E and H) were translated and administered in SiSwati.

According to available data, only about 12% of the respondents have emotional disability, mental health disability and speech disability, which could make it difficult for them to express themselves. As such the likelihood of coming across such respondents was little. However, where such respondents appeared in the random sample, the research assistants were trained to determine the extent of ability to respond to the instrument and decided to engage with them or not. The involvement of caregivers in providing data on their behalf was, however, not encouraged because it is the opinion of the respondent that was being sought. The contribution of caregivers was taken care of in the FDG sessions planned specifically for them. However, the involvement of sign language and other interpreters was different and was accommodated.

## **Focus Group Discussion**

A focus group discussion (FGD) is a method for collecting qualitative data from 8 – 12 participants who are brought together to discuss a specific topic which, in this case, project performance. The questions and items of interest were open-ended, with the aim of stimulating discussion with participants to reveal their knowledge, attitudes and perceptions pertaining to project performance. One of the strengths of FGDs is that they allow people to build on and challenge one another's views, leading to interactions and contributions within the group that may prompt additional, interesting themes to arise.

The FGD checklists (Annexes 6.6: F, G and M) were translated and administered in SiSwati. Annex 6.6: F was used for FGD with AGYW and Annex 6.6: G for FGD with AGYW refugees, while Annex 6.6: M focused on caregivers and community leaders and members to gain their perspectives on aspects of project performance. Participants in all FGD sessions were provided with some food and were drawn from areas within the vicinity of the venue to avoid long travels.

The key questions and issues for FGDs were derived from the findings of the desk survey as well as interaction with stakeholders and programme personnel. Contact with secondary beneficiaries were made in advance through consultations with the Evaluation Task Manager. The research assistants served as FGD facilitators who managed group dynamics to ensure that no one person in the group dominated the discussion and that everyone got the opportunity to be heard. The facilitators played a neutral role so as not to influence the discussion or impose their own views to suit a particular vested interest.

#### 2.4.4. Sampling methods

##### Sample Size

According to the sampling frame obtained from SWAGAA, the population of primary beneficiaries was given as 2,904 and distributed as shown in Table 6. To obtain a representative sample of primary beneficiary participants in the project, the following formula for standard sample size calculation was used:

$$Sample\ Size = \frac{\frac{z^2 \times p(1-p)}{e^2}}{1 + \left(\frac{z^2 \times p(1-p)}{e^2 N}\right)}$$

- $z$  = standard normal variate. At 5% type 1 error ( $P < 0.05$ ) it is 1.96. As in most studies,  $P$  values are considered significant below 0.05, hence 1.96 is used in formula.
- $e$  = margin of error, or the type 2 error. Set at 5%.
- $N$  = population size. According to project data, the population size of AGYW and AGYW Refugees in the implementing Tinkhundla/Constituencies is 2953 (with refugees) and 2904 (without refugees). The refugees (59) were removed as they were to be sampled separately. NB: The project reached 3240 AGYW with disabilities including refugees. 287 AGYW were remotely reached with abridged curriculum during the lockdown, thus they were excluded from the sample.
- $p$  = expected proportion in the population. This is set at 0.27 from the 2017 Census, which found that 27% of young people (5 – 19 years of age) are living with disabilities (Central Statistics Office, 2017).

Table 6. Distribution of Population and Sample of AGYW and AGYW Refugees.

Inkhundla	AGYW Population	AGYW Refugee Population	Sample size	Sample Size Refugees	Sampling Interval (n <sup>th</sup> )
Dvokodvweni	164	59	15	25	10
Gilgal	215		20		13
Lomahasha	74		7		4
Lubuli	299		28		18
Lugongolweni	138		13		8
Matsanjeni North	307		29		18
Mhlume	266		25		16
Mpolonjeni	270		25		16
Nkilongo	175		17		10
Siphofaneni	510		48		30
Sithobela	486		46		29

<b>Total</b>	<b>2,904</b>	<b>59</b>	<b>274</b>	<b>25</b>	
<b>Total Sample Size</b>			<b>299</b>		

Therefore, according to the calculation, the sample size for AGYW was 274 participants. Based on this, a systematic selection of those to be interviewed was carried out, picking every  $n^{\text{th}}$  participant from the list of project participants in each Inkhundla. Where the  $n^{\text{th}}$  participant was not available or could not be found, the next  $n^{\text{th}}$  participant was selected. It was not possible to stratify the sample according to age category (10 – 18 years and 19 – 24 years) for three reasons: the sampling frame did not match disability with age; the services delivered by the project focused on AGYW and AGYW refugees as complete entities, rather than aggregated classes; and literature seems to indicate that differences in opinions of youth with disability tend to reflect location (rural or urban) or sex rather than age.

Considering that Dvokodvweni Inkhundla is the only one with two types of primary beneficiaries – 132 AGYW with disabilities and 59 AGYW refugees at Malindza Camp – a relatively bigger sample of 25 participants out of 49 was chosen. Thus, the total sample size of participants for the interviews was 299 (made up of 274 AGYW and 25 AGYW refugees) as shown in Table 6.

The distribution of primary beneficiary participants for the FGDs is shown in Table 7. As per dictates of the FGD technique that only 10 – 12 individuals be purposively selected to participate, each focus group consisted of 10 members only. For Dvokodvweni Inkhundla, one group of 10 individuals was selected from AGYW and another group of 10 from AGYW refugees. Therefore, a total of 120 participants were selected to participate in FGDs for primary beneficiaries.

*Table 7. Distribution of AGYW and AGYW Refugees in FGD*

<b>Inkhundla</b>	<b>AGYW</b>	<b>AGYW Refugees</b>	<b>Total Sample</b>
Dvokodvweni	10	10	20
Gilgal	10	-	10
Lomasha	10	-	10
Lubuli	10	-	10
Lugongolweni	10	-	10
Matsanjeni North	10	-	10
Mhlume	10	-	10
Mpolonjeni	10	-	10
Nkilongo	10	-	10
Siphofaneni	10	-	10
Sithobela	10	-	10
<b>Total</b>	<b>110</b>	<b>10</b>	<b>120</b>

Secondary beneficiaries constitute caregivers and parents of AGYW with disabilities (amounting to 2461), as well as community dialogue members (amounting to 6260). Each focus group constituted 5 caregivers, 2 community leaders, and 3 community members. Table 7 presents the distribution of caregivers and community leaders and members selected in each geographical area (Inkhundla).

*Table 8. Distribution of Secondary Beneficiaries in FGD*

<b>Inkhundla</b>	<b>Sample</b>
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Dvokodvweni	10
Gilgal	10
Lomahasha	10
Lubuli	10
Lugongolweni	10
Matsanjeni North	10
Mhlume	10
Mpolonjeni	10
Nkilongo	10
Siphofaneni	10
Sithobela	10
<b>Total</b>	<b>110</b>

Only one knowledgeable or resourceful person was identified from each of the various stakeholders listed in the project. They were identified in consultation with SWAGAA and Bantwana based on how they are acquainted with the implementation of the project. They were required to respond to specific questions and issues arising from the evaluation.

All programme personnel at SWAGAA and Bantwana that directly worked with primary beneficiaries and were, therefore, deemed to be resourceful for this purpose were involved as well. They were requested to respond to two questionnaires. All 51 Community Facilitators (Table 9) were subjected to face-to-face interviews to obtain insights into the effectiveness, relevance, impact, and sustainability of the educational programmes that were offered at Inkhundla level.

*Table 9. Distribution of facilitators by Inkhundla/Station*

<b>Inkhundla/Station</b>	<b>No. of Facilitators</b>
Gilgal	6
Siphofaneni	7
Sithobela	4
Nkilongo	5
Lubulini	3
Matsanjeni North	4
Dvokodvweni	6
Malindza Refugee Camp	2
Lugongolweni	3
Mpolonjeni	5
Mhlume	3
Lomahasha	3
<b>Total</b>	<b>51</b>

Overall, it was envisaged that data will be collected from a wide range of sources. The distribution of respondents by data collection technique is as summarized in Table 9.

*Table 10. Distribution of respondents by data collection technique.*

<b>Data Collection Techniques</b>	<b>Respondents</b>
Face-to-face interviews for primary beneficiaries	299

Focus group discussions for primary respondents	120
Focus group discussions for secondary respondents	110
Face-to-face interviews for facilitators	51
Questionnaires for programme personnel	16
Interviews for key informants	20
Interviews for Programme and Grant Managers	8
<b>Total</b>	<b>624</b>

## 2.5. Limitations to the evaluation methodology

It is to be noted that out of 3240 primary beneficiaries, only 299 respondents were interviewed while 120 respondents participated in FGDs. Furthermore, only 110 out of (2629 caregivers, 6260 community members) were involved in FGDs. The strength of the adopted evaluation methodology and techniques lies in the fact that the focus was to be on sources of data that were deemed to be knowledgeable or resourceful of the workings and outcomes of the project. Being resourceful or knowledgeable means being acquainted with the implementation of project activities well enough to be able to articulate its successes and failures. It does not mean “being positively inclined” to support the project. This approach ensured that quality evaluation information is accessed despite the limited number of participants. The depth and breadth of insights sought through the instruments used ensured access to quality information.

Community facilitators were used as first contact persons by data collectors in communities. To ensure participation of beneficiaries in the evaluation, the data collection team worked closely with the community facilitators who were the link with the communities for this project. They are trusted by the community and beneficiaries in relation to delivery of the project. SWAGAA provided a letter of identification and purpose for the evaluation team, which was used to introduce the team into the communities and to facilitators. Community facilitators were expected to provide support to introduce the data collection team to the beneficiaries.

Inevitably, there were situations where facilitators had changed their phone numbers or had left their communities and, therefore, could not be reached. In this situation, efforts were made to establish contacts with primary and secondary beneficiaries through the available community leadership. Close liaison with SWAGAA facilitated the availability of contact where necessary.

Additionally, skilled data collectors were engaged and trained for this specific task to enable them to put target participants at ease. Conversations with SWAGAA revealed that the majority of beneficiaries had cognitive disabilities and the evaluation team anticipated interviewing participants that could not independently communicate their feedback to the evaluation team. The team’s solution was to work with caregivers/parents/guardians to obtain responses where it was possible to do so. For interviews at the Refugee Camp, a translator was hired to assist with translation of languages outside of SiSwati and English.

## 2.6. Evaluation ethics

Evaluation ethics are a set of principles that guide evaluation designs and practices. These principles include voluntary participation, informed consent, anonymity, confidentiality, potential for harm, and results communication. The TORs required that evaluators must put in place specific safeguards and protocols to protect the safety (both physical and psychological) of respondents and those collecting the data and to prevent harm. This was meant to ensure the rights of the individual are protected and participation in the evaluation did not result in further violation of their rights. In this context, the evaluation plan addressed key principles as follows:

### **Protection of the rights of respondents, including privacy and confidentiality.**

Those selected to participate in the evaluation process were informed in advance about the rationale for their selection and the purpose and procedure for the evaluation were also explained to them. The interviews, FGDs and questionnaire administration were conducted in private to respect dignity and ensure the safety and security of respondents.

Interview schedules and questionnaires bore codes rather than names. The names and their corresponding codes were kept in a register separately from the instruments. The attendance register for FGD was kept separate from the narrative report of the proceedings. Recorded interviews and proceedings were transmitted to the supervisor through a coded tracking system and immediately deleted by the data collector. All the data in voice and written form were stored by the Consultant and ultimately processed and merged in such a way that the individual contribution of a respondent will not be traced from the emerging report. All used instruments will be destroyed and discarded once the final evaluation report has been accepted.

It was presumed that, during project operation, project implementers had in place some techniques for ensuring inclusive participation of AGYW. Where this was the case, those techniques that are considered having worked, including seeking additional support from other people to participate, were utilized in the evaluation as well. Since caregivers, parents and guardians are known to have been working closely with AGYW, they were utilized to the best extent possible. Consent of AGYW and refugees was sought to ensure that they agreed to participate and that their parents/guardians or caregivers also agreed to participate. In the main, such support largely ensured that the respondents were comfortable with an external person participating and are able to translate or provide clarity on what was being asked. Respect and professional conduct by data collectors to maintain human dignity were emphasized during their training.

Data collectors were trained to go and find respondents at home to minimize the hassle of respondents having to be moved around. Arrangements were made, as far as possible, for focus group discussions to be conducted within the vicinity of the Inkhundla Centre.

### **Informed consent.**

Prior to involvement in the evaluation, the respondents were assured that their participation in the evaluation was voluntary and that they could withdraw at any time and at any stage if they so wished, with no repercussions. They were then requested to sign a consent statement that reflects their voluntary willingness to participate (Annex 6.6: I). Their names did not appear on the data collection instruments and will not be diverged to those not involved directly in the evaluation.

### **Parental consent, where children under 18 years old are involved.**

Since the age of primary beneficiaries ranged from 10 to 24 years, it was inevitable that some respondents selected will be under 18 years of age, while disability may impair the capacity to consent for others 18+ years. In this case, efforts were made to ensure that parental or guardian consent was sought for all respondents under 18 years, and those 18+ years, as needed. This consent will be sought prior to the interaction with respondents and was in the form of a signed consent statement reflecting parental willingness for the child to participate (Annex 6.6: J).

### **Handling sensitive information, specifically that relating to violence against women.**



The lead evaluator is a highly experienced researcher who has previously conducted research involving children in sensitive engagements. He utilized this experience in identifying research assistants and training them in collecting and storing sensitive information, particularly that which relates to violence against women. Below are some of the issues that were given special considerations:

- Training on establishing appropriate boundaries with participants e.g., around self-disclosure or sharing of personal values.
- Training on distress detection and management
  - When distress is detected, inform participant that the evaluation process is suspended.
  - Referring participants for support to SWAGAA
  - Discussing appropriateness of continuing the evaluation process on that day or another day when they are most comfortable to continue.
- Training through various scenarios of what may arise in the field.

**Design of culturally appropriate data collection tools that are not distressful for respondents.**

The questions and items in questionnaires, interview schedules, and focus group discussion guides contained simple and clear language that was not culturally or socially intrusive. Instruments used to collect data from primary and secondary beneficiaries were translated into SiSwati and pretested to ensure that the meanings were properly articulated. The evaluation team ensured to understand and apply a critical approach evaluation tool to avoid potential harmful outcomes, e.g., by avoiding perpetuating stigma around disability; awareness of community attitudes and potential repercussion from activities; following full informed consent procedures and ensuring confidentiality maintained for all data collected. Consultation on these tools were made with the Organization of Disabled People in Swaziland (FODSWA) to ensure inclusion of disabled people in the development of the tools and their comments, along with those from data collectors was used to modify or review the tools.

Communication in relation to the evaluation was done with honesty and transparency and data collection tools were revised and validated to eliminate language that is offensive, discriminatory, or simply unacceptable. Questions and items used in the instruments were largely derived or adapted from the project documents, whose language is compliant with the elimination of violence against women and girls. Respondents were handled with dignity in responding to evaluation tools and were also provided with clarification where necessary.

**Organizing data collection visits at the appropriate time and place to minimize risk to respondents.**

Data collection was conducted at convenient times during the day and took place in homesteads or Inkhundla/Constituency centers where respondents felt secure and safe and away from possibilities of harm or distraction. Appointments were made prior to interviews and FGDs to ensure that agreeable times and venues were fixed. Appointments were generally made through direct contacts with respondents themselves, where possible, or through intermediaries, such as community facilitators, caregivers, parents, and guardians where applicable. In most cases, places of respondents' residence or vicinity were prioritized for use for meetings.

### **Handling individuals in situations of risk needing support.**

Research assistants were trained to provide information on how individuals found to be in situations of risk could be availed of necessary support from GBV response partners situated in the Lubombo Region and beyond. A full list of these organizations and their contacts were sought from SWAGAA and Bantwana. The issue of having focal people on standby at community level to attend to these issues, when they happen, was explored through consultation with SWAGAA and appropriate measures were put in place. All issues were to be reported to SWAGAA focal person for immediate action.

### 3. FINDINGS AND ANALYSIS

The findings are presented to reflect on the key evaluation questions and criteria.

#### 3.1. Evaluation Site and Demographics Overview

All the 11 Tinkhundla where the project was implemented were visited for the evaluation between April to June 2023 with 91% of sampled AGYW with disabilities and 100% of sampled AGYW (refugees) participating in the evaluation.

Table 11. AGYW evaluation sample and reached figures

Inkhundla	Sampled AGYW with disabilities	AGYW with disabilities Participating	%	Sampled AGYW (Refugees)	AGYW (Refugees) Participating	%
Dvokodvweni	16	8	50%	25	25	100%
Gilgal	20	18	90%			
Lomasha	7	6	86%			
Lubuli	28	28	100%			
Lugongolweni	13	13	100%			
Matsanjeni North	29	24	83%			
Mhlume	25	25	100%			
Mpolonjeni	26	25	96%			
Nkilongo	17	17	100%			
Siphofaneni	48	48	100%			
Sithobela	45	37	82%			
<b>Total</b>	<b>274</b>	<b>249</b>	<b>91%</b>	<b>25</b>	<b>25</b>	<b>100%</b>

A total of 36 facilitators (73%) agreed to participate in the evaluation. Those who refused cited unavailability or willingness to participate in the evaluation and some had moved from the Inkhundla for work or study purposes.

Table 12. Facilitators' evaluation sample and reached figures

Inkhundla	Sampled Facilitators	Facilitators	%
Dvokodvweni	8	4	50%
Gilgal	6	4	67%
Lomasha	3	1	33%
Lubuli	3	3	100%
Lugongolweni	3	3	100%
Matsanjeni North	4	3	75%
Mhlume	3	3	100%
Mpolonjeni	5	3	60%
Nkilongo	5	4	80%
Siphofaneni	5	5	100%
Sithobela	4	3	75%
<b>Total</b>	<b>49</b>	<b>36</b>	<b>73%</b>

Table 13. Program Personnel evaluation sample and reached figures.

Organization	Sampled Personnel	Program Personnel	%
SWAGAA	9	5	56%
Bantwana	8	5	63%
UN Trust Fund	2	0	0%
<b>Total</b>	<b>17</b>	<b>10</b>	<b>59%</b>

Table 14. Secondary Beneficiaries evaluation sample and reached figures.

Inkhundla	Planned FGD Community Leaders and Caregivers	FGD Community Leaders and Caregivers	%
Dvokodvweni	3	2	67%
Gilgal	2	2	100%
Lomahasha	2	2	100%
Lubuli	2	2	100%
Lugongolweni	2	2	100%
Matsanjeni North	2	2	100%
Mhlume	2	0	0%
Mpolonjeni	2	2	100%
Nkilongo	2	2	100%
Siphofaneni	2	2	100%
Sithobela	2	2	100%
<b>Total</b>	<b>23</b>	<b>21</b>	<b>91%</b>

## 3.2. Findings and Analysis by Evaluation Criteria

### 3.2.1. Effectiveness

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal, outcomes and outputs achieved and how?

#### Key findings

In addressing this question, the evaluation assessed the extent to which the project directly benefited the targeted beneficiaries linked to the project indicators.

Goal: By September 2022, 3000 Adolescent Girls and Young Women (AGYW) with disabilities/refugees in the Lubombo region are safe and protected from violence at family and community level

SWAGAA set out to improve the safety of 3,000 AGYW with disabilities & refugees from violence at family and community levels, premised on social assets building essential for VAWG risk-reduction. Over the life of the project, SWAGAA successfully delivered community volunteer-driven, group and curricular-based social asset-building, positive parenting, and community dialogues sessions - reaching 3240 AGYW with disabilities, 2629 caregivers of the AGYW with disabilities, and 6260 community members. It is evident that the project was effective regardless of the delays caused by the outbreak of COVID-19 and the political unrest, SWAGAA was able to surpass the intended target.

**Outcome 1: Men and women from Lubombo region support gender equitable norms and protection of AGYW with disabilities/refugees from violence by September 2022**

The final report stated under outcome 1, SWAGAA sought to transform attitudes, beliefs, and norms driving VAWG perpetration. The proportion of men to women did change significantly as 76% of women and men reported changes in attitudes tolerant of gender inequality and VAW/G.

Slightly above half of the community dialogue participants (60%) from the 11 Tinkhundla opined that men in their area supported gender equitable norms. It was predominantly reflected that women are now able to be leaders in the community, men can do women's work (e.g., taking care of children, cooking, and cleaning etc.) and their opinions are sought in community meetings. It can, therefore, be inferred that men in the Tinkhundla evaluated do support gender-equitable norms to a certain degree. These findings corroborate with those of caregivers and community members who agreed that men in their area support gender-equitable norms, though education needs to continue.

*"Women are now able to work any job so that they can feed their families." – Caregiver/Parent Matsanjeni North"*

*"Women these days are free to also vote, either to be a Member of Parliament, Community Headwoman and so on. It's no longer a case where it's only males who are elected." - Caregiver/Parent Siphofaneni.*

*"Families are trying to practice gender equality even though it will take them a long time to get used to it" – AGYW Lubuli*

*"Women can now do men's jobs e.g., take cows to the dipping tank, men can also cook, women can be pastors, men can clean the household." - AGYW Mpolonjeni*

*"My father cooks for us sometimes when my mother is busy. He also sweeps the yard." AGYW Gilgal.*

*Men no longer think they are superior to women – the gender equality has united us, all thanks to the assertive voice. - AGYW Dvokodvweni*

Programme personnel supported these opinions with 62.5% estimating that, on average, men in these Tinkhundla support gender equitable norms. It was recommended that the next project should include teachings for men on protection for gender-equitable norms and teaching sessions, including both genders. Regarding women supporting gender-equitable norms; majority of the AGYW with disabilities 92% from the 11 Tinkhundla and 76% of AGYW (refugees) opined that women in their area support gender-equitable norms. This was reflected in girls and boys doing the same chores at home, girls and women knowing their rights and girls who were previously not going to school are now going to school. It can, therefore, be inferred that women in the Tinkhundla evaluated do support gender-equitable norms. These findings corroborate with those of caregivers and community members who agreed that women in their area support gender-equitable norms.

*“Before the project, their peers never got involved whenever they saw one of them facing violence, while after the project peers in the community are able to refer cases of violence” – Caregiver/Parent Sithobela.*

*“If someone says anything with regards to sexual intercourse, you are able to tell him/her whether you want or not.” – Caregiver/Parent Lomahasha.*

Programme personnel supported these opinions with 75% estimating above average for project beneficiaries with women in these Tinkhundla supporting gender-equitable norms. In relation to men supporting the protection of AGYW from violence; majority of the AGYW with disabilities (73%) from the 11 Tinkhundla and 64% of AGYW (Refugees) opined that men in their area support the protection of AGYW from violence. This was reflected in support of men for protection of girls and women. It can, therefore, be inferred that AGYW believe, to a moderate extent, that men in their area support the protection of AGYW from violence. These findings corroborate with those of caregivers and community members who agreed that AGYW are safe and protected from violence at the community level.

*“They make sure that their children are not loitering around at night and always advise them that, when coming back from school, they should walk in groups not alone. They do participate in community meetings that talk about protection of AGYW” - Caregiver/Parent Lugongolweni.*

*“Yes, men do support the protection of AGYW from violence because when we have a discussion, you hear them saying it’s not good that a man would date or get married to a woman who is 16 years old.” – Caregiver/Parent Siphofaneni.*

*“My husband asks me, whenever we see a man that we don’t know walking with a young girl of the area, what they are doing; and whether they are relatives or dating. His view is that, if they are dating that is wrong”. – Caregiver/Parent Matsanjeni North.*

Programme personnel supported these opinions with 62.5% estimating that AGYW with disabilities and 75% that AGYW (refugees) have men who support the protection of AGYW with disabilities and AGYW (refugees) against violence. It was recommended that the next project should include trainings? for men on protection of AGYW against violence and teaching sessions, including both genders.

On women supporting the protection of AGYW from violence; the majority of the AGYW with disabilities 95% from the 11 Tinkhundla and 92% of community members opined that women in this area support the protection of AGYW from violence. This was reflected in reporting of suspected abuse to relevant resources, sharing of knowledge on violence with others, including men at home who were not part of the lessons, no more family secrets and girls and women knowing their rights including their rights to say no. It can, therefore, be inferred that women in the Tinkhundla evaluated do support protection of AGYW from violence.

*“No more family secrets. If someone is facing abuse or violence, we report it” – AGYW Siphofaneni.*

*“Women are now able to refer cases of violence.” – AGYW Mpolonjeni.*

These findings corroborate with those of caregivers and community members who agreed that women in their area support gender-equitable norms.

*“The project has helped bring joy to us as we are now safe and can report any abuse to SWAGAA or the police” – Caregiver/Parent Sithobela.*

Programme personnel supported these opinions with 75% reporting above average for project beneficiaries (AGYW with disabilities and AGYW (refugees) with women in these Tinkhundla supporting the protection of AGYW from violence.

Of the AGYWs reached, 75% self-reported improvements in knowledge of VAW/G, risk mitigation, and awareness of reporting mechanisms and services vital for protection from VAW/G. Also, the caregivers of the AGYW reached with positive parenting training equipped with skills to strengthen positive parenting practices (including parent-child communication, relationship building, and monitoring) associated with sexual and GBV risk reduction. Finally, at the community level, community members were empowered with knowledge of GBV toward creating improved risk awareness, triggering critical reflections around inequitable gender norms and practices. Community Dialogues brings community members together to explore, collectively, the root causes and other drivers of violence among AGYW with disabilities, stigma, and discrimination of AGYW with disabilities, and community risk-reduction strategies. Leveraging trained Community Facilitators as change agents, community members in interactive, participatory, and action-oriented sessions to trigger critical reflection on VAW/G in their communities, and the collective role they can take in creating communities safe for AGYW with disabilities. This increases community awareness of sexual and GBV risks and other challenges facing AGYW with disabilities and sets the foundation for communities to interrogate and challenge existent inequitable norms and norms of secrecy scaffolding VAW/G.

### **Output 1.1**

**Community facilitators who have been trained on community dialogues methodology have knowledge and skills to facilitate community dialogues on VAW/G with disabilities/refugees in the Lubombo region by September 2022**

1.1: Proportion (%) of men and women in the Lubombo region who have participated in the project that report changes in attitudes tolerant of gender inequality and VAW/G with disabilities/ refugees

The final report highlighted that 4244 (67%) men and women who participated in the community dialogues that reported changes in attitudes tolerant of gender equality and VAW/G with disabilities and refugees.

Community Dialogues are a community mobilization strategy and bring community members together to collectively explore issues of concern and mitigation strategies. Through trained Community Facilitators, community members were engaged on VAW/G through interactive, participatory, and action-oriented sessions to trigger critical reflection on factors driving VAW/G with disabilities in their communities and supported to initiate collective action towards creating communities safe for AGYW.

For them to play this transformative role, they require capacity building and ongoing mentorship, which was provided through training and supportive supervision to enable consciousness of VAW/G (root causes and drivers), and familiarity with the program delivery methodology and core elements.

The project set out to train 16 Community Facilitators to roll-out transformational community dialogues with community members, women, and men across the 11 Tinkhundla of Lubombo region. The project succeeded in training, mentoring, and supervising the 16 Community Facilitators who showed the knowledge and skills required to deliver community dialogue sessions effectively. The project managed to retain most of the Community Facilitators, with only one Community Facilitator resigning and replaced throughout the duration of the project.

As stated in the final report the majority of the AGYW with disabilities 90% from the 11 Tinkhundla and 84% of AGYW (refugees) opined that CFs who have been trained on community dialogues methodology were able to facilitate community dialogues on VAW/G with disabilities to a moderate and great extent. Programme personnel supported these opinions with 100% estimating above average on training of community facilitators on community dialogues methodology.

**Output 1.2**

**Men and women in the Lubombo region who have participated in community dialogues have improved knowledge of VAW/G with disabilities and their roles to prevent it in their communities by September 2022**

The project aimed to mobilise 6,250 community members and roll-out, monitor and assess fidelity of implementation of community dialogues through session observation by the programme teams. Additionally, the project was to facilitate identification and reporting of suspected violence against women and girls with disabilities through community members, and community facilitators, and facilitate access to response and support services. A total of 6,260 community members, women (5,038) and men (1,222) completed community dialogues which was above the target.

Slightly above half (58%) of AGYW from the 11 Tinkhundla opined those men in their area who had participated in community dialogues had improved knowledge of VAW/G with disabilities to a moderate and great extent. Programme personnel were aligned with this with 50% estimating above average and 50% reporting average opinion of men from the 11 Tinkhundla who participated in community dialogues, having improved knowledge of VAW/G disabilities.

More than half (64%) community members and 89% AGYW from the 11 Tinkhundla opined that men and women respectively in their area who had participated in community dialogues have improved knowledge of their roles to prevent VAW/G with disabilities in their communities. For men, programme personnel supported these opinions with 50% estimating above average and 50% reporting average opinion of men from the 11 Tinkhundla who participated in community dialogues having improved knowledge of their roles to prevent VAW/G with disabilities in their communities.

Programme personnel supported these opinions with 75% estimating above average and 12.5% estimating an average of women in evaluated Tinkhundla, who participated in community dialogues having improved knowledge of their roles to prevent VAW/G with disabilities in their communities.

Community Dialogues are a community mobilization strategy, and bring community members together to explore, collectively, issues of concern and mitigation strategies. Through trained Community Facilitators, community members were engaged on VAW/G prevention through interactive, participatory and action-oriented sessions to trigger critical reflection on factors scaffolding VAW/G with disabilities in their communities and supported to initiate collective action towards creating communities safe for AGYW. This was essential to create community safe spaces, and to enhance support for behaviour.

*Outcome 2: Caregivers of AGYW with disabilities in the Lubombo region improve positive parenting practices by September 2022*

**Output 2.1**

**Community facilitators who have been trained in positive parenting clubs' methodology have knowledge and skills to facilitate positive parenting sessions with caregivers of AGYW with disabilities on VAW/G**



## 2.1: Proportion (%) of caregivers of AGYW with disabilities/ refugees reporting changes in positive parenting practices

88% of the caregivers who completed the curriculum, self-reported changes in knowledge and skills on positive parenting based on pre-and-post intervention assessments.

The project aimed to train 16 community facilitators responsible for mobilizing caregivers and rolling-out positive parenting club sessions. The project successfully trained 16 community facilitators on the positive parenting clubs methodology with all facilitators receiving supervision and mentorship either virtually (an adaptation to COVID-19 restrictions) or face to face.

The 16 community facilitators were equipped with the knowledge and skills essential to deliver positive parenting clubs effectively. Through training, mentorship, and supportive supervision, capacitated the community facilitators as change agents, champions, went on to mobilize and engage the caregivers of AGYW through group and curricular-based sessions - 6 successive weekly sessions. The community facilitators were vital to the change logic as conversation starters who triggered and catalyzed deliberations and prodded caregivers and community members to reflect, critically, on everyday parenting norms & practices scaffolding/preventing VAW/G. All Community Facilitators demonstrated facilitation skills, including respectful and constructive engagement, value neutrality and cultural sensitivity.

The majority of caregivers (88%) opined that CFs who have trained in positive parenting club methodology were able to facilitate positive parenting sessions on VAW/G. Programme personnel supported these opinions with all (100%) estimating an above average of CFs who have been trained in positive parenting club methodology were able to facilitate positive parenting sessions with caregivers of AGYW with disabilities on VAW/G.

### **Output 2.2**

**Caregivers of AGYW with disabilities in Lubombo region who have participated in positive parenting clubs have improved knowledge and skills on positive parenting for AGYW with disabilities and their role to prevent VAW/G within their families by September 2022**

The project aimed to mobilize 2,900 caregivers of AGYW with disabilities, roll-out positive parenting club sessions, monitor fidelity of implementation through session observation by the programme teams and undertake ongoing participatory mapping of local resources and services for post-violence response and support. A total of 2629 caregivers of AGYW with disabilities successfully participated and completed the positive parenting curricular of which (2461) women and (168) men.

Most caregivers of AGYW with disabilities (86%) opined that caregivers who participated in positive parenting clubs have improved knowledge and skills on positive parenting for AGYW. Programme personnel supported these opinions with all (100%) estimating an above average of caregivers of AGYW with disabilities who have participated in positive parenting clubs have improved knowledge and skills on positive parenting for AGYW.

The majority of caregivers of AGYW with disabilities (84%) opined that caregivers in their area have improved positive parenting practices. Programme personnel supported these opinions with 62.5% estimating above average and 25% estimating the average of caregivers of AGYW in evaluation of Tinkhundla, who have improved positive parenting practices.

Furthermore, most caregivers of AGYW with disabilities (87%) opined that caregivers who participated in positive parenting clubs have improved knowledge and skills on their role to prevent VAW/G within

their families. Programme personnel supported these opinions with all (100%) estimating above average for caregivers of AGYW with disabilities who have participated in positive parenting clubs have improved knowledge and skills on their role to prevent VAW/G/G within their families.

**Outcome 3: Adolescent Girls and Young Women with disabilities/refugees in the Lubombo region have improved agency and safety from VAW/G by September 2022**

<b>Output 3.1</b>	<b>Life Mentors in the Lubombo region who have been trained in social asset building clubs’ methodology have knowledge and skills to facilitate social asset building sessions with AGYW with disabilities/refugees by September 2022</b>
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3.1: Proportion (%) of AGYW with disabilities/refugees who report changes in social support, self-efficacy, and personal safety

The project aimed to train 21 Life Mentors mobilize AGYW with disabilities and refugees and roll-out protective social assets. A total of 24 Life Mentors were trained for the project surpassing target. The reason for having more Life Mentors, according to the programme personnel, was aimed at aligning the number of Life Mentors to the AGYW to ensure a proportionate ratio, whose group were relatively small to cater for max 15 participants per group.

The majority of AGYW with disabilities (85%) from the 11 Tinkhundla evaluated and AGYW (refugees) (68%) opined that Life Mentors trained in social asset building club methodology were able to facilitate social asset building sessions with AGYW effectively. Programme personnel supported these opinions with 100% estimating an above average of Life Mentors who have been trained in social assets building club methodology are able to facilitate.

<b>Output 3.2</b>	<b>AGYW with disabilities/refugees in the Lubombo region who have participated in social asset building clubs have improved knowledge of VAW/G and how to protect themselves by September 2022</b>
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The project aimed to mobilize 2,900 AGYW with disabilities and 100 refugees (10-24 years), roll-out protective social asset building sessions and monitor fidelity of implementation through session observation by the programme teams. A total of 3181 AGYW with disabilities and 59 AGYW refugees participated in social asset building clubs. The restrictions on community gatherings and face-to-face activities during the COVID-19 pandemic was cited as a major constraint in reaching target numbers.

The majority of AGYW with disabilities (89%) from the 11 Tinkhundla evaluated and AGYW (refugees) (88%) who had participated in social asset building clubs self-reported improved knowledge on VAW/G. Programme personnel supported these opinions with 75% estimating above average and 25% estimating average for AGYW with disabilities who have participated in social asset building clubs that have improved knowledge of VAW/G. For AGYW (refugees), programme personnel estimated 62.5% above average and 37.5% average. Programme personnel supported these opinions with all (100%) estimating above average for caregivers of AGYW with disabilities and AGYW (refugees) who have participated in positive parenting clubs have improved knowledge and skills on their role to prevent VAW/G/G within their families. The social asset building Clubs increased AGYW’s awareness of risk, and risk-reduction strategies, including how to protect themselves and others, and where and how to access services.

**Output 3.3**

**Number of AGYW with disabilities/ refugees in Lubombo region who have participated in social asset building clubs have improved knowledge of VAW/G prevention, response, and support services.**

The project aimed to undertake ongoing mapping of local resources and services and develop service directories to facilitate the reporting of incidences of VAW/G and linkage to response and support services by AGYW. All 3240 AGYW with disabilities/refugees were issued with local service directories as vital take-home resource.

Through social asset building clubs, AGYW's increased knowledge of reporting mechanisms and services to service-seeking behaviour and improved the uptake of VAW/G services. Working with multi-sectoral stakeholders to facilitate access to services for AGYW identified through the project.

The majority of AGYW with disabilities (94%) from the 11 Tinkhundla evaluated and AGYW (refugees) (88%) who participated in social asset building clubs reported improved knowledge of how to protect themselves, including how and where to access services when needed. Programme personnel supported these opinions with 62.5% estimating above average and 37.5% estimating average for AGYW with disabilities and AGYW (refugees) who have participated in social asset building clubs that have improved knowledge of how to protect themselves.

The majority of AGYW with disabilities (91%) from the 11 Tinkhundla evaluated and AGYW (refugees) (88%) who participated in social asset building clubs reported improved knowledge of VAW/G prevention, response, and support services. Programme personnel supported these opinions with 87.5% estimating above average and 12.5% estimating average for AGYW who have participated in social asset building clubs that have improved knowledge of VAW/G prevention, response, and support services.

**Outcome 4: Service providers in the Lubombo region increase the provision of VAW/G prevention, response, and support services to AGYW with disabilities/refugees by September 2022**

*4.1: Proportion (%) of relevant service providers in the Lubombo region providing VAW/G prevention, response or support services to AGYW with disabilities/ refugees*

**Output 4.1**

**Stakeholders/ service providers in the Lubombo region who have participated in the regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW with disabilities/ refugees and their role to provide VAW/G prevention, response, and support services.**

The project aimed to facilitate quarterly multi-sectoral regional GBV Referral Network (GBV-RN) Coordination meetings. The project recognized the unique role of service providers in the provision of inclusive, disability sensitive and gender responsive services. Service providers lack information of the unique needs of AGYW with disabilities and refugees and may subscribe to unhealthy social norms and expectations and stigmatizing attitudes – including misconceptions that AGYW with disabilities may not requiring SRH and GBV services - which can impede their access to services. The GBV-RN Coordination meetings – a regional GBV coordination mechanism led by the Department of Gender and Family Issues in the Deputy Prime Minister's Office - were used to equip service providers with knowledge to increase awareness of the specific challenges facing AGYW with disabilities and refugees, and their role in

providing inclusive and responsive services. A total of 129 stakeholders attended the meetings consistently throughout the life of the project.

The majority of AGYW with disabilities (86%) from the 11 Tinkhundla evaluated and AGYW (refugees) (76%) opined that service providers in this area have improved the provision of VAW/G prevention, response, and support services to AGYW with disabilities and refugees. Programme personnel supported these opinions with 50% estimating above average and 50% estimating average for AGYW service providers in this area have improved the provision of VAW/G prevention, response, and support services to AGYW with disabilities. For AGYW (refugees), programme personnel estimated 50% average and 37.5% above average.

The majority of AGYW (84%) opined that stakeholders who have participated in regional GBV-RN coordination meetings have improved knowledge of the vulnerabilities and needs of AGYW and 82% of AGYW opined that stakeholders who have participated in regional GBV-RN coordination meetings have improved knowledge of their role to provide inclusive and responsive VAW/G services. Programme personnel supported these opinions with 87.5% estimating above average and 12.5% estimating average for stakeholders who have participated in regional GBV-RN coordination meetings have improved knowledge of the vulnerabilities and needs of AGYW. Eighty-Seven-point five percent (87.5%) estimated above average and 12.5% estimating average for stakeholders who have participated in regional GBV coordination meetings have improved knowledge of their role to provide inclusive and responsive VAW/G services.

The majority of AGYW (90%) opined that service providers who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW and 92% opined that service providers who have participated in GBV coordination meetings have improved knowledge of their role to provide inclusive and responsive VAW/G services. Programme personnel supported these opinions with 75% estimating above average and 25% estimating average for service providers who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities and needs of AGYW.

On referral of cases to appropriate service providers; more than half AGYW (76%) opined that, to a moderate and great extent, community members successfully refer cases of violence against AGYW to appropriate services.

*“We haven’t had a case that involves AGYW being abused or violated that needed to be referred to appropriate services but if there was to be a case like that, we do have community police in the community to report to and they further take it up and investigate or prevent such abuses from happening. Sometimes it happens that the wife would beat up the husband and so in that case they will call the woman to a disciplinary committee and have her pay a fine.” Caregiver/Parent Siphofaneni.*

*“The community knows that women are capable in so many ways and have sharp ideas to do new things. Men realize that women are now well versed in many things like not taking their children only as theirs but also those from the neighbour such that when something wrong happens, they would be the first ones to talk about it or report.” - Caregiver/Parent Matsanjeni North.*

Programme personnel supported these opinions with 75% estimating average and above average referral of cases of violence against AGYW to appropriate services.

**Output 4.2**

**Output 4.2 Service providers provide VAW/G prevention, response, and support services to AGYW with disabilities/ refugees through mobile outreach campaigns in the Lubombo region.**

The project aimed to engage stakeholders to provide services during community campaigns including referrals, tracking of completion status of referred post-violence cases and mobilization of communities and linking AGYWDs to services during quarterly community Wheel-4-Change campaigns. Due to the constrained implementation environment owing to the Covid-19 pandemic and political instability in the country, SWAGAA was unable to roll-out mobile VAW/G demand creation activities.

**Outcome 5: The organization Swaziland Action Group Against Abuse (SWAGAA) is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.**

With the onset of the COVID-19 pandemic, SWAGAA was granted Spotlight Initiative funds which were earmarked for institutional strengthening for sustainable response to the COVID-19 pandemic and other crises, including maintaining or adapting existing EAW/G interventions with a focus on the most vulnerable women and girls. The program document was amended to include Outcome 5 (institutionally strengthening) with 3 outputs as listed in the project results chain (Table: 2).

**Output 5.1**

**The organization Swaziland Action Group Against Abuse (SWAGAA) is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises whilst maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.**

5.1: Number of measures put in place by the organisation to strengthen sustainable prevention response to COVID19.

With the additional Spotlight Funds, the project put in place COVID-19 prevention measures and procured PPE (hand sanitizers and facemasks) to enhance the safety of both staff, community volunteers and program beneficiaries during program delivery. Scenario planning was undertaken, program adaptation and innovations were adopted, and project staff and community facilitators' upskilled for emergency response readiness and sensitised on the COVID-19 prevention procedures instituted, enabled program continuity and safeguarding program staff, volunteers & beneficiaries from infection. SWAGAA incorporated COVID-19 risk communication, enabling SWAGAA to reach all enrolled program beneficiaries with COVID-19 prevention messaging, and leveraged programme platforms to sensitise communities' members on vaccination, incl. & signposting those eligible & willing, to static & mobile vaccination sites. The new programme delivery approaches, incl. very small groups, reduced session contact time & remote delivery, enabled programme continuity, but also constrained the beneficiary reach, and excluded those with no access to digital devices. The project also procured digital gadgets such as smartphones/Tablets, and provided mobile data, for staff and community volunteers enabling transition to remote programming. New digital data collection and management system such as Survey Monkey were also used to for remote data collection and analysis.

Program personnel report that these institutional strengthening activities embedded response readiness, enabled adaptability and resilience during the complex conditions caused by the COVID-19 pandemic. This enabled adherence to COVID-19 protocols, essential to safeguard the health and wellbeing of staff,

cadres and beneficiaries, and program continuity (through very small groups for social distancing, reduced session contact time and remote program delivery). The program team also noted that the institutional strengthening embedded emergency response readiness, not only for COVID-19 but for other crises as well and were able to this during the civil/political unrest that plugged Eswatini at the mid-point of project implementation (June 2021).

The program team, however, contended that adaptations like remote program delivery had some challenges, such as the inability to reach project beneficiaries without access to digital devices or those living in areas with poor network connectivity.

**Output 5.2**

**The organization Swaziland Action Group Against Abuse (SWAGAA) has improved knowledge, skills, and capacities to maintain or adapt EVAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.**

5.2: Number of staff adhering to the COVID19 regulations at all work sites and working stations.

With the Spotlight Funds, the project also sought to strengthen staff care and support, program coordination, alleviation of household food/income poverty and behaviour change communication (BCC). Activities undertaken include training project staff and community volunteers on COVID-19 prevention and risk communication to enable adherence to the COVID19 regulations and the dissemination COVID-19 prevention messaging to project beneficiaries during program delivery. A component of cash-based transfers was also included, targeting 33% of project enrolled households of AGYW with disabilities, who received once-off mobile cash transfers of \$/household to address food/income poverty, and livelihoods skills training for 434 households of caregivers and AGYW with disabilities.

Program personnel report that these measures improved awareness to COVID-19, and enabled project staff and community staff to adhere to COVID-19 regulation. They also integrated COVID-19 risk communication into the project enabling community volunteers to disseminate fact-based messaging on COVID-19 to project participants and signposting them to relevant services (such as COVID-19 testing and vaccination) during session delivery at the community level. Very small groups, reduced session contact time & remote delivery noted that Program adaptation & innovations, the upskilling of programme staff & community volunteers for emergency response readiness, as well as other COVID-19 prevention procedures instituted, enabled program continuity and safeguarding program staff, volunteers & beneficiaries from infection. SWAGAA incorporated COVID-19 risk communication, enabling us to reach all enrolled program beneficiaries with COVID-19 prevention messaging, and leveraged programme platforms to sensitize communities' members on vaccination, incl. & signposting those eligible & willing, to static & mobile vaccination sites. Project data indicate that 434 households of AGYW with disabilities received the cash-based transfer. AGYW and caregivers interviewed during the evaluation also reported that the COVID-19 impact mitigation support gave them some temporary relief from food poverty but bemoaned the once-off nature of the support. The project was, however, unable to undertake livelihood training for caregivers and AGYW with disabilities because of time, programmatic delays, and other constraints in the operating environment.

**Output 5.3****SWAGAA has a strengthened and improved institutional capacity**

Through the approval of the NCE the organization increasingly became aware of the need to better support the self-care to frontline personnel, incl. community facilitators. With emotional care an archetype of EAWG work, there is risk of vicarious trauma, compassion fatigue and burn out. All the 51 community facilitators were afforded a self-care debrief session. In the institutional strengthening, the SWAGAA and BANTWANA Initiative reviewed their systems. The organizations reviewed its strategic plans and developed a resource mobilization plans, upgraded accounting management and document tracking systems, trained board members on corporate governance and staff capacity development on change management. These benefited all staff from both these two organizations.

**Conclusions**

Overall, the opinions on project effectiveness were reflected by 74% of AGYW with disabilities and 92% of AGYW (refugees) with a mean of 2.95926 and standard deviation of 2.63835 for AGYW with disabilities and a mean of 3.1859 and standard deviation 2.8034 for AGYW (refugees). Community Facilitators' opinions on attainment of project expectations were 79% with a mean of 3.1601 and standard deviation of 2.8064. It can, therefore, be inferred that the project was effective with the main recommendations being the inclusion of men in the teachings of gender-equitable norms and violence, including both genders together with community facilitators equipped with the knowledge and skills to deliver on the interventions. The project aimed to have a proportion (%) of AGYW with disabilities/refugees in the Lubombo region who have participated in the project who report that they feel safer and better protected from violence. SWAGAA was able to reach 3240 AGYW with disabilities/refugees with social asset building sessions and 60% of the AGYW self-reported changes in knowledge of VAW/G and how to protect themselves

The project equipped AGYW with disabilities and AGYW (refugees) with knowledge and skills essential for GBV risk reduction at the individual and interpersonal levels - this included increasing their awareness of the GBV risks they face, how to protect self and others, and where and how to access services when at risk. The project also acknowledged the unique role played by caregivers of AGYW with disabilities in enhancing protection outcomes at the family level, the importance of safe community spaces, and the importance of addressing service access barriers (such as stigma and discrimination) and coordination among service providers. Collectively, we envision this to enhance the agency of AGYW with disabilities to appreciate and demand safety and protection.

The data generated from the project have been shared with FODSWA, which represents persons with disabilities for consideration in future intervention planning.

**3.2.2. Relevance**

<b>Evaluation Criteria</b>	Relevance
<b>Evaluation Question 2</b>	To what extent do the achieved results (project goal, outcomes, and outputs) continue to be relevant to the needs of women and girls?

**Key findings**

In addressing this question, the evaluation assessed the opinions on the extent of alignment of the goal, outcomes, and outputs to needs of women and girls.

**Outcome 1: Men and women from Lubombo region support gender equitable norms and protection of AGYW with disabilities/refugees from violence by September 2022**

Slightly above half of community members (64%) from the 11 Tinkhundla evaluated, opined that the support of men for gender equitable norms was relevant. It can, therefore, be inferred that community members believe that the support of men for gender-equitable norms is relevant to a moderate degree. Majority of community members (82%) from the 11 Tinkhundla evaluated, opined that the support of women for gender-equitable norms was relevant, leading to the inference that community members believe that the support of women for gender-equitable norms is relevant.

Regarding the support for protection of AGYW from violence; more than half of community members (64%) from the 11 Tinkhundla evaluated and opined that the support of men for protection of AGYW from violence was relevant. It can, therefore, be inferred that community members believe that the support of men for gender-equitable norms is relevant to a moderate degree. Majority of the community members (86%) from the 11 Tinkhundla evaluated and opined that the support of women for protection of AGYW from violence was relevant, leading to the inference that AGYW believe that the support of women for protection of AGYW from violence is relevant.

<b>Output 1.1</b>	<b>Community facilitators who have been trained on community dialogues methodology have knowledge and skills to facilitate community dialogues on VAW/G with disabilities/refugees in the Lubombo region by September 2022</b>
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The project aimed to train 15 community facilitators inclusive of 2 field assistants to roll-out, supervise and mentor transformational community dialogues. Ninety-six percent (96%) of CFs confirmed to have been trained in community dialogues methodology and self-reported to have adequate knowledge and skills to carry out their job.

The majority of community members (76%) from the 11 Tinkhundla evaluated and opined that the knowledge and skills of CFs who have been trained on community dialogues methodology to facilitate community dialogues on VAW/G with disabilities are relevant.

<b>Output 1.2</b>	<b>Men and women in the Lubombo region who have participated in community dialogues have improved knowledge of VAW/G with disabilities and their roles to prevent it in their communities by September 2022</b>
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The project aimed to mobilise 6 250 community members and roll-out, monitor and assess fidelity of implementation of transformational community dialogues. Additionally, the project was to facilitate identification and reporting of suspected violence against AGYW with disabilities through community members, community facilitators and life mentors.

Slightly above half of community members (58%) and 85% from the 11 Tinkhundla evaluated opined that improved knowledge of men and women respectively who have participated in community dialogues regarding VAW/G with disabilities is relevant.



Additionally, more than half of the community members (63%) and 81% from the 11 Tinkhundla evaluated opined that improved knowledge of men and women respectively who have participated in community dialogues regarding their roles to prevent VAW/G with disabilities in their communities is relevant.

More than half of the community members (68%) from the 11 Tinkhundla evaluated opined that community members successfully referring cases of violence against AGYW to appropriate services.

*“I think everyone in the community is a police. We are all community police because each of us is required to report upon seeing something wrong happening. For example, it is not expected that, along the way you come across a person abusing a child and you just ignore and pass. That should not happen as you must go to Umphakatsi or tell another community police that you have witnessed a crime or abuse towards a child or AGYW.” – Caregiver/Parent Sithobela.*

## **Outcome 2: Caregivers of AGYW with disabilities in the Lubombo region improve positive parenting practices by September 2022**

<b>Output 2.1</b>	<b>Community facilitators who have been trained in positive parenting clubs’ methodology have knowledge and skills to facilitate positive parenting sessions with caregivers of AGYW with disabilities on VAW/G</b>
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The project aimed to train 14 community facilitators and 2 field assistants to roll-out positive parenting clubs and to supervise and mentor CFs to roll-out positive parenting clubs.

Majority of the caregivers of AGYW with disabilities (80%) from the 11 Tinkhundla evaluated opined that CFs who have been trained in positive parenting club methodology and having ability to facilitate positive parenting sessions with caregivers of AGYW with disabilities on VAW/G are relevant, because the facilitators were equipped and capacitated to deliver the positive parenting curriculum which foster positive change. The curriculum is equip parents on how to take care of their AGYW with disabilities, to identify abuse and where to report abuse. Also, the curriculum was in alignment with social assets building curriculum, thus parents/caregivers have the same knowledge as their AGYW with disabilities. This enhances the parents/caregivers to support their children living with disabilities with understanding some of the social illness in their communities.

<b>Output 2.2</b>	<b>Caregivers of AGYW with disabilities in Lubombo region who have participated in positive parenting clubs have improved knowledge and skills on positive parenting for AGYW with disabilities and their role to prevent VAW/G within their families by September 2022</b>
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The project aimed to mobilize 3,000 caregivers of AGYWDs and roll-out positive parenting family clubs including monitoring and assessing fidelity of implementation of positive parenting family clubs as well as ongoing participatory mapping of local resources systems for services and social support.

Majority of the caregivers of AGYW with disabilities (82%) from the 11 Tinkhundla evaluated opined that caregivers of AGYW with disabilities who have participated in positive parenting clubs having

improved knowledge and skills on positive parenting for AGYW with disabilities is relevant. This is relevant in the sense that the parents/caregivers and the AGYW with disabilities have the same knowledge on issues of VAW/G, thus the caregivers/parents of AGYW with disabilities complemented the AGYW with disabilities knowledge about VAW/G.

Most caregivers of AGYW with disabilities (79%) from the 11 Tinkhundla evaluated considered the ability of caregivers to know and seek support from local resources to help AGYW with disabilities as relevant.

*“Women no longer beat their children like they are beating an animal; beating the child so hard that you hurt her is no longer done by women and if someone does that, fellow women will be the first ones to talk about that and tell person to stop it or risk being reported” – Caregiver/Parent Lubuli.*

**Outcome 3: Adolescent Girls and Young Women with disabilities/refugees in the Lubombo region have improved agency and safety from VAW/G by September 2022**

<b>Output 3.1.</b>	<b>Life Mentors in the Lubombo region who have been trained in social asset building clubs’ methodology have knowledge and skills to facilitate social asset building sessions with AGYW with disabilities/refugees by September 2022</b>
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The project aimed to train 21 Life Mentors and 2 field assistants to roll-out protective social assets including supervision and mentorship of 23 Life Mentors to roll-out protective social asset sessions.

Majority of AGYW with disabilities (74%) from the 11 Tinkhundla evaluated and 80% of AGYW (refugees) opined life Mentors who have been trained in social asset building club methodology being able to facilitate social asset building sessions with AGYW as relevant. Training life mentors who were from 18-35 years of age to mentor and deliver the social assets building curriculum for the AGYW with disabilities. Most of these mentors were between 18-28 years, which the AGYW with disabilities can relate with easy since they understood them better. The life mentors were capacitated to deliver the sessions in a friendly and engaging mode.

<b>Output 3.2</b>	<b>AGYW with disabilities/refugees in the Lubombo region who have participated in social asset building clubs have improved knowledge of VAW/G and how to protect themselves by September 2022</b>
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The project aimed to mobilize 3,000 AGYWDs and roll-out protective social assets sessions including monitoring and assessing fidelity of implementation of protective social assets sessions with AGYWDs.

The majority of AGYW with disabilities (73%) from the 11 Tinkhundla evaluated and 88% of AGYW (refugees) considered AGYW who have participated in social asset building clubs having improved knowledge of VAW/G as relevant.

The majority of AGYW with disabilities (81%) from the 11 Tinkhundla evaluated and 72% of AGYW (refugees) opined AGYW who have participated in social asset building clubs having improved knowledge of how to protect themselves as relevant.

The majority of AGYW with disabilities (85%) from the 11 Tinkhundla evaluated and 72% of AGYW (refugees) opined AGYW who have participated in social asset building clubs having improved knowledge of VAW/G prevention, response, and support services.

<b>Output 3.3</b>	<b>Number of AGYW with disabilities/ refugees in Lubombo region who have participated in social asset building clubs have improved knowledge of VAW/G prevention, response, and support services.</b>
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The project aimed to implement ongoing participatory mapping of local resource systems for personal and social support for VAW/G and to facilitate identification and self-reporting by AGYWDs of “suspected” violence against them. This was not implemented due to the COVID-19 lockdown restrictions and the political unrest in Eswatini. SWAGAA leverage on the existing national directory and updated it mapping all local resources systems in Lubombo region.

**Outcome 4: Service providers in the Lubombo region increase the provision of VAW/G prevention, response, and support services to AGYW with disabilities/refugees by September 2022**

<b>Output 4.1.</b>	<b>Stakeholders/ service providers in the Lubombo region who have participated in the regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW with disabilities/ refugees and their role to provide VAW/G prevention, response, and support services.</b>
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The project aimed to facilitate quarterly multi-sectoral regional GBV-CN meetings.

The majority of stakeholders (77%) from the Lubombo region evaluated opined that service providers who have participated in regional GBV coordination meetings having improved knowledge of the vulnerabilities/needs of AGYW are relevant.

Most stakeholders (78%) from the Lubombo region evaluated opined that service providers who have participated in regional GBV coordination meetings having improved knowledge of their role to provide VAW/G prevention, response, and support services.

The majority of stakeholders (76%) from the Lubombo region evaluated and 76% of AGYW (refugees) opined that service providers having increased the provision of VAW/G prevention, response, and support services to AGYW as relevant. The fact that some stakeholders take a step in mainstreaming disability in their service provision since they are now aware of the difficulties and challenges faced by AGYW with disabilities/refugees. In some institutions they have sign language interpreters and the infrastructure is disability friendly though there is a need of improvement.

*“To ensure that women’s safety concerns in terms of club attendance were considered during implementation.” – Programme Personnel.*

*“Hire a Social Worker for the project in order for cases to move faster when identified.” – Programme Personnel.*

*“Registration of birth certificates and refreshments support.” – Programme Personnel.*

*“During the outbreak of COVID-19 and the political unrest, we adopted a virtual model of delivering our sessions. This was done by providing tablets for the facilitators and having an abridged version of the sessions.” – Programme Personnel.*

<b>Output 4.2</b>	<b>Service providers provide VAW/G prevention, response, and support services to AGYW with disabilities/ refugees through mobile outreach campaigns in the Lubombo region.</b>
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The project aimed to engage stakeholders to provide services during community campaigns including referrals, tracking of completion status of referred post-violence cases and mobilization of communities and linking AGYWDs to services during quarterly community Wheel-4-Change campaigns.

Due to the constrained implementation environment owing to the Covid-19 pandemic and political instability in the country, SWAGAA was unable to roll-out mobile VAW/G demand creation activities.

**Outcome 5: The organization Swaziland Action Group Against Abuse (SWAGAA) is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.**

<b>Output 5.1</b>	<b>The organization Swaziland Action Group Against Abuse (SWAGAA) is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises whilst maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.</b>
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The project aimed to support operational costs including personnel for project implementation, supportive supervision, and monitoring of clubs at 56 Chiefdoms in all 11 constituencies and support to integrate innovative approaches into programming. The organization trained its staff including community facilitators on Covid-19 prevention measures and managing strategies and procurement personal protective equipment (PPE) for community facilitators to enable them to safely conduct their work in communities. PPE procured included face masks and hand sanitizers. During the COVID-19 outbreak, and political unrest the provision of PPE was essential thus providing the beneficiaries and the facilitators with safe measures so that SWAGAA could continue implementing the project and bringing the needed change in the communities. The visibility of the organization during the COVID-19 restrictions made it possible to be trusted and reliable to beneficiaries and communities.

<b>Output 5.2</b>	<b>The organization Swaziland Action Group Against Abuse (SWAGAA) has improved knowledge, skills, and capacities to maintain or adapt EAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.</b>
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The project aimed to support team building, staff care and support, program coordination, alleviation of household food/income poverty and strengthening behaviour change communication (BCC).

The COVID-19 pandemic upended traditional modes of program delivery, and destabilized livelihoods of households, and those with AGYW with disabilities were hardest hit. Institutional strengthening enabled SWAGAA to adapt to the prevailing risk landscape, embedded emergency response readiness (including the adoption of remote mode of programming delivery) enabling program continuity. Additionally, SWAGAA supported households of AGYW with cash transfers to alleviate household food/income poverty, and integrated COVID-19 risk communication across our programs. Most of the household were poverty stricken in the Lubombo region, taking care of the household well-being through cash based transfer, this activity was emulating on what a holistic psychosocial support package should be, and the basic needs should be met.

### ***Conclusions***

Overall, the opinions on project relevance were reflected by 76% of AGYW with disabilities and 80% of AGYW (refugees) with a mean of 3.02000 and standard deviation of 2.68328 for AGYW with disabilities and a mean of 3.1310 and standard deviation 2.7961 for AGYW (refugees). It can, therefore, be inferred that the project was relevant. The approach to strengthen positive parenting skills for caregivers and knowledge on VAW and specific risks that AGYW with disabilities/refugees faced were of importance in the communities. This approach helped to reshape social interactions and build healthy relationships and protective caring roles at family level by discussing other issues, caregiver awareness of situations that put their children at risk. The approach of family clubs was found to be relevant as it covered issues around family health and wellbeing, contemporary parenting challenges, traditions, disability, gender, and HIV – issues that continue to drive GBV within families. The protect our youth curriculum was relevant as it aided AGYW to understand their rights.

The project was implemented amid overlapping crises, notably COVID-19 and the civil/political unrest in Eswatini which exacerbated the GBV risk landscape, while the accompanying lockdown affected traditional modes of programme delivery, notably in-person community group sessions. This necessitated programme adjustments, which included the incorporation of remote programme delivery, upskilling of programme personnel, reduction in group sizes and session duration to adhere to existent restrictions, incorporation of cash-based transfers amid rising food and income poverty, and addition of COVID-19 risk communication to increase awareness of COVID risks and prevention, and vaccination among target communities and programme beneficiaries.

Additionally, to expedite faster processing of cases identified and reported by communities, project implementers referred cases to SWAGAA Case management officers. Safety concerns to ensure women’s safety for club attendance were taken into consideration during implementation to increase participation numbers; this included ensuring the venue was one deemed safe by attendees, safety to openly share their opinions, thoughts and beliefs and times of club attendance to ensure attendees could safely make it back home.

### **3.2.3. Efficiency**

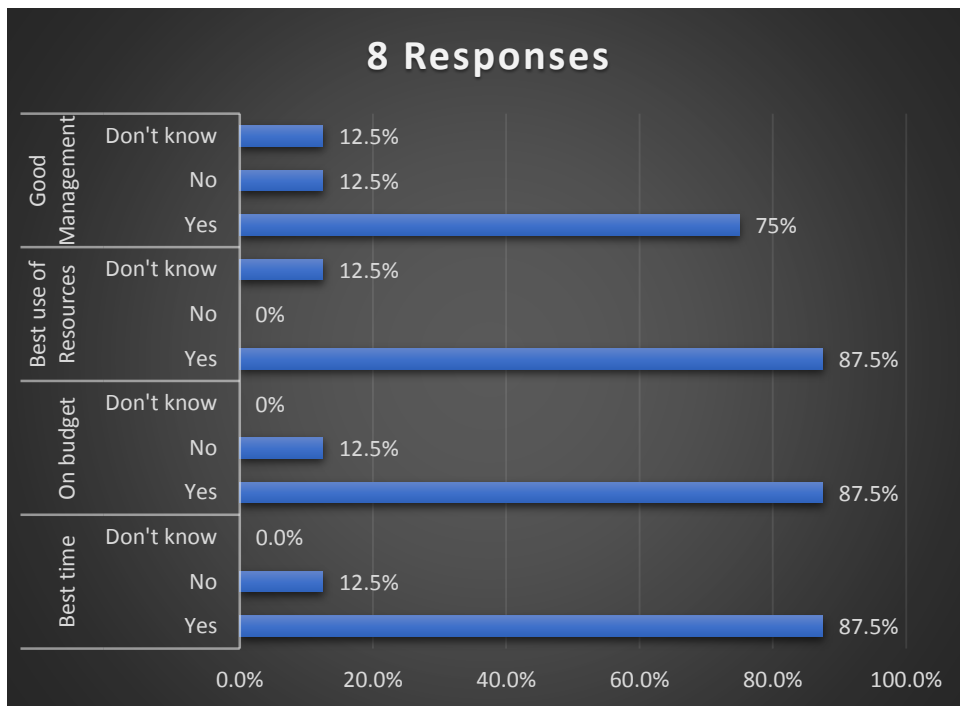
<b>Evaluation Criteria</b>	<b>Efficiency</b>
<b>Evaluation Question 3</b>	<b>To what extent was the project efficiently and cost-effectively implemented?</b>

### ***Key findings***

Findings from interviews with 8 programme personnel are presented on their considerations on whether the activities were delivered on time and to the budget and whether the project tasks were implemented through the best use of resources and good management.

Do you consider the training, supervising, and mentoring 25 CFs to have been implemented on time and on budget?

Figure 2: % of respondents that agree that training, supervising, and mentoring of 25 CFs was implemented on time and budget; with good management and a good use of resources



There was one main activity for this output; to train, supervise, mentor, and pay out stipends to 15 CFs to roll out community dialogues. The project aimed to train 13 CFs and 2 lead facilitators to roll-out, supervise and mentor transformational community dialogues. The project succeeded by training 15 community facilitators.

Owing to the COVID-19 pandemic, identification and training of CFs delayed but eventually CFs were successfully trained on the interventions and over the duration of the project, they were supervised and mentored either remotely or face-to-face to ensure appropriate delivery of interventions.

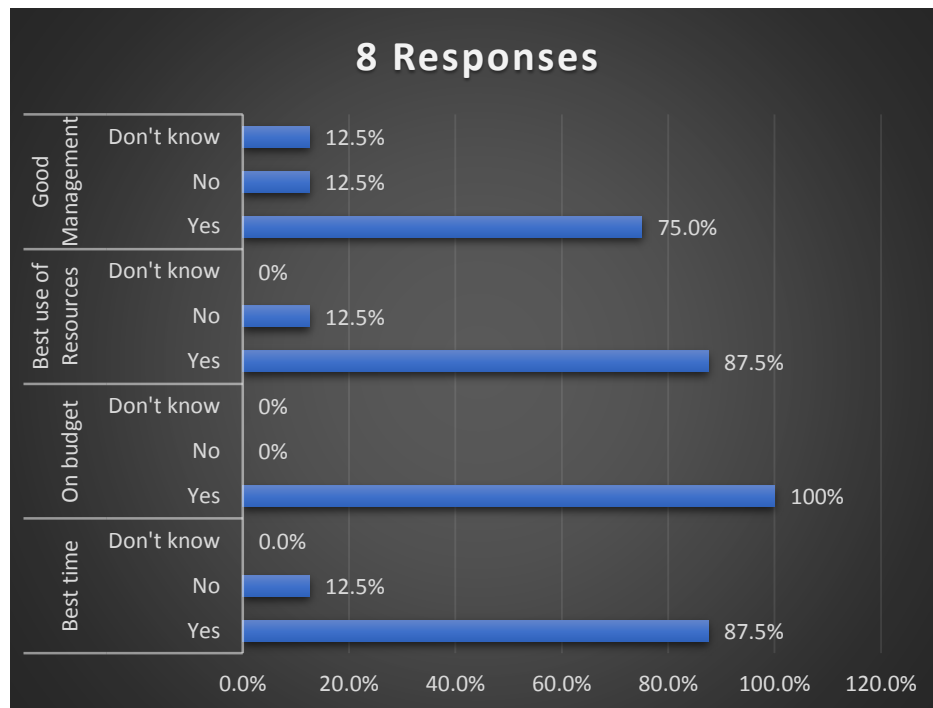
From personnel interviews, 87.5% responded that the activity was delivered on time, and 75% sharing that the activity was implemented with good management. Likewise, 87.5% of respondents considered the paying out of stipends to the CFs to have been delivered on budget, with 87.5% considering it to have been the best use of resources. The model used was to recruit facilitators within the constituencies thus making it feasible and efficiency since they are aware of the environment. The traditional leaders were involved in the recruitment; thus, they have sense of ownership that the facilitators will update them with progress and challenges that need their attention. This was done in good governance as recognizing the traditional structures for a buy-in. The 2 lead facilitators will provide support to their peers and able to cascade any development to the programme team regularly. This helps in identifying any challenges earlier and solving them before escalating further.

For sustainability purposes, the facilitators can continue providing these lessons with the support of the traditional leaders even after the programme has come to an end. During the evaluation, we noted that

some communities and churches had already adopted this programme in their communities and churches. The community leaders appreciated the programme as it has added some value in community development since the trained CFs will continue to assist the community in issues of VAW/G with disabilities.

*Do you consider the paying out stipends to 25 CFs to roll out transformational community dialogues to have been implemented on time and on budget?*

Figure 3. % of respondents that agree that the paying out of stipends of the 25 FCs was implemented on time and budget; with good management and a good use of resources

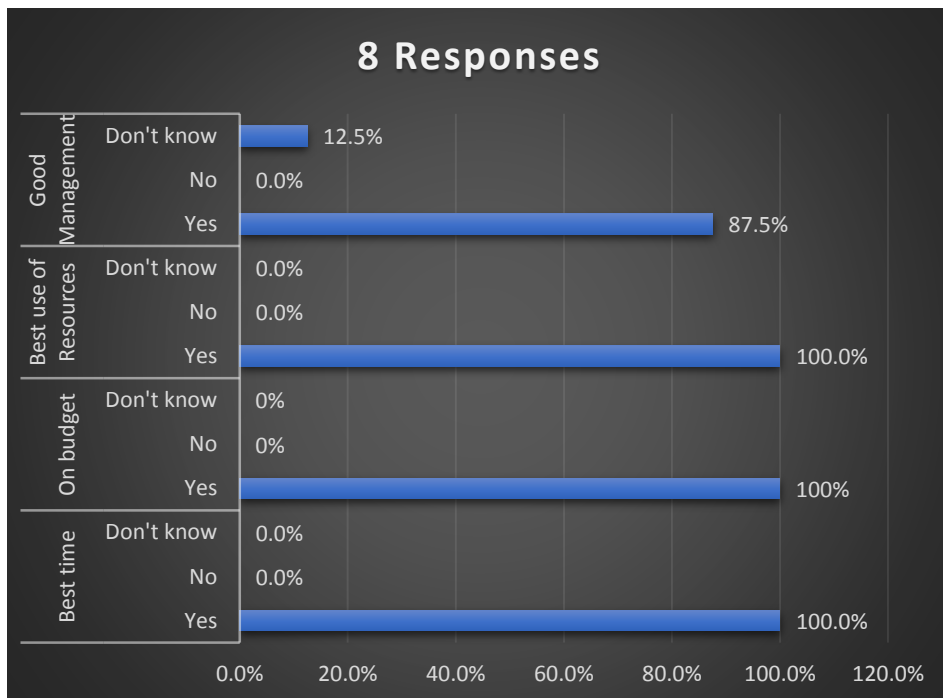


87.5% of the respondents considered that the payment of stipends to roll-out of TCDs was conducted timely, and 75% considering that the activity was implemented with good management. Also, 100% of the respondents considered that this activity was implemented on budget, and 87.5% with the best use of resources. Though some respondents opined that the delay disbursement of funds from the donor at times will cause disturbance on the implementation.

The payment of stipends was a motivation to the facilitators to continue with the transformative approaches in their community. This a good management system where all respondents 100% applauded that this gave dignity to their sacrifice in the development of their communities to be safe and free from VAW/G.

*Do you consider mobilizing community members for community dialogues to have been implemented on time and on budget?*

Figure 4. % of respondents that agree that mobilising community members for community dialogues was implemented on time and budget; with good management and a good use of resources



The project aimed to mobilize 6 250 community members and roll-out, monitor and assess the fidelity of implementation of transformational community dialogues. Cumulatively, by the end of the project 6260 community members were capacitated, which was slightly below the project aim which was mainly caused by stalled implementation during the Covid-19 restriction period resulting in the request for a no-cost extension. Additionally, the project was to facilitate identification and reporting of suspected violence against AGYW with disabilities through community members, community facilitators and life mentors. 100% of respondents considered this activity to be implemented on time and on budget respectively, and 100% of the respondents noted that the activity was implemented with the best use of resources and, 87.5% said it was implemented with good management.

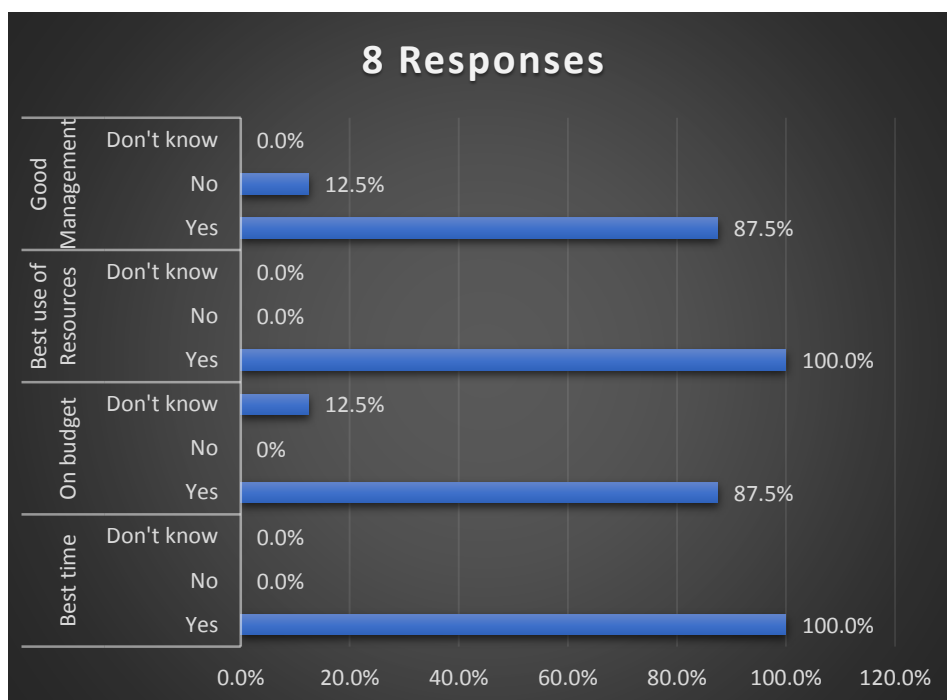
Owing to the COVID-19 pandemic and the political unrest, mobilization of community members continued and the delivering of session moved to virtual platforms which was successfully managed by CFs who were chosen and were residing within the communities, amongst the people benefiting from the project. The respondents applauded the UN Trust Fund, for its flexibility by allowing the organization to buy tablets that were used to deliver the sessions virtually. The sentiments shared by the respondents on the management for this programme by having regularly project meetings and updates, enabled them to identify risks and challenges earlier and planned our to mitigate them.

From the communities evaluated, the community members who participated in the community dialogues are now amplifying the safety of AGYW with disabilities and now some of them are agents of change.

Do you consider rolling out TCDs to have been implemented on time and on budget?



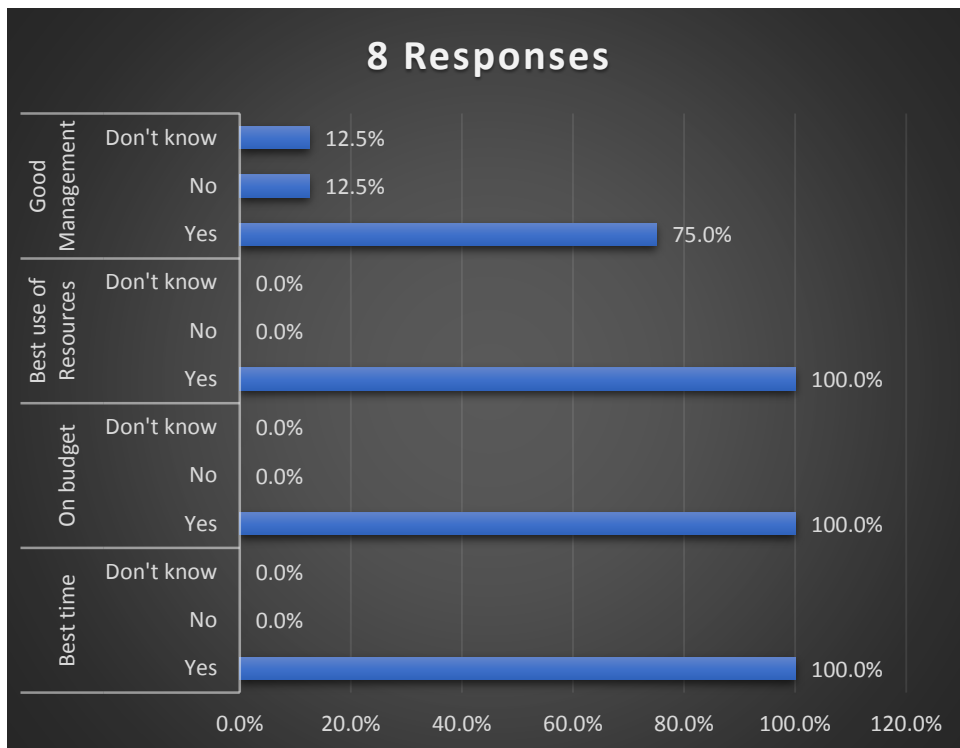
Figure 5. % of respondents that agree that rolling out TCDs was implemented on time and budget; with good management and a good use of resources



The project aimed to train 13 community facilitators and 2 lead facilitators to roll-out TCD clubs and to supervise and mentor CFs to roll-out the clubs. Responses from programme personnel showed 100% considered the activity to be implemented timely, and 100% with the best use of resources, while 87.5% considered the activity to be implemented on budget, and 87.5% considering the activity to have been implemented with good management. The respondents highlighted that due to COVID-19 and the political unrest the TCDs were delayed but because of the good management by the programme team (SWAGAA & BANTWANA) a mitigation plan was developed and shared with the facilitators. The programme had to review the delivery methodology to virtual and small groups which made sure there was continuity of implementation. Lastly, engaging facilitators who are within the communities had advantages to reach community members from these constituencies to foster the gender transformative dialogues for the benefit of the community in taking an active stand against VAW/G with disabilities.

*Do you consider monitoring and assessing fidelity (faithfulness) of implementation of TCDs to have been implemented on time and on budget?*

Figure 6. % of respondents that agree that monitoring and assessing fidelity (faithfulness) of implementation of TCDs was implemented on time and on budget; with good management and a good use of resources.

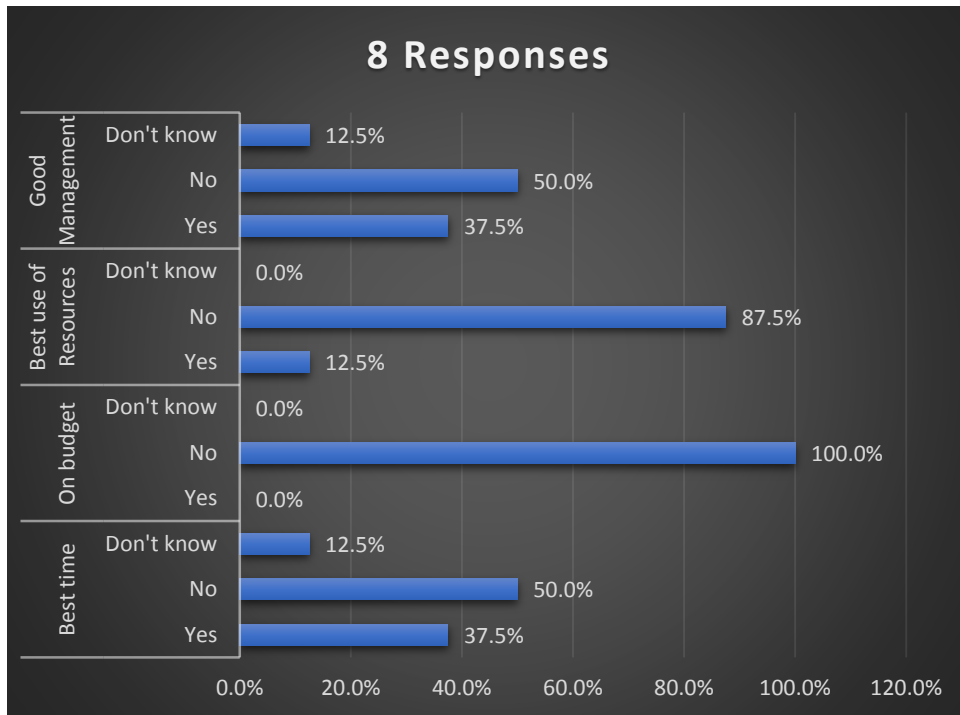


The project aimed to mobilize 6 250 community members and roll-out, monitor and assess fidelity of implementation of transformational community dialogues (TCDs). All respondents (100%) considered that mobilization of community members and roll-out of TCDs was conducted timely, and on budget with 100% suggested the implementation was on best use of resources and 75% considering that the activity was implemented with good management.

Owing to the COVID-19 pandemic and political unrest the mobilization continued of community members, but the delivery mode of sessions moved to virtual platforms with smaller groups which was successfully managed by CFs who were chosen and were residing within the communities, amongst the people benefitting from the project. The facilitators were capacitated on virtually modalities before implementing.

Do you consider mobilizing communities to roll out quarterly campaigns to have been implemented on time and on budget?

Figure 7. % of respondents that agree that mobilizing communities to roll out quarterly campaigns was implemented on time and on budget; with good management and a good use of resources

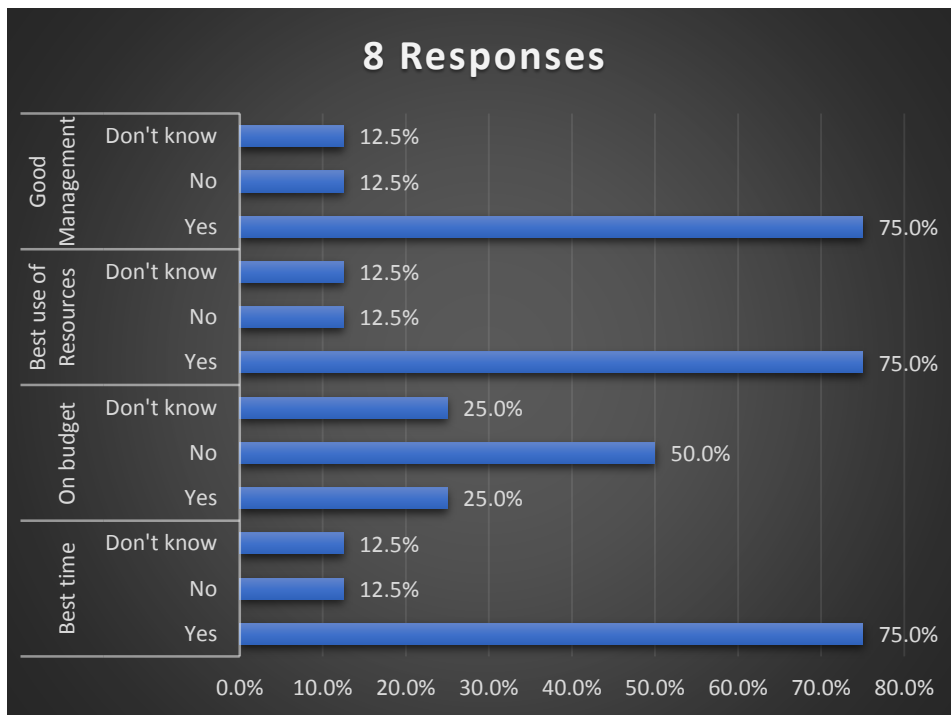


The project aimed to engage stakeholders to provide services during community campaigns including referrals, tracking of completion status of referred post-violence cases and mobilization of communities and linking AGYWSDs to services during quarterly community Wheel-4-Change campaigns.

Due to the constrained implementation environment owing to the Covid-19 pandemic and political instability in the country, SWAGAA was unable to roll-out mobile VAW/G demand creation activities, however demand creation was implemented in other routine SWAGAA activities after Covid-19 restrictions were lifted, thus 100% respondents felt that the implementation was not implemented on budget and 50% considered that it was not implemented on time.

*Do you consider tracking identification and reporting of “suspected” violence against AGYW by communities, CFs, and mentors to have been implemented on time and on budget?*

Figure 8. % of respondents that agree that tracking identification and reporting of “suspected” violence against AGYW by communities, CFs and mentors was implemented on time and on budget; with good management and a good use of resources

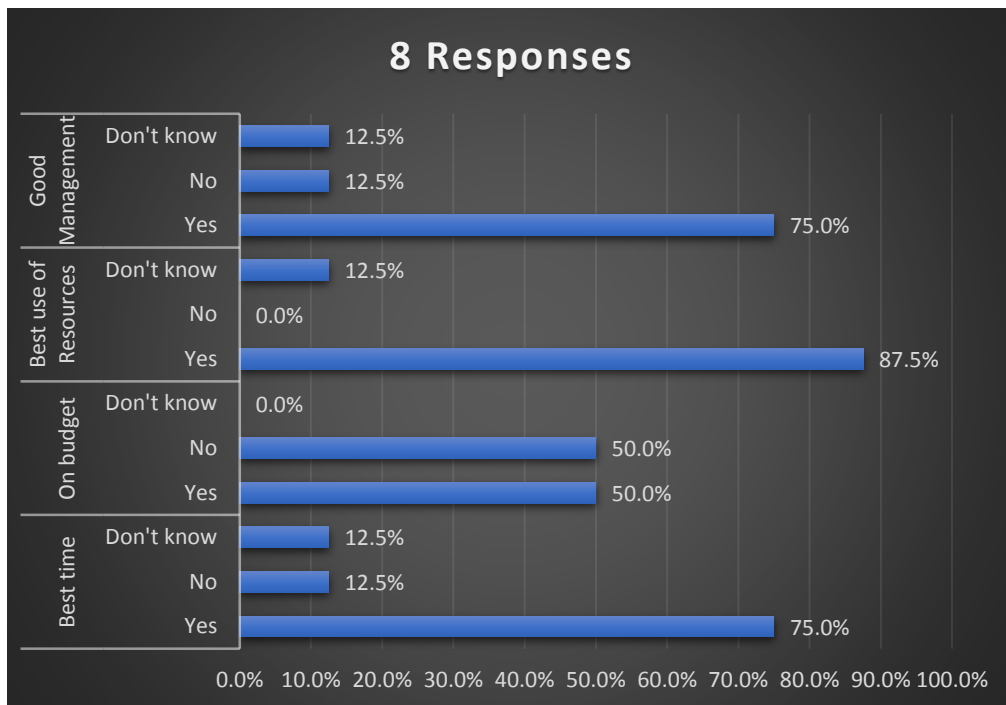


A total of 21 cases AGYW with disabilities/refugees were identified and referred for services (post GBV services from SWAGAA, DSW and the Police).

75% of the respondents considered that this activity was implemented on time, while 50% of the respondents considered this activity was implemented on budget, with 75% respondents opined that the activity was implemented with good management and best use of resources. The programme personnel noted that this activity was way-way less budgeted. Cases were identified but the referral part need like financial assistance to the victims was less budgeted.

Do you consider training, supervising, and mentoring 18 CFs to roll out positive parenting sessions to have been implemented on time and on budget?

Figure 9. % of respondents that agree that training, supervising, and mentoring 18 CFs to roll out positive parenting sessions was implemented on time and budget



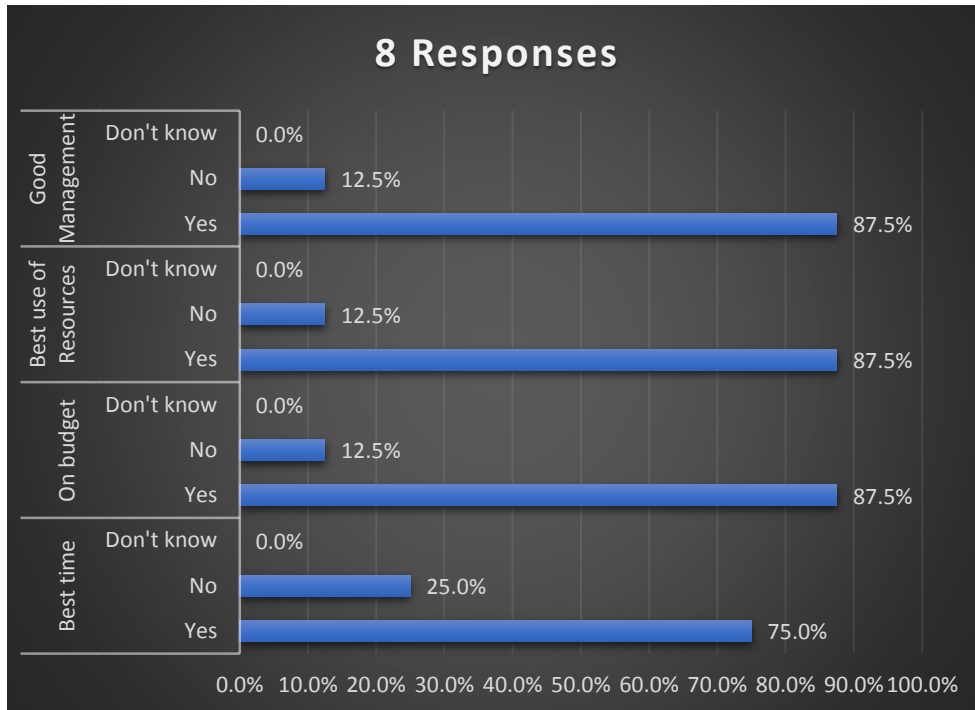
The project aimed to train 23 Life Mentors, and which included 2 lead life mentors to roll-out protective social assets including supervision and mentorship of 23 Life Mentors to roll-out protective social asset sessions. All 23 life mentors were recruited and trained in social asset building clubs' methodology.

Majority of respondents (75%) considered the training, support supervision, mentorship, and payout of stipends to have been timely, while 50% considered being implemented on budget. During the project modification were the project personnel realized that number of mentors estimated in the proposal were far less low, thus a project modification was asked and granted. It in this time that the figures of mentors were modified in the system but we noted later that the budget did not change according to the proposed figures of mentors, thus making the payment of stipend to be overspent in this activity. 87.5% respondent considered that the activity was implemented with the best use of resources and 75% of respondents said it was implemented with good management.

All 16 Community Facilitators received supportive supervision through routine virtual (during the peak of the COVID-19 pandemic) and in-field support (session observation) and structured quarterly group meeting for reflective practice enabling them to improve facilitation and engagement skills and to adhere to the program's core elements during session delivery. The Life Mentors were the change agents engaging AGYW in successively deeper conversations about VAW/G and equipping them with knowledge skills on risk-reduction. For the project to be successful, it was pivotal that Life Mentors were trained and mentored to equip them with knowledge of the program, delivery methodology, facilitation, and mentorship skills. Additionally, payment of their stipends on time ensured they were able to continue with the work in the communities. During the FGDs the mentors appreciated the stipend which they opined that it motivated and it was a gesture of appreciation to their efforts in implementation of the project.

Do you consider mobilizing caregivers of AGYW to have been implemented on time and on budget?

Figure 10. % of respondents that agree that mobilizing caregivers of AGYW was implemented on time and budget

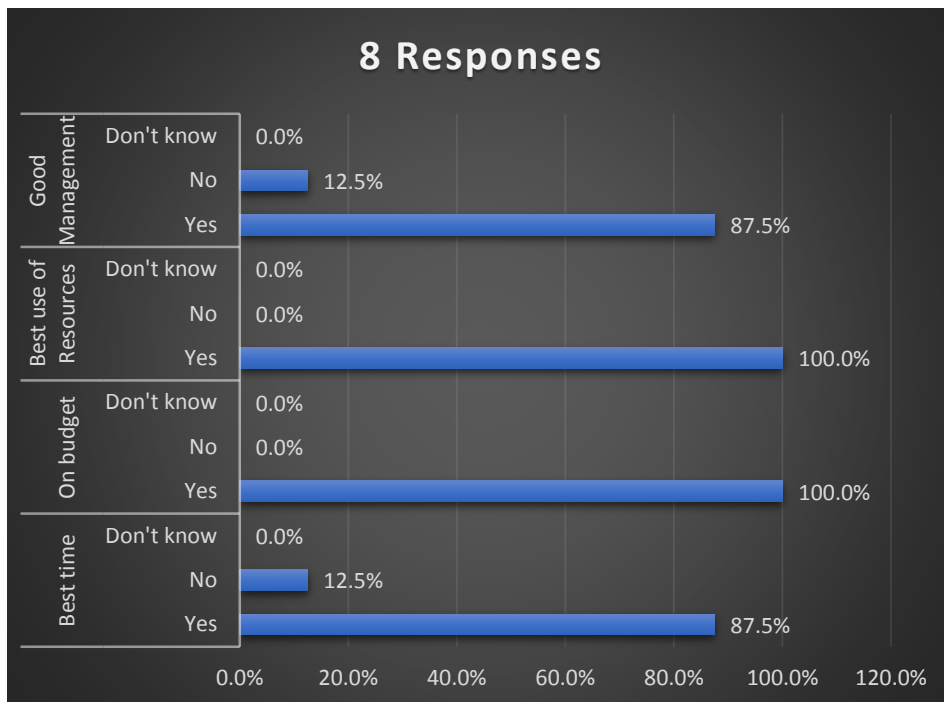


The project aimed to mobilize 3,000 caregivers of AGYWDs and roll-out positive parenting family clubs including monitoring and assessing fidelity of implementation of positive parenting family clubs as well as ongoing participatory mapping of local resources systems for services and social support. Cumulatively by the end of the project, 2629 caregivers of AGYWDs had been mobilized, which was slightly below the project aim which was mainly caused by stalled implementation during the Covid-19 restriction period resulting in the request for a no-cost extension.

Of the respondents, 87.5% considered that mobilization of caregivers of AGYW to roll out positive parenting family club sessions was implemented on budget and 75% on time, with 87.5% of best use of resources and under good management respectively.

Do you consider rolling out positive parenting Family Club sessions to have been implemented on time and on budget?

Figure 11. % of respondents that agree that rolling out positive parenting Family Club sessions was implemented on time and budget; with good management and a good use of resources.

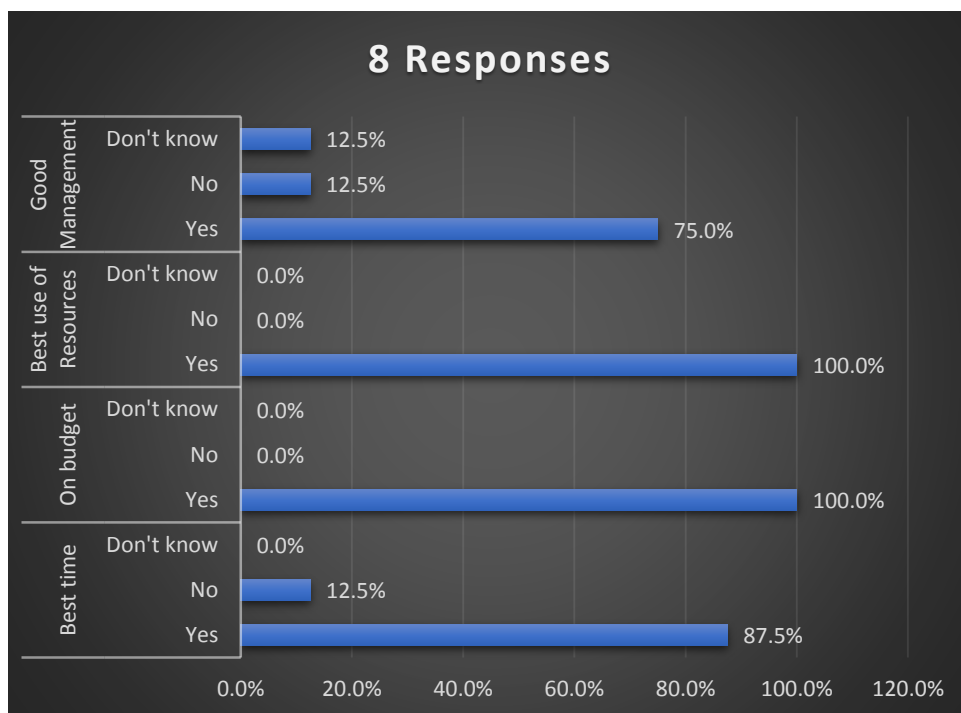


The project aimed to mobilize 3,000 caregivers of AGYWDs and roll-out positive parenting family clubs including monitoring and assessing fidelity of implementation of positive parenting family clubs as well as ongoing participatory mapping of local resources systems for services and social support. Cumulatively by the end of the project, 2629 caregivers of AGYWDs had been mobilized, which was slightly below the project aim which was mainly caused by stalled implementation during the Covid-19 restriction period resulting in the request for a no-cost extension. The under reach in this activity was due to the fact that some of the AGYW with disabilities/refugees were the head of their families, thus there were no caregivers/parents represented in this sessions. Additionally, some caregivers/parents of AGYWDs had more than one AGYWDs attending the building social asset sessions. Thus it caused the imbalance between the (3181) AGYWDs and (2629) caregivers/parents of AGYWDs reached through this project.

Of the respondents, 87.5% considered that mobilization of caregivers of AGYW to roll out positive parenting family club sessions was implemented on time, and 100% considered being implemented on budget with 100% of best use of resources and 87.5% of good management.

*Do you consider monitoring and assessing fidelity (faithfulness) of implementation of positive parenting Family Club sessions to have been implemented on time and on budget?*

Figure 12. % of respondents that agree that monitoring and assessing fidelity (faithfulness) of implementation of positive parenting Family Club sessions was implemented on time and budget; with good management and a good use of resources

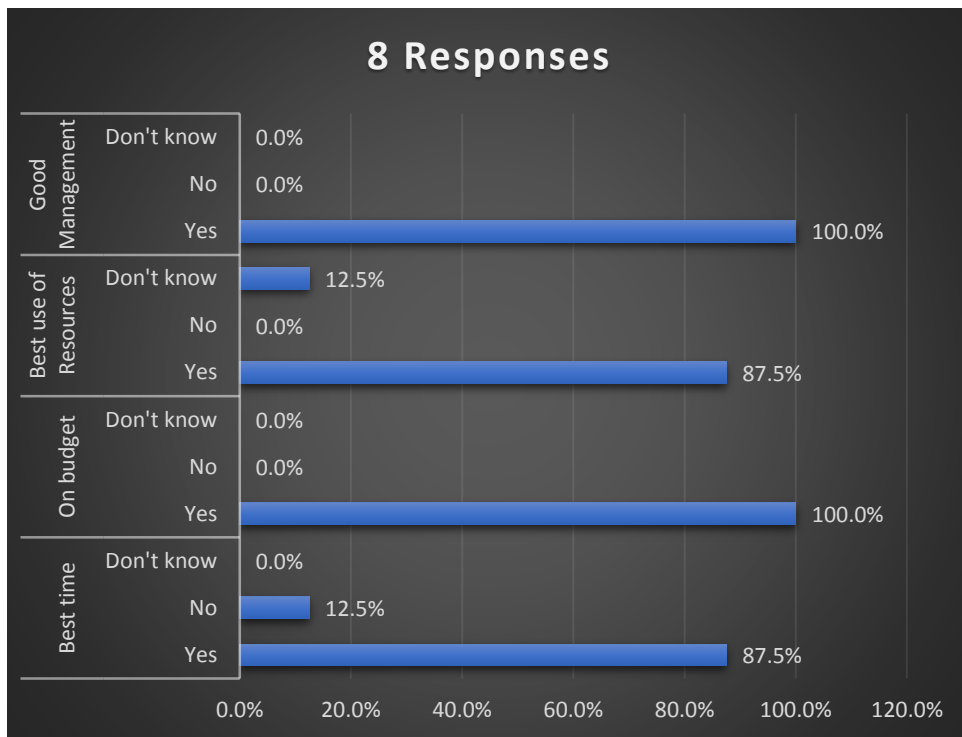


Most of the respondents (75%) considered the monitoring and assessing fidelity of the implementation positive parenting clubs was done on time, as they highlighted the support from the project officers throughout the project with supportive supervision (one on one and the quarterly group sessions). Though respondents concluded that facilitators were able to deliver faithful because the budget was goodly managed. This was because the project had a clear outline monitoring system where all facilitators were capacitated with, thus making it simpler to assess the fidelity.

Do you consider facilitating participatory mapping of local resource systems supporting VAW/G efforts to have been implemented on time and on budget?



Figure 13. % of respondents that agree that facilitating participatory mapping of local resource systems supporting VAW/G efforts was implemented on time and budget; with good management and a good use of resources

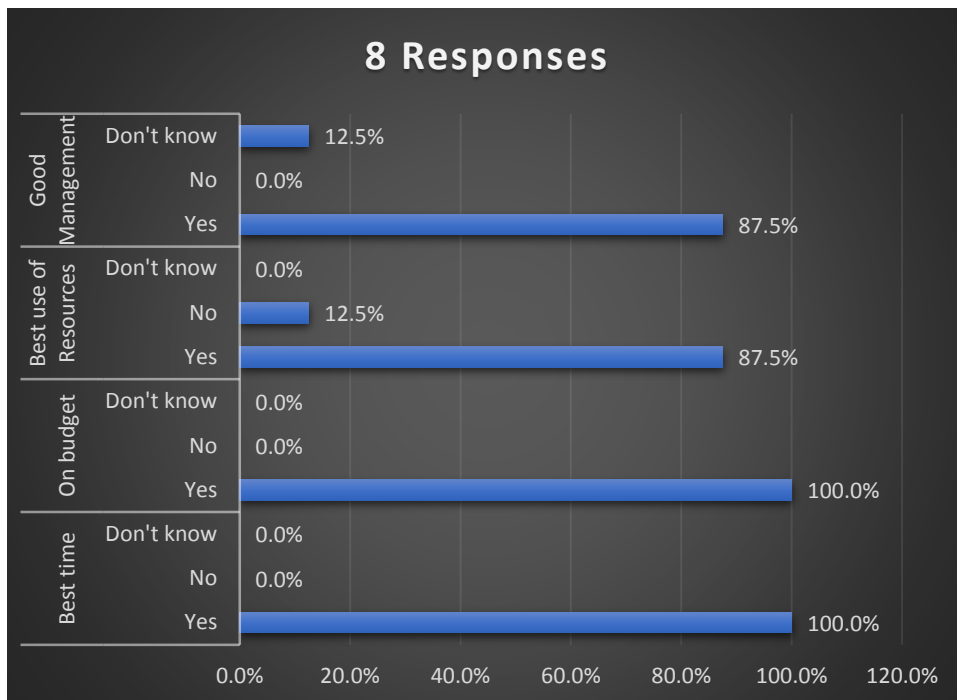


This activity was conducted on time. SWAGAA leveraged the regional GBV Referral Network meetings to map VAW/G service providers and other CSOs including OPDs, and printed service directories that were distributed to program participants and other stakeholders.

All respondents (100%) considered this activity to have been implemented on budget and 87.5% timely, and 87.5% considering the activity to have been implemented with best use of resources and 100% considering the activity to have been implemented with good management. The respondents alluded to the fact that violence programming need to be strengthened especially the prevention and advocacy since the response is very expensive. The GBV referral network to mapping all services on VAW/G and noted there need to mainstream disability in VAW/G.

*Do you consider tracking reporting by caregivers of “suspected” violence to have been implemented on time and on budget?*

Figure 14. % of respondents that agree that tracking reporting by caregivers of “suspected” violence was implemented on time and budget; with good management and a good use of resources

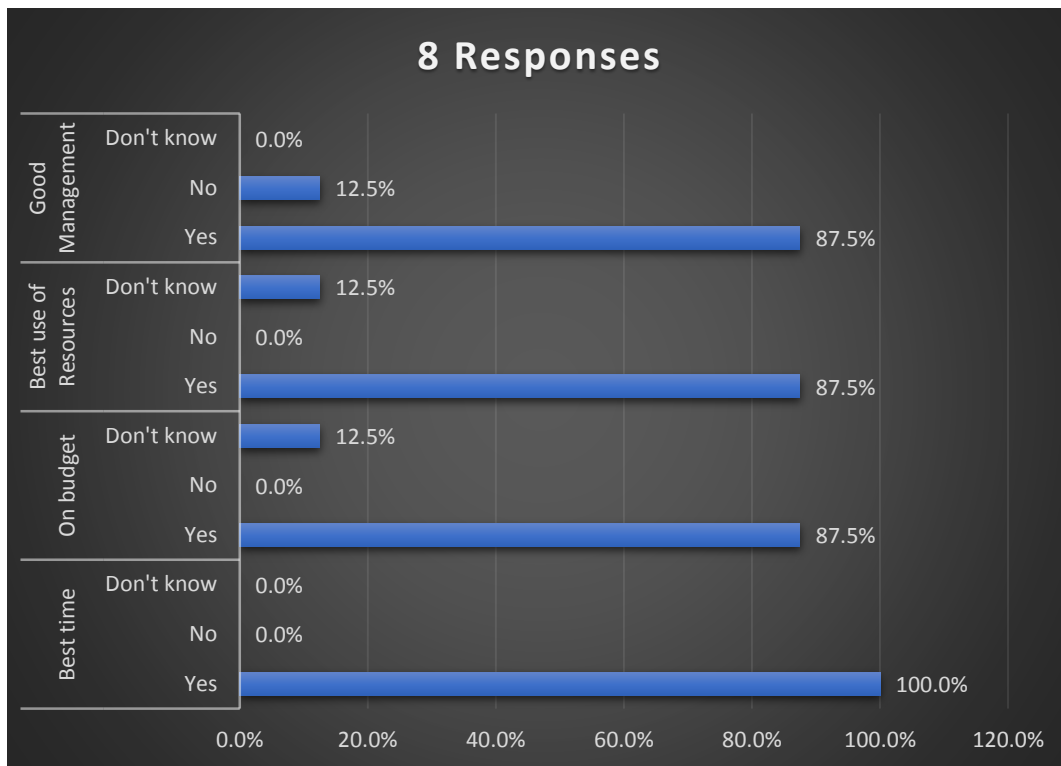


A total of 30 cases AGYW with disabilities/refugees were identified and referred for services (post GBV services from SWAGAA, DSW and the Police) through the family clubs. About 100% of the respondents considered that this activity was implemented on time, and on budget respectively, with 87.5% respondents opined that the activity was implemented with good management and best use of resources respectively. The referral pathway that SWAGAA shared with the facilitators made it very efficient to identify and report suspected violence against AGYWs. The national directory with service providers which are near their communities, was distributed among the 2629 caregivers and 3240 AGYW with disabilities.

Also, the SWAGAA 951 toll-free line was another platform that beneficiaries used extensively in reporting VAW/G cases. This platform came with no-cost implications on the reporter/victim and it’s convenient. The respondents noted that this Toll-free line can be strengthened further by providing full psychosocial support. There is need to invest more on the human resource to handle this toll-free line as for now the officers managing it, also managing physical cases.

*Do you consider training, supervising, and mentoring 23 Life Mentors to roll out protective social assets to have been implemented on time and on budget?*

Figure 15. % of respondents that agree that training, supervising, and mentoring 23 Life Mentors to roll out protective social assets was implemented on time and budget; with good management and a good use of resource

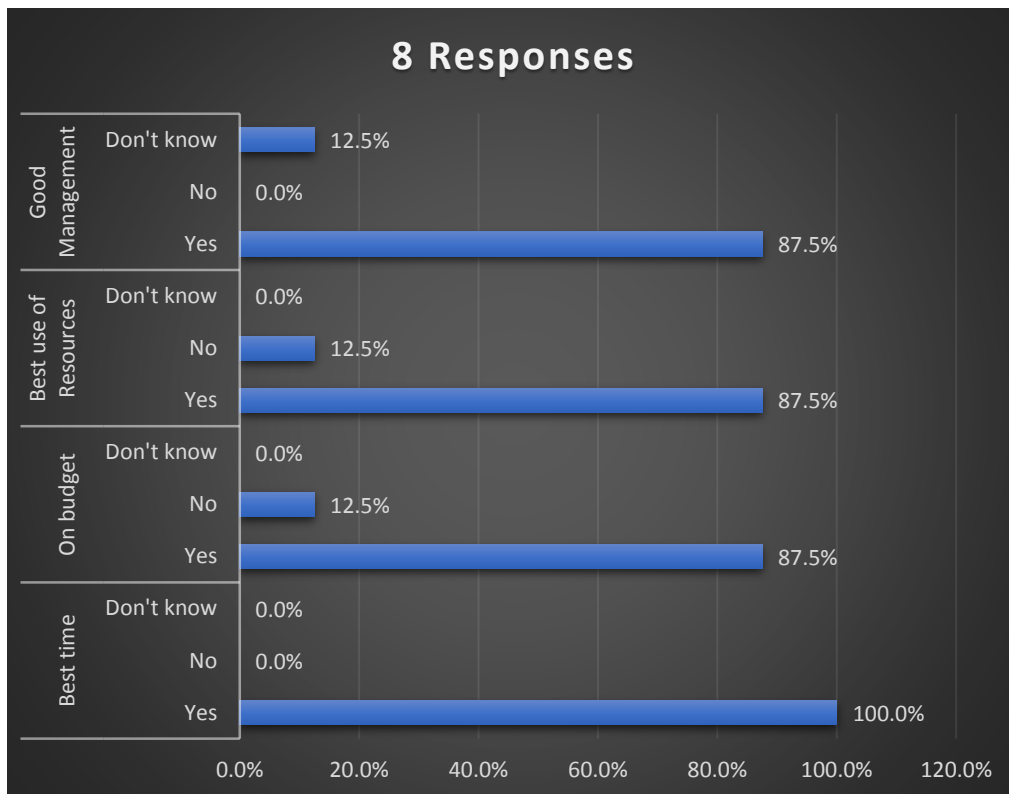


The project had a clear outline support supervision and mentoring system that was very efficient, that each facilitator will receive mentoring and supervision support once a month from the programme team. This process helped the facilitators to deliver the sessions accordingly.

From personnel interviews, 87.5% responded that the activity was delivered on budget and 100% said it was on time, with 87.5% of best use of resources and good management.

*Do you consider paying out stipends to 23 Life Mentors to roll out protective social assets to have been implemented on time and on budget?*

Figure 16. % of respondents that agree that paying out stipends to 23 Life Mentors to roll out protective social assets was implemented on time and budget; with good management and a good use of resource



There was one main activity for this output; to train, supervise, mentor, and pay out stipends to 25 life mentors to roll out building social asset clubs. The project aimed to train 23 life mentors and 2 lead facilitators to roll-out, supervise and mentor transformational community dialogues. The project succeeded by training 25 community facilitators. Owing to the COVID-19 pandemic, identification and training of CFs delayed but eventually CFs were successfully trained on the interventions and over the duration of the project, they were supervised and mentored either remotely or face-to-face to ensure appropriate delivery of interventions.

From personnel interviews 100% responded that the activity was delivered on time and 87.5% opined that it was delivered on budget, 87.5% respondents suggested that the implementation was done with best use of resources and with good management respectively. The model used was to recruit facilitators within the constituencies thus making it feasible and efficiency since they are aware of the environment. The traditional leaders were involved in the recruitment; thus, they have sense of ownership that the facilitators will update them with progress and challenges that need their attention. This was done in good governance as recognizing the traditional structures for a buy-in. The 2 lead facilitators will provide support to their peers and able to cascade any development to the programme team regularly. This helps in identifying any challenges earlier and solving them before escalating further.

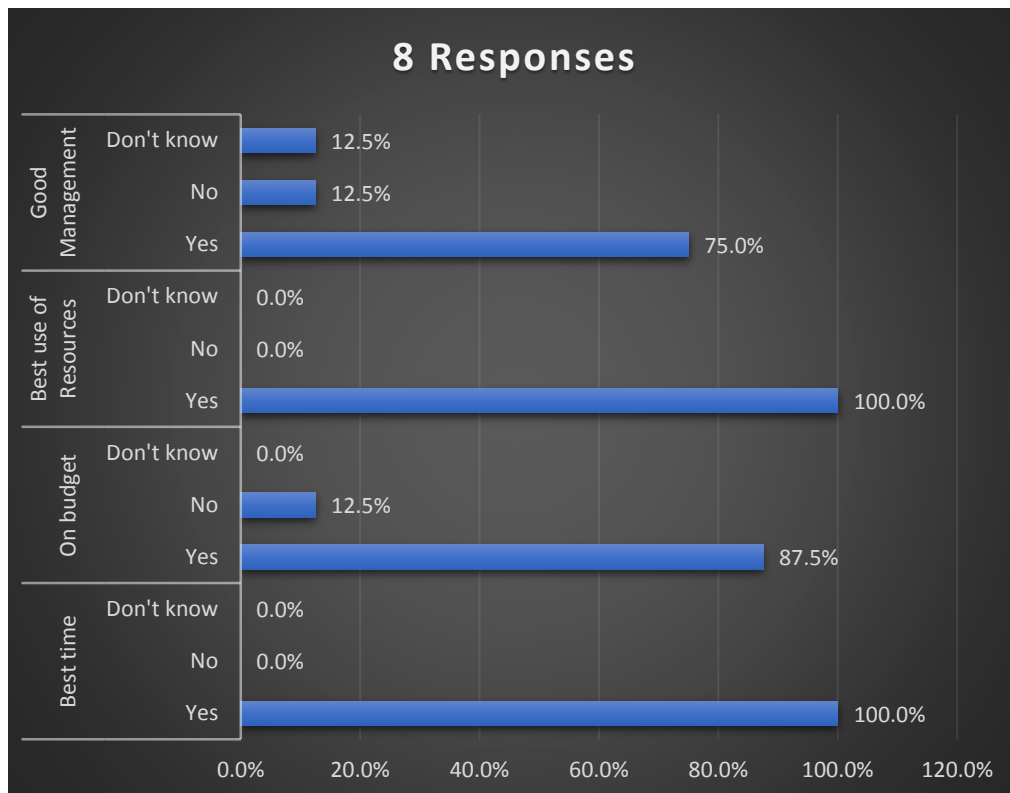
However, there were some intermittent delays in payment of stipends to Life Mentors which arose from delays in funds disbursement. These delays were caused by the implementing partner's failure to acquit financial reports on time because of high turnover of finance personnel. Thus suggesting that all key officers for the project should have 100% level of effort.

For sustainability purposes, the facilitators can continue providing these lessons with the support of the traditional leaders even after the programme has come to an end. During the evaluation, we noted that some communities and churches had already adopted this programme in their communities and churches.

The community leaders appreciated the programme as it has added some value in community development since the trained CFs will continue to assist the community in issues of VAW/G with disabilities.

***Do you consider mobilizing AGYW with disabilities and refugees to participate in Social Asset Building Clubs to have been implemented on time and on budget?***

Figure 17. % of respondents that agree that mobilizing AGYW with disabilities and refugees to participate in Social Asset Building Clubs was implemented on time and budget; with good management and a good use of resource



The project aimed to mobilize 3,000 AGYWDs and roll-out protective social assets sessions including monitoring and assessing fidelity of implementation of protective social assets sessions with AGYWDs. Cumulatively by the end of the project 3181 AGYWDs and 59 refugees were mobilized and capacitated on social asset building sessions, which was slightly above the project aim which was mainly caused by stalled implementation during the Covid-19 restriction period resulting in the request for a no-cost extension. The project team implored various robust strategies to mobilize and identify AGYW with disabilities.

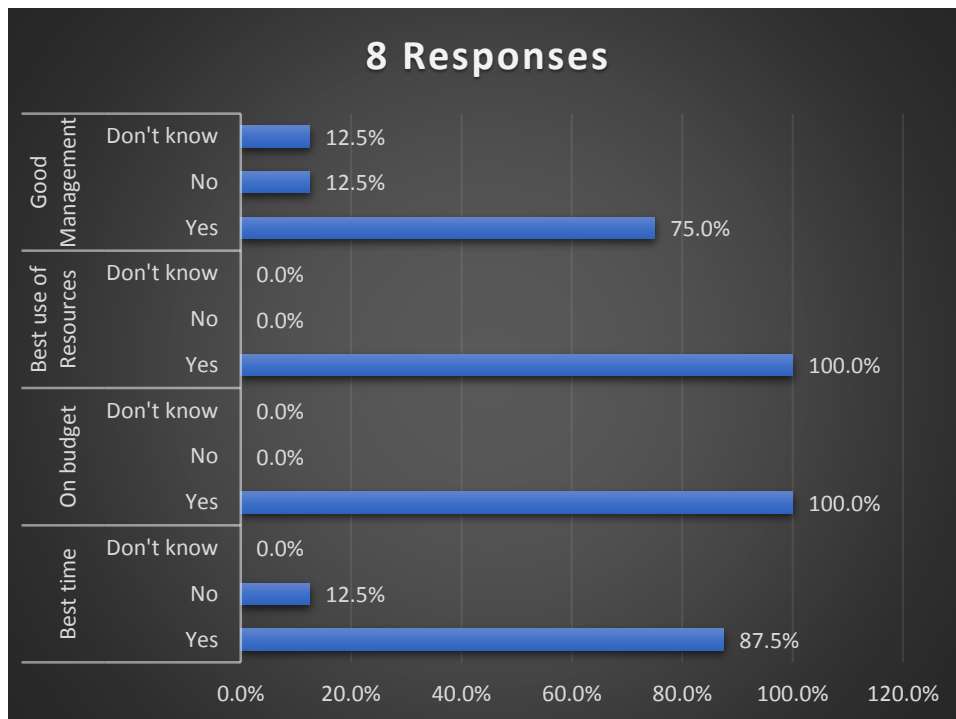
All respondents (100%) considered that mobilization of AGYW and roll-out of protective social assets sessions with AGYW with disabilities were implemented timely, and 87.5% implemented on budget, with 100% of the best use of resources and 75% considered this activity to have been implemented with good management.

The POY Clubs increase AGYW’s awareness of risk, and risk-reduction strategies, including how to protect themselves and others, and where and how to access services. The activity was implemented efficiently, as evidenced by the timely and cost-effective mobilization of AGYW through multiple community entry points and the support provided to Life Mentors. While some challenges were

encountered at the outset, these were effectively addressed through collaboration with community leaders, the Malindza Refugees Reception Center, and OPDs.

***Do you consider rolling out protective social asset sessions with AGYW with disabilities and refugees to have been implemented on time and on budget?***

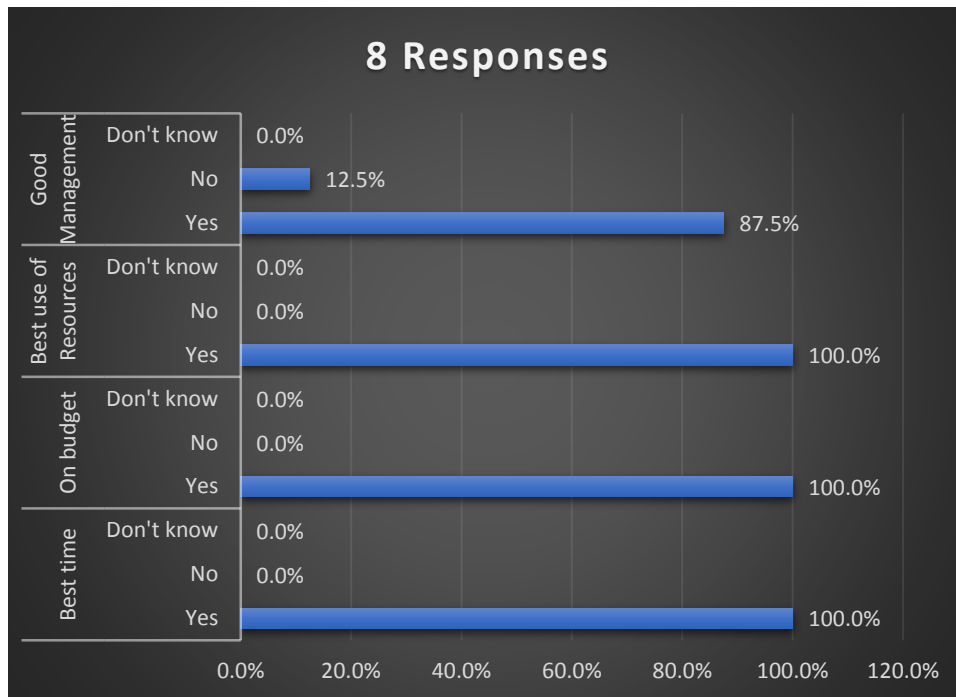
Figure 18. % of respondents that agree that rolling out protective social asset sessions with AGYW with disabilities and refugees was implemented on time and budget; with good management and a good use of resources



The roll out of protective social asset sessions with AGYW with disabilities and refugees was implemented efficiently, with 87.5% of respondents agreeing and 12.5% disagreeing. Those who disagreed attributed the delays in implementation to the COVID-19 pandemic and civil/political unrest, which caused sessions to be halted. However, those who agreed highlighted that adaptations and innovations adopted, such as the use of remote program delivery mode and use of very small groups (to adhere to the COVID-19 restrictions) enabled the activity to be delivered despite these challenges. Programme personnel added that utilizing community volunteers (Life Mentors) resident in the project Tinkhundla/Constituencies and providing extensive supportive supervision were enabling factors. The programme personnel agreed 100% that the activity was implemented on budget, with 100% on best use of resources and 87.5% on good management.

***Do you consider monitoring and assessing fidelity (faithfulness) of implementation of protective social asset sessions with AGYW to have been implemented on time and on budget?***

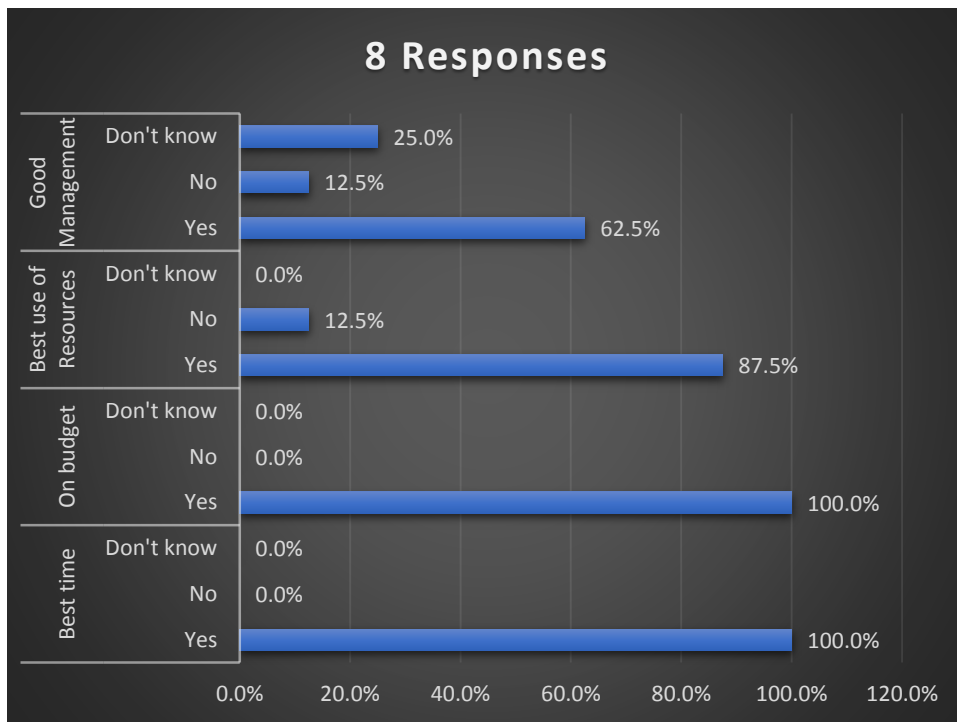
Figure 19. % of respondents that agree that monitoring and assessing fidelity (faithfulness) of implementation of protective social asset sessions with AGYW was implemented on time and budget; with good management and a good use of resources.



The respondents (100%) agreed that this activity was implemented on time and on budget with 100% of use of resources and 87.5% of good management. Supportive supervision and mentorship were provided to all 21 Life Mentors (100%) by project personnel through routine in-field support (session observation) and structured quarterly group meetings for reflective practice. This enabled the Life Mentors to improve their facilitation and engagement skills, adhere to the program's core elements during session delivery, and effectively fulfill their role as conversation starters who triggered and catalyzed conversations on VAW/G with AGYW. As a result of the ongoing support, all Life Mentors demonstrated the requisite facilitation and mentorship skills.

*Do you consider facilitating participatory mapping of local resource systems supporting VAW/G effort to have been implemented on time and on budget?*

Figure 20. % of respondents that agree that facilitating participatory mapping of local resource systems supporting VAW/G effort was implemented on time and budget; with good management and a good use of resources

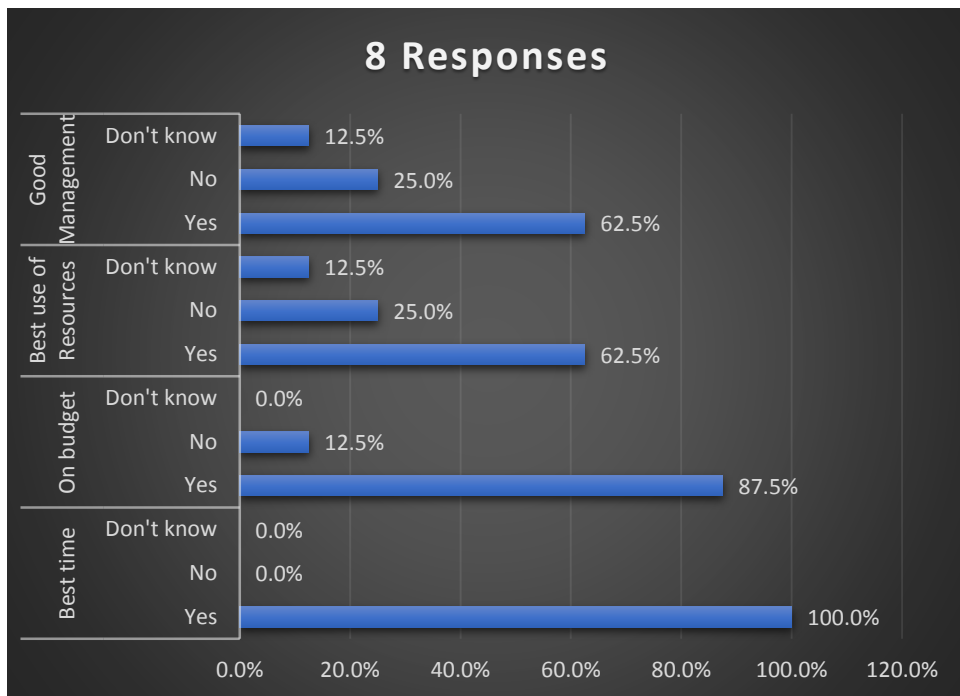


All respondents (100%) concurred that this activity was implemented on time and on budget respectively, Most respondents (87.5%) agreed that the activity made the best use of resources, while 62.5% agreed that the activity use good management. SWAGAA leveraged the regional GBV Referral Network meetings to map VAW/G service providers and other CSOs including OPDs, and printed service directories that were distributed to program participants and other stakeholders.

*Do you consider tracking self-reporting by AGYW of “suspected” violence to have been implemented on time and on budget?*



Figure 21. % of respondents that agree that tracking self-reporting by AGYW of “suspected” violence was implemented on time and on budget; with good management and a good use of resources

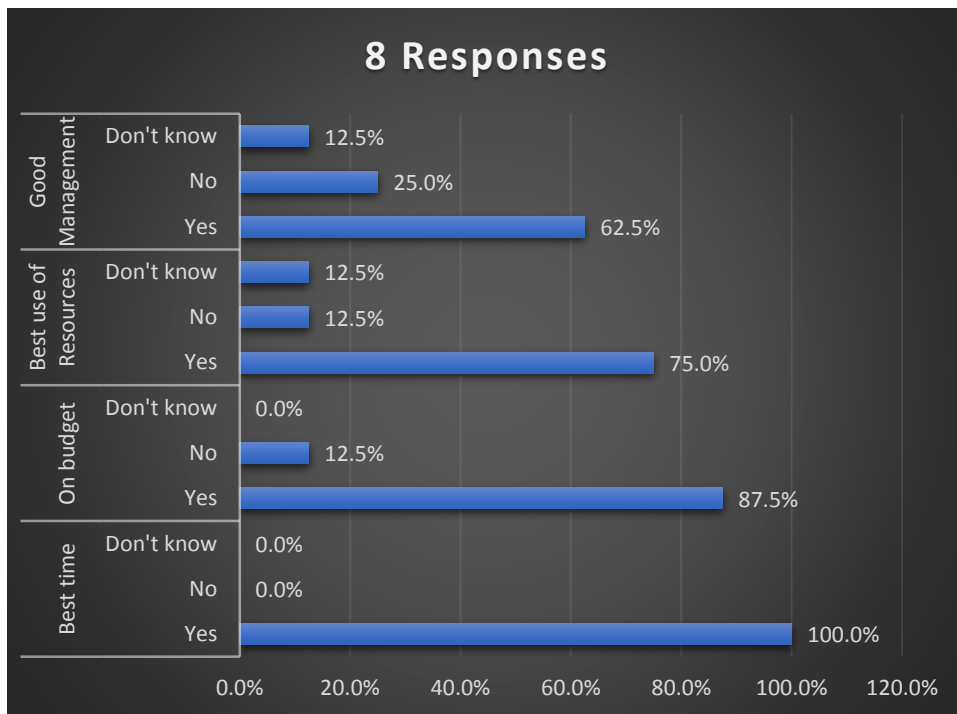


All respondents (100%) concurred that this activity was implemented on time and 87.5% opined that it was implemented on budget with 62.5% considered that it was implemented with best use of resources and with good government respectively. This allude to the fact that response to VAW/G is very expensive, thus there is need to invest more on prevention and provide full psychosocial support to the victims.

The referral pathway that SWAGAA shared with the facilitators made it very efficient to identify and reporting suspected violence against AGYW. The national directory with service providers was distributed among the caregivers and AGYW with disabilities which are near their communities.

*Do you consider facilitating quarterly multi-sectoral regional GBV-CN meetings to have been implemented on time and on budget?*

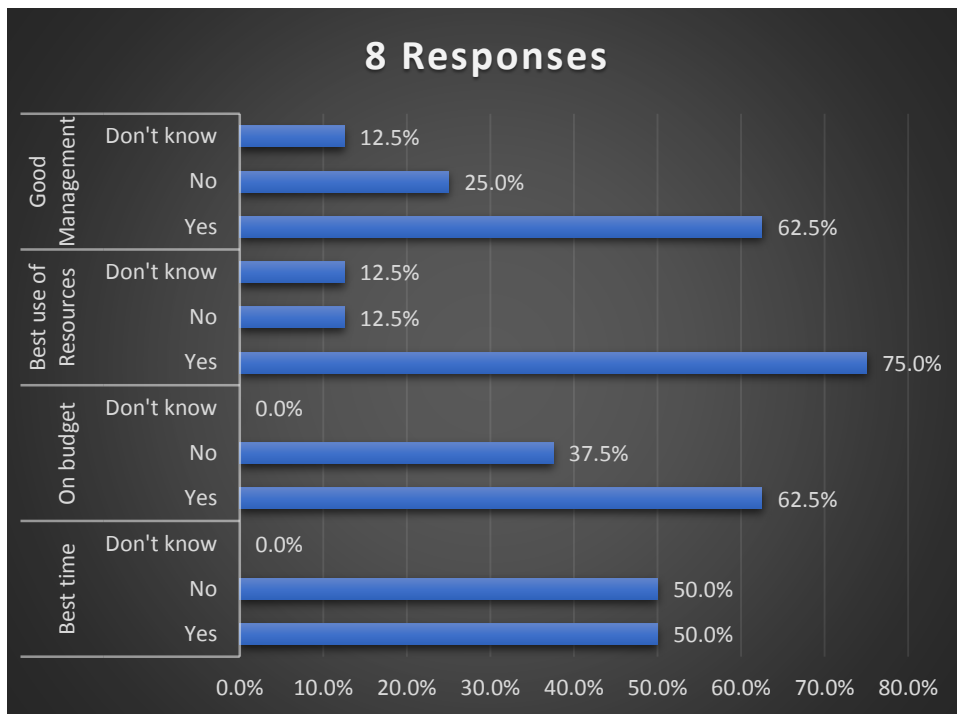
Figure 22. % of respondents that agree that *facilitating quarterly multi-sectoral regional GBV-CN meetings* was implemented on time and budget; with good management and a good use of resources



The majority of respondents (87.5%) considered this activity to have been implemented on budget and 100% considered that the implementation was on time, with 75% considering it to have been implemented with best use of resources and 62.5% considering it to have been implemented under good management. The project successfully facilitated quarterly multi-sectoral regional GBV-CN meetings, despite initial disruptions caused by COVID-19 restrictions. Coordination meetings were held with various stakeholders, including OPDs under FODSWA, government departments, and Civil Society Organizations. GBV referral networks were effectively utilized to sensitize service providers on the vulnerabilities and unique needs of AGYW/refugees. Overall, the project demonstrated adaptability and resilience in the face of unforeseen challenges, and fostered collaboration among stakeholders to promote awareness and addressing GBV issues affecting AGYW/refugees.

*Do you consider tracking referral completion status to have been implemented on time and on budget?*

Figure 34. % of respondents that agree that tracking referral completion status was implemented on time and budget; with good management and a good use of resources



A total of 63 AGYW with disabilities/refugees were referred for services (post GBV services from SWAGAA, DSW and the Police with 40 having received access to services. The majority of those not receiving access to services (10 AGYW with disabilities/refugees) required assistive devices e.g., wheelchairs and hearing aid. The identified specialized services and special assistance, thus making it much difficult to complete the referred cases of VAW/G. Due to the COVID-19 restrictions and Political unrest some of the cases fall on the cracks as there were all limited services that was provided. This also emphasize the importance of mainstreaming disability in this country.

The programme respondents (50%) concurred that this activity was implemented on time while the other 50% opined that it wasn't implemented on time and 62.5% opined that it was implemented on budget with 75% considered that it was implemented with best use of resources and with 62.5% considered to be implemented on good government. This allude to the fact that response to VAW/G is very expensive, thus there is need to invest more on prevention and provide full psychosocial support to the victims.

### Efficiency Evaluation Criteria Conclusion

Despite operating in a challenging environment marked by COVID-19 and civil/political unrest, the project demonstrated commendable efficiency in achieving its objectives. The majority of program personnel affirmed that project tasks were implemented on time, within budget, and with optimal resource utilization. The project's efficient implementation under challenging circumstances underscores the effectiveness of its management strategies and the importance of stakeholder engagement, community involvement, and adaptability. It further highlights its effectiveness in managing resources and delivering results.

## Key Lessons Learned and Best Practices

- The engagement of key stakeholders from the outset ensured project buy-in and facilitated implementation. The support of the Police (Domestic Violence, Child Protection and Sexual Offences, DCS) and the Department of Social Welfare (DSW) in the Lubombo region as key statutory resources persons, was instrumental, particularly in the provision of post-GBV response and support services, including access to justice and government social assistance (such as the OVC grant, the disability grant, and assistive devices).
- SWAGAA and BANTWANA's emphasis on community engagement, particularly through the involvement of community leaders across the 56 Chiefdoms, proved crucial in the identification of community volunteers with good community standing, and reaching AGYW and caregivers. This approach facilitated timely mobilization and ensured program acceptance within communities.
- Sustained mentorship and supportive supervision for community facilitators by the project team was a vital enabler to success. Regular supervision sessions and refresher training should be incorporated into future project designs to reinforce key program components.
- SWAGAA and BANTWANA's effectively addressed communication barriers by recruiting community facilitators fluent in the languages of the refugee population (mostly Swahili), and training community facilitators in sign language. Additionally, providing transportation support to AGYW with disabilities and their caregivers ensured their participation in sessions. The AGYW social asset building and caregivers' positive parenting clubs, were also delivered side-by-side to maximise the availability of the AGYW and caregivers, and as a protection measure.
- The project demonstrated adaptability in response to the COVID-19 pandemic and the civil/political unrest. SWAGAA and BANTWANA's implementation of virtual platforms and hybrid delivery models enabled continued program delivery despite restrictions. The project's swift response to the COVID-19 pandemic highlights the importance of embedded response readiness in program design. This ensures the ability to adapt and maintain continuity in the face of unforeseen challenges.

### 3.2.4. Sustainability

Evaluation Criteria	Sustainability
Evaluation Question 4	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?

#### *Key findings*

In addressing this question, the evaluation assessed the likelihood for sustainability (given that the evaluation was conducted at the end of the project when longer-term sustainability could not yet be assessed). For example, what steps had been taken to institutionalize the project, build capacity of stakeholders or secure benefits for rights holders through accountability and oversight systems?

AGYW were asked to share what they thought should be done to ensure that the achieved results, especially positive changes in the lives of women and girls, are maintained following the end of the project. The majority, 40% (115 AGYW), suggested that the advocacy of project lessons should continue

to sustain the achieved results. Some 16% of respondents did not know how to ensure achieved results were to be maintained, while 10% suggested continuation with the clubs. The participants were asked

1. *What should be done to ensure that the achieved results, especially positive changes in the lives of women and girls, are maintained following the end of this project?*

*These were the proposed activities by the participants of the FGDs felt that SWAGAA can continue to provide to sustain the results achieved. These activities can be categorised into two: without/less cost implication and with cost implication. SWAGAA can implement those without cost implications while mobilizing for those with cost implication.*

Table 15. Suggested activities

Suggested activities to ensure achieved results are maintained	N of participants contributing (n = 272)	Percentage
Continue the TCD, Positive Parenting and Social Asset Building clubs/sessions at community level lessons	115	40%
Don't Know	40	10%
Continue with the clubs	24	9%
Support with hygiene products and food parcels	16	8%
Participants should pass EVAW/G knowledge to others	15	8%
Calling participants to remind them of the teachings	9	8%
Punish abusers and perpetrators	8	6%
Protecting girls and women who report perpetrators of violence	7	5%
Reporting perpetrators of violence	6	2%
Income generating activities	6	2%
Asking beneficiaries what they learnt Conducting follow ups or checkups on how the beneficiaries are doing.	5	1%
Formation of girls and women clubs	5	1%
Know our rights	4	1%
Improve teaching techniques	4	40%
Disabled children are similar to other children	3	10%
Support for women from different stakeholders including men	1	9%
Documenting learning from the project for future use	1	8%
Support women leadership	1	8%
Help young girls who are not in school	1	8%
None	1	6%

The aspect of “Continue the lessons” comprised the following sub-suggestions: 24 suggested that facilitators should keep in touch with the participants, 23 suggested that men and boys be involved in the lessons, 16 suggested use of radio programmes to continue the TCDs, positive parenting and building social assets club sessions and 12 and 11 suggested that community health care workers continue teaching and community should choose leaders to continue teaching on violence, respectively. These activities were proposed that government can adopt them and implement to sustain the programme at the same time amplifying the programme nationally since it was implemented in the Lubombo Region.

Table 16. Continue the lessons-sub suggestions for future activities for SWAGAA?

SWAGAA's suggested activities to ensure achieved results are maintained	N of participants contributing (n = 115)	Percentage
Facilitators to keep in touch with the participants	24	21%
Involve men and boys in the teaching/project	23	20%
Radio and TV programs to air the TCDs, Positive Parenting skills and Building social assets club sessions.	21	18%
Community Health Care Workers be trained to deliver the sessions in communities.	12	10%
Community to choose leaders to continue teaching on violence	11	10%
Mix genders when teaching about violence	9	8%
Provide lessons at school	7	6%
Provide handouts/brief books of the TCDs, Positive Parenting and Building Social Assets sessions to participants	5	4%
Social media (Facebook, what's app etc.) Innovations where the recorded club sessions can be shared through social media platforms.	3	3%

*“Continue with people teaching us about violence in the community and then have us teach those who are younger than us. Have radio, plays or students play like actors at school being abused and we come and teach them how to prevent violence and abuse to children.” - AGYW, Lugongolweni.*

*“Even after the closure of the project, someone must remain behind who will continue to teach us, to remind us.” - AGYW, Matsanjeni North.*

*“Create radio programmes that will continue teaching about violence.” - AGYW, Sithobela.*

*“Introduce lessons with men/boys together with AGYW.” - AGYW, Mhlume.*

AGYW (refugee) were also asked to share what they thought should be done to ensure that the achieved results, especially positive changes in the lives of women and girls, are maintained following the end of the project. Majority, 20% (5 AGYW-Refugees) suggested that the project lessons should involve boys, 12% (3 AGYW-refugees) suggested that lessons should continue, perpetrators of violence should be reported, formation of girls and women's clubs and protecting girls and women who report perpetrators of violence.

The table below depicts the proposed activities by the AGYW with disabilities in the FGD that could be implemented as continuation of the project

*“They also need to have boys project because they must also know how to treat girls and how they need to prevent them from engaging in sex.” - Refugee AGYW.*

*“They should have sections of young men also so that they should learn how to respect women and young girls.” - Refugee AGYW.*

*“Having more sessions for girls to maintain the positive changes.” - Refugee AGYW.*

*“Girls and young women should call each other and form a club, sit down, and talk about what they can do twice in a week. Moreover, they should establish a suggestion box where members can write what troubles them, without naming culprits and then the leader of the club will help by seeing what he/she can do after reading the problems of the girls and young women.” - Refugee AGYW.*

*“We should report if someone is being abused emotionally, physically, domestically, or sexually or if someone has been raped. - Refugee AGYW.*

*“Women and girls have the right to report abuse when they are abused and they have to not fear anything but report to police, SWAGAA and SMS.” - Refugee AGYW.*

**Programme Personnel who participated in the evaluation believed that achieved results, especially positive changes in the lives of women and girls, would be maintained following the end of the project.**

*“The project used gender transformative strategies which equipped project participants - AGYW with disabilities/refugees, caregivers, and community members - with knowledge and skills essential for GBV risk reduction beyond the life of the project. The project participants were equipped as change agents, early adopters of equitable gender norms, and through positive norms diffusion, will also influence those around them, and potentially take a stand against VAW/G (positive bystander tendencies). Collectively, we envision this to guarantee the safety of women and girls beyond the life of the project.” – Programme Personnel.*

*“The project was implemented at community level and community structures are well aware and had a buy-in into the project.” – Programme Personnel.*

*“AGYW, communities, community leaders and families and parents have been highly sensitized about preventing, identifying and reporting GBV.” – Programme Personnel.*

*“Information sharing is a necessity to all people and that being shared makes one believe that change will be noted.” – Programme Personnel.*

*“The GBV network meetings strengthened CSO’s capacity to respond and provide support to AGYW.” – Programme Personnel.*

*“The fact that the community took ownership of the initiatives brought by the project, like changing the parenting groups to be support groups for the caregivers/parents of AGYW with disabilities.” – Programme Personnel.*

### **Sustainability Evaluation Criteria Conclusion**

The project demonstrated a strong commitment to sustainability by embedding mechanisms for continued program delivery and impact beyond the project's lifespan. The involvement of local actors, including the police, community leadership, parents, the government, and OPDs, has created a supportive environment for the continuation of the project's initiatives. Additionally, the engagement with community leadership to develop sustainability plans and the establishment of hand-over procedures with camp management at the refugee camp further reinforce the project's focus on long-term impact. This positions the project's impact to endure beyond its formal conclusion.

### **Key Sustainability Strategies**

- The project's success in promoting sustainability is further highlighted considering the challenging operating environment characterized by COVID-19 and civil/political unrest. The project's ability to adapt and maintain its focus on long-term impact underscores its resilience and the effectiveness of its sustainability strategies.
- The project's emphasis on community ownership, evident in the involvement of community facilitators and the establishment of community-led clubs, promotes the continuation of program activities beyond the project's timeframe.
- Collaborations with local organizations, such as grassroots OPDs, and engagement with government agencies and other CSOs foster a supportive ecosystem for sustained program delivery.
- Training and mentorship provided to community facilitators ensure the transfer of skills and knowledge, and equipped them as a vital community resource, with the potential to continue community VAW/G activism.
- The exploration of alternative communication channels initiated by the project, such as the use of radio, social media platforms, and schools, can expand the reach of the project's messages and increase the likelihood of their long-term impact.
- The development of handover and transition plans with community leadership and camp management ensures a smooth transfer of knowledge and responsibilities, fostering the continuation of program activities.

### 3.2.5. Impact

Evaluation Criteria	Impact
<b>Evaluation Question 5</b>	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?

#### *Key findings*

In addressing this question, the evaluation repeated some evidence and analysis from question one on effectiveness, however this question specifically sought to identify any changes in the situation for women and girls in relation to specific forms of violence and looked at both intended and unintended change for both women and girls targeted by the project and those not (if feasible).

The key findings are presented based on opinions of beneficiaries. AGYW with disabilities and refugees were asked to share examples of situations where they considered the project to have contributed to ending violence in the family, including violence against the girl child. Below summarized are frequencies of responses shared denoted total number of participants sharing responses (n = 249).

Some 28% (70 AGYW) shared that there had been reduced abuse by caregivers/parents, 18% responded that parents/caregivers changed to be loving (positive parenting) and 13% indicated that they did not know.



Table 17. Situations where AGYW with disabilities and refugees considered the project to have contributed to ending violence

<b>AGYW with disabilities and refugees that considered the project to have contributed to ending violence in the family, including violence against the girl child.</b>	<b>N of participants contributing (n = 249)</b>	<b>Frequency 351</b>
Reduced abuse by caregivers/parents	70	28%
Parents/caregivers have changed to be loving (Positive parenting)	45	18%
Don't know if the project made any contributions	33	13%
AGYWs from the project now know their rights	27	11%
Women and girls are now reporting all abuse to DCS, DSW and SWAGAA when they are exposed or become aware	17	7%
Parents/Caregivers talk through issues with their children?	11	4%
Girls and boys do the same chores (equal) in the household?	8	3%
Support for protection of adolescent girls and young women at community level	7	3%
Sharing lessons learnt cascading of information and lessons learnt in sessions	7	3%
The disabled are now treated the same and allowed to go to school	6	2%
No changes in men, men still violent	5	2%
Men and women are equal	4	2%
The project made no contributions (none they would think of)	4	2%
Source of income/hygiene products from the project	3	1%
Respect between men and women	2	1%

Through the focus group discussions caregivers/parents suggested that to reduced abuse by the doing following activities. These according to the participants are the most activities that has been normalized yet they are perpetrating violence.

Table 18. Reduced abuse by caregivers'/parent's example comprised of the following sub-suggestions

<b>Sub-Suggestions for reduced abuse by caregivers/parent's shared by caregivers/parents as examples of situations where AGYW with disabilities and refugees considered the project to have contributed to ending violence in the family, including violence against the girl child.</b>	<b>N of participants contributing (n = 110)</b>	<b>Frequency</b>
No violent beating by caregivers/parents	44	40%
No shouting/calling of name by caregivers/parents	47	43%
No rape/touching of body parts by family members	14	12%
Family secrets no longer there	6	5%

*“The project increased awareness of GBV risks, post-GBV services, and knowledge and skills on how to protect self and others and where to access GBV services, which enhanced agency essential for GBV risk reduction among refugees.” – Programme Personnel.*

*“All stakeholders working with refugees were trained on how to contribute towards ending violence in the refugee camp; and men and women in the refugee camp were trained.” – Programme Personnel.*

*“Transformational dialogues were conducted and spearheaded by SWAGAA in partnership with implementing partners at the refugee camp.” – Programme Personnel.*

*“Refugees have been capacitated on issues of violence and made aware of where to get assistance when needed.” – Programme Personnel.*

AGYW with disabilities and refugees were asked to share examples of situations where they considered the project to have contributed to ending violence in the community, including sexual violence by non-partners (rape, sexual assault). Some (21%) shared reporting all abuse to relevant sources, 18% responded that rape and sexual assault had decreased, 16% indicated not to know and 13% responded that support for protection of adolescent girls and young women at community level had contributed to ending violence in the community.

*Table 19. Contributions to ending violence in the community, including sexual violence by non-partners*

<b>Examples shared by AGYW with disabilities and refugees of situations where they considered the project to have contributed to ending violence in the community, including sexual violence by non-partners</b>	<b>N of participants contributing (n = 249)</b>	<b>Frequency 320</b>
Reporting all abuse to relevant sources	58	21%
Rape and sexual assault have decreased	49	18%
Don't know	39	16%
Support for protection of adolescent girls and young women at community level	33	13%
Sharing knowledge on violence to help ourselves and others	22	11%
None (none they could think of)	11	6%
Girls and women know their rights	7	3%
Action taken on perpetrators	6	3%
Men/boys in our community no longer touch our boobs/bums and to have sex etc.	6	3%
No more family secrets	5	2%
Community Health workers teaching about violence	5	2%
Teaching boys left out of the project about violence	3	1%
Talking about issues	2	1%
Women can now take care of themselves financially	1	0
No stigma against those undergoing violence	1	0
Men and women are equal	1	0

AGYW with disabilities and refugees were asked to share examples of situations where there had been reduced violence against women and girls elsewhere that can be attributed to lessons learned from this project. Majority (67%) indicated that they did not know, 8% indicated that sharing knowledge learned with others to protect and reduce violence, 7% shared none and 5% shared that reporting of all abuse as examples of situations where there had been reduced violence against women and girls elsewhere that could be attributed to lessons learned from this project.

Table 20. Situations where there had been reduced violence against women and girls

<b>Examples shared by AGYW with disabilities and refugees of situations where there had been reduced violence against women and girls elsewhere that can be attributed to lessons learned from this project.</b>	<b>N of participants contributing (n = 249)</b>	<b>Frequencies</b>
Don't know	166	166
Sharing knowledge learned with others to protect and reduce violence	20	20
None (none they could think of)	17	17
Reporting all abuse	12	12
Women elected to become community leaders	11	11
Reduced violence against AGYW	9	9
Knowing our rights	4	4
Gender equality	2	2
Positive parenting	2	2
Girls and women know their rights	2	2
People know where to get help	1	1
Life skills taught in schools	1	1
Financial independence	1	1
AGYW taken to school	1	1

*“The increase in reports of incidences of GBV, made directly to the project field teams, to SWAGAA’s 951 GBV Helpline, and other stakeholders like Police and DSW, are testament to the successes of the project, particularly in a context where VAW/G reporting is low because of intersecting gender-related barriers.” – Programme Personnel.*

*“Several cases of abuse reported and actioned. Worked with Social Welfare AGYW who has been abused and taken to halfway house for safety while the case is still pending.” – Programme Personnel.*

*“In one community the traditional leader attested that IPV was now decreasing in his community.” – Programme Personnel.*

*“The Social Welfare Department reported a drop in abuse of children with disabilities” – Programme Personnel.*

*“Currently, we can say that we have raised awareness about reporting and have seen cases being reported. We have yet to see the reduced cases.” – Programme Personnel.*

AGYW with disabilities and refugees were asked to share examples of situations where the project had contributed to gender equality or women’s empowerment. Some 39% shared that women are aware of their rights, 31% did not know, 14% shared that women are able to be leaders in the community and at work and 5% shared that there was increased communication, support and understanding in families.

Table 21. Situations where the project had contributed to gender equality

<b>Examples shared by AGYW with disabilities and refugees of situations where the project had contributed to gender equality or women’s empowerment</b>	<b>N of participants contributing (n = 249)</b>	<b>Frequencies</b>
Women aware of their rights	96	96
Don’t know	77	79
Women are able to be leaders in the community and at work	36	43
Increased communication, support and understanding in families	12	16
Women able to start their own business	11	13
Women are able to go to school and work	9	13
Taking care of the disabled in the community	4	6
Improved knowledge of violence in girls and young women	2	3
Reduced violence in families	2	2

Women aware of their rights comprised of the following sub-examples:

Table 22. Examples of how women are aware of their rights

<b>Sub-Examples of women aware of their rights of examples shared by AGYW with disabilities and refugees of situations where the project had contributed to gender equality or women’s empowerment</b>	<b>Frequencies</b>
Women able to do a man’s job	86
Girls and women have a right to say no	5
Reporting all abuse	9
Wives equal in marriage	7

*“The project employed intersectional gender transformative strategies which increased awareness of the root causes and drivers scaffolding VAW/G, and spotlighted harmful practices that have been normalized at individual, family and community levels. This triggered critical reflection of GBV at all levels, which set the foundation for long-term gains in gender equality through positive norms diffusion.” – Programme Personnel.*

*“The community facilitators and project team preferred female candidates for project positions” – Programme Personnel.*

AGYW were asked to share examples of situations where there has been gender equality or women’s empowerment elsewhere that can be attributed to lessons learned from this project.

Table 23. Situations where there had been gender equality or women’s empowerment

<b>Examples from AGYW of situations where there had been gender equality or women’s empowerment elsewhere that could be attributed to lessons learned from this project</b>	<b>N of participants contributing (n = 249)</b>	<b>Frequencies</b>
Don’t know	152	62%
Women aware of their rights	55	21%
Women are able to be leaders in the community and at work	35	14%

Women able to start their own business	6	2%
Rape and violence reduction	1	1%

Women are aware of their rights comprised of the following sub-examples:

Table 24. Women are aware of their rights

Sub-Examples of women aware of their rights shared as examples from AGYW of situations where there had been gender equality or women's empowerment elsewhere that could be attributed to lessons learned from this project	Frequencies	Frequencies
Women able to do a man's job	16%	11
Men able to do women's job	16%	11
Girls and Women have a right to say no	3%	2
Reporting all abuse	0%	0
Support for gender equality	7%	5
Women also own and drive cars	3%	2
Women can now speak in community meetings	6%	4
Women can help other women	1%	1
Women can be heads of families	1%	1
Girls can go to school	19%	13
Women can go to work	26%	18

*“The project employed intersectional gender transformative strategies which increased awareness of the root causes and drivers scaffolding VAW/G, and spotlighted harmful practices that have been normalized at individual, family and community levels. The knowledge is not only applicable to AGYW with disabilities/refugees, but GBV in general, and thus provides levers and onramps for gender equality through positive norms diffusion outside of the scope of the project.” -Programme Personnel.*

*“Women in community stated that they are now ware of child marriages. Even if their husbands may want to accept dowry, if their girls are underage, they will not allow the marriage to happen.” – Programme Personnel.*

*“There is a higher percentage of females at community leadership level.” – Programme Personnel.*

## Impact Evaluation Criteria Conclusion

The project's impact on reducing VAW/G and promoting gender equality and women's empowerment is evident in the experiences shared by AGYW participants. Almost half of AGYW (46%) reported reductions in abuse by caregivers/parents and positive changes in parenting practices, indicating a shift towards a more supportive and protective home environment. Additionally, almost half of AGYW (43%) reported increased awareness of reporting mechanisms and a decrease in rape and sexual assault, suggesting a stronger sense of safety and empowerment within their communities. While the project's direct impact has been primarily localized, its influence has the potential to extend beyond the project's immediate reach through SWAGAA's role as the secretariat of the GBV Referral Network, and its GBV reporting infrastructure which has national coverage. By capacitating stakeholders in other regions on gender-responsive and disability-sensitive programming, SWAGAA has contributed to a broader understanding of the specific needs of AGYW with disabilities and refugees. Furthermore, SWAGAA

and BANTWANA have leveraged national platforms to advocate for the inclusion of underserved priority populations in VAW/G programming. Their efforts have directly contributed to the prioritization of these populations in the revised National Strategy and Action Plan to End Violence in Eswatini (2023-2027).

### Key Impact Highlights

- Almost half of AGYW reported reductions in abuse by caregivers/parents and positive changes in parenting practices.
- Almost half of AGYW reported increased awareness of reporting mechanisms and a decrease in rape and sexual assault.
- SWAGAA's capacity-building efforts have expanded the knowledge base on addressing the unique needs of AGYW with disabilities and refugees.
- SWAGAA and BANTWANA have successfully advocated for the inclusion of underserved priority populations in the revised National Strategy and Action Plan to End Violence in Eswatini.
- The project has the potential to have influence that extends beyond the project's immediate reach as it laid the foundation for sustainable and inclusive VAW/G programming in Eswatini.

### 3.2.6. Knowledge Generation

<b>Evaluation Criteria</b>	Knowledge Generation
<b>Evaluation Question 6</b>	To what extent has the project generated knowledge, promising or emerging practices in the field of ending VAW/G that should be documented and shared with other practitioners?

#### Key findings

About 40% of AGYW interviewed did not know of any new knowledge in the field of EVAW/G that the project generated ought to be documented and shared with other practitioners. However, 9.6% shared that they have learnt how to protect themselves from violence, 8.8% shared on reporting of all abuse and 8.4% shared on effective communication in families as important given that new knowledge should be documented and shared with other practitioners.

Table 25. New Knowledge shared by AGYW

<b>New Knowledge shared by AGYW in the field of EVAW/G that the project generated that ought to be documented and shared with other practitioners</b>	<b>N of participants contributing (n = 249)</b>	<b>Frequencies</b>
Don't know	100	115
AGYW have learnt how to protect themselves from violence	24	28
Reporting of all abuse	22	24
Effective communication in families is important	21	23
Protection of AGYW	19	19
Positive parenting	19	19
Women and girls' rights	14	14
Gender equality / Family rules equal to both genders	12	12

Documenting of experiences and knowledge sharing	6	6
Speaking to family or friends about abuse	4	4
Treating the disabled as normal	3	3
How to protect from sexually transmitted diseases and pregnancy	3	3
Financial independence is important	2	2

*“The girls know how to report and protect themselves and others against violence” – AGYW, Mhlume.*

*“Love myself, rights and responsibilities” – AGYW, Nkilongo.*

*“AGYW are now able to protect themselves” – AGYW, Sithobela.*

*“The importance of reporting violence any time to save people’s lives” – AGYW, Lubuli.*

*“We are no longer afraid to report violence against women and children, knowledge has given us courage” – AGYW, Matsanjeni North.*

*“I have learnt that you don’t call your children names at home because that will make them feel bad and maybe not learn from their mistakes” – AGYW, Lugongolweni.*

The majority (51%) of AGYW did not know of promising or emerging practices in the field of EVAW/G that the project generated that ought to be documented and shared with other practitioners.

Table 26. Promising emerging practice shared by AGYW in the field of EVAW/G

Promising emerging practice shared by AGYW in the field of EVAW/G that the project generated that ought to be documented and shared with other practitioners	N of participants contributing (n = 249)	Frequencies
Don’t know	127	157
Reporting of all abuse	21	21
AGYW Protection	20	20
Women and girls have rights/Standing up for our rights	19	19
Respect between parent/caregiver and child	9	9
Positive parenting	9	9
AGYW know how to protect themselves from violence	9	9
Documenting of experiences and knowledge sharing	7	7
How to seek help when being abused	6	6
Assistance for AGYW	5	5
Lessons should continue on ending violence	4	4
Teachings on Gender equality practices	4	4
Gender equality	4	4
None (none that they know of)	3	3
Speaking to family or friends about abuse	2	2

*“Women are now opening up and reporting violence they experience at home.” – AGYW, Lubuli.*

*“As per the SODV rule, people are now afraid to do the violence against young girls and women with disabilities” – AGYW, Siphofaneni*

*“Sharing knowledge with others so they can stay safe” – AGYW, Mpolonjeni.*

*“We have gained the power on how to respond to violence, we now stand for our rights” – AGYW Mhlume.*

*“To live in peace with one another, to draft documents aimed to outline a government-wide strategy for gender-based violence” – AGYW, Nkilongo.*

*“There is now respect that goes two-way” – AGYW, Sithobela.*

*“We must share the knowledge with others, no one must be left behind” – AGYW, Matsanjeni North.*

About 20% of AGW (refugees) interviewed did not know of any new knowledge in the field of EAW/G that the project generated ought to be documented and shared with other practitioners. About 16% identified reporting of all abuse, 12% on knowing their rights to report abuse and 8% indicated men and women being equal as new knowledge that should be documented and shared with other practitioners.

*“I learned that I should take care of myself and if anyone abuses me, I must call 951 or the police. I also learnt that women and men are now equal in everything they do.” – AGYW Refugee.*

*“I now know how to dial 951 if someone is harassing me and I know now I have a right not let just anyone take advantage of me.” – AGYW Refugee.*

*“What I can share with other practitioners is about reporting abuse because abuse it is a very serious situation that could lead the victim to committing suicide.” – AGYW Refugee.*

*“Report abuse, don’t allow someone to take your right from you, and don’t involve yourself in sexual intercourse when you are still young because this could cause teenage pregnancy.” – AGYW Refugee.*

*“It has taught me how to fight for my rights as a young girl. It has encouraged me that, despite being a girl, I can be anything I want to be and achieve everything I dream of or in life.” – AGYW Refugee.*

Only 23% of AGYW (refugees) indicated not to know of promising or emerging practices in the field of EAW/G that the project generated ought to be documented and shared with other practitioners. Protect-Our-Youth (POY) clubs equipped AGYW (with disabilities/refugees) with vital social assets (knowledge on risks they face, available services, how and where to access them, and creating a network of social support) and empowering them with soft skills (on communication and decision making) through role plays, modelling and mentorship; and engaging them in risk-reduction dialogues geared towards enhancing their confidence, assertiveness and social capital requisite for personal safety. The POY Clubs increase AGYW’s awareness of risk, and risk-reduction strategies, including how to protect themselves and others, and where and how to access services.



## Knowledge Generation Evaluation Criteria Conclusion

While the project generated some new and innovative ways of addressing VAW/G, most of the respondents were not aware of new knowledge, promising or emerging practices that should be documented and shared with other practitioners. The knowledge shared by evaluation participants to be documented and shared with other practitioners include:

- **Enhancing agency and centering AGYW in VAW/G prevention:** This included knowledge about how to protect adolescents from violence, how to strengthen parent-child relationships, and how to increase awareness of the specific challenges and risks facing adolescents with disabilities. The agency-focused Protect Our Youth (POY) curricular developed and used by the project increased AGYW's awareness of risk, and risk-reduction strategies, including how to protect themselves and others, and where and how to access services. This included sensitizing them on the SWAGAA's 951 toll-free and other reporting mechanisms. The lessons learned on engaging and empowering AGYW, and the POY curricular can be shared with other VAW/G partner to advance learning on centering AGYW in VAW/G prevention efforts.
- **Enhancing positive parenting knowledge and practices:** The Family Clubs curricular developed and used by the project equipped caregivers of AGYW with disabilities with the knowledge and skills to strengthen parent-child relationships and communication and improve awareness of the specific challenges and risks facing adolescents with disabilities, available support services, and reporting mechanisms. The sessions also triggered parents/caregivers to critically reflect on harmful norms, and their role in protecting their children and facilitating access to response and support services, as needed. The lessons learned on engaging and empowering caregivers, and the Family Clubs Curricular can be shared with other VAW/G partners to advance learning on leveraging the unique role of parents/caregivers in VAW/G prevention efforts.
- **Creating safe spaces and harnessing collective effort to tackle VAW/G:** The Community Dialogue Guide developed and used by the project enabled the project to engage community members in successively interactive, participatory, and action-oriented dialogues on VAW/G. The approach used by the project went beyond once-off engagements but triggered critical reflection on factors driving VAW/G and supported community member, men, and women, to initiate collective action towards creating communities safe for AGYW. The lessons learned mobilizing communities for change, and the Community Dialogue Guide can be shared with other VAW/G partners to advance learning on mobilizing community for VAW/G activism.
- **Building a supportive ecosystem for program delivery:** The project demonstrated effective collaboration with multisectoral stakeholders, including the police, community leadership, parents, the government, and OPDs, as a hallmark for success in creating a supportive environment and fostering long-term ownership and sustainability. The lessons learned on engaging with key stakeholders at all levels can be shared with other VAW/G partner to advance learning.
- **Adapting to emergencies:** the project has demonstrated remarkable resilience and adaptability in the face of multiple challenges, including the COVID-19 pandemic and the civil/political unrest in Eswatini. Despite these unforeseen circumstances, the project delivered on all results across the results chain. The lessons learned on adapting to unforeseen challenges and maintaining program continuity, even in the face of adversity, can be shared with other VAW/G partners to advance learning on emergency response readiness.
- **Integrating gender-responsive approaches and strategies:** the project was firmly grounded in intersectional feminist programming, including grounding the design in gender and power analysis, framing VAW/G as power-based violence and deploying carefully selected gender-

responsive strategies addressing VAW/G across multiple levels. This enabled the project to empower program participants and key stakeholders with the knowledge to critically examine and challenge the underlying barriers and norms that perpetuate VAW/G and hinder access to services. This enabled the project to account for challenges and barriers to uptake, with the potential to enhance accountability to women/girls with disabilities/refugees in the long term. The lessons learned should be shared with other VAW/G partners to advance learning.

### 3.2.7. Gender Equality and Human Rights

<b>Evaluation Criteria</b>	Gender Equality and Human Rights
<b>Cross-cutting criteria:</b>	Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.

#### *Key findings*

Beneficiaries shared that lessons were conducted in areas where they felt safe and in groups of women or girls to allow them to openly discuss their challenges/experiences. Beneficiaries interviewed shared that they have learned that men and women are equal, girls and boys can do the same chores, that women and men can do similar work, women can hold leadership positions in the community and at work and can be the head of a household. Additionally, beneficiaries shared that they had learnt of their rights protected by the Sexual Offenses and Domestic Violence Act which gave them confidence to stand up for their rights against VAW/G.

#### *Conclusions*

Beneficiaries have learnt of their rights against VAW/G and that men are not superior.

The protection of AGYW with disabilities and AGYW (refugees) requires collective efforts at the individual, interpersonal, family, and community levels. The project used gender transformative strategies to make the AGYW with disabilities, AGYW (refugees), their caregivers, the community at large, and service providers aware of the GBV risks they face and equipped them with knowledge and skills essential for GBV risk reduction. The project triggered critical reflection at all levels; individual, family and community - essential to identification of barriers, and challenge norms that perpetuate VAW/G and GBV in general. This has enhanced accountability at the family and community level, and among service providers. At the community level, the leaders engaged are respected thought-leaders who play a key role in positive norms diffusion, and at the service provider level, the trainings focused on enhancing trauma-focused, survivor-centered, and disability-sensitive service provision.

## 4. CONCLUSIONS AND RECOMMENDATIONS

### 4.1. Conclusion

Overall, the project successfully reached its objectives and achieved measurable positive outcomes for all target groups. Despite challenges posed by overlapping crises, including COVID-19 and civil/political unrest, the project adapted its implementation strategies to effectively deliver its interventions. These findings underscore the project's significant contributions to promoting gender equality, preventing violence against women and girls, and empowering AGYW with disabilities in Eswatini. The project's adaptability and resilience in the face of challenges serve as a valuable model for future EVAW/G interventions. Key findings include:

- **Improved knowledge and attitudes:** community and family members, caregivers, and AGYW with disabilities/refugees demonstrated improved knowledge and attitudes regarding gender-equitable norms, positive parenting practices, and AGYW's rights.
- **Increased referrals of violence cases:** community members and family members successfully referred cases of violence against AGYW, indicating increased awareness and willingness to act against VAW/G.
- **Improved positive parenting practices:** caregivers reported improved communication and treatment of AGYW with disabilities, demonstrating the project's effectiveness in promoting positive parenting practices.
- **Enhanced agency and safety for AGYW:** AGYW reported increased knowledge of their rights and how to protect themselves from violence, leading to increased reporting of cases and a greater sense of safety.
- **Expanded service provision:** AGYW reported increased availability of VAW/G prevention, response, and support services, demonstrating the project's success in expanding service access.
- **Institutional strengthening of SWAGAA:** SWAGAA and BANTWANA developed processes to strengthen its response to crises and maintain or adapt existing interventions, ensuring sustainable implementation of EVAW/G programs.

Evaluation Criteria	Conclusion
Effectiveness	<p>Overall, the project demonstrated a high level of effectiveness in achieving its objectives of preventing violence against women and girls by empowering women and girls, caregivers, and community members in Lubombo region, Eswatini. This is evidenced by the overwhelmingly positive feedback received from program participants and stakeholders, as well as the measurable improvements in knowledge, attitudes, and practices among target groups. These findings demonstrate the project's substantial impact on preventing violence against women and girls in Eswatini. The project's effectiveness stems from its comprehensive approach, which addressed GBV at multiple levels, empowered vulnerable groups, and fostered positive change within communities. The project's legacy lies in its contribution to creating a safer and more equitable society for all.</p> <p>The project set out to improve the safety of 3,000 AGYW with disabilities &amp; refugees from violence at family and community levels, premised on social assets building essential for VAWG risk-reduction. Over the life of the project, SWAGAA successfully delivered</p>

community volunteer-driven, group and curricular-based social asset-building, positive parenting, and community dialogues sessions - reaching 3240 AGYW with disabilities/refugees ( 3181 AGYW and 59 refugees), reaching 2629 caregivers against target 3000, and reaching 6260 community members against 6250. The project also engaged 48 stakeholders from across the VAWG prevention & response continuum.

**High levels of satisfaction with project effectiveness:** A significant majority of AGYW with disabilities and refugees (74% and 92%, respectively) expressed satisfaction with the overall effectiveness of the project, indicating that it met their needs and expectations.

**Increased safety and protection for AGYW:** A substantial proportion of AGYW with disabilities (75%) and refugees (76%) reported feeling safe and protected from violence at the family level. This is attributed to positive changes in attitudes and behaviors among parents and caregivers, such as reduced abuse, improved communication, and increased support. It can, therefore, be inferred that AGYW believe that they are protected from violence at the family level. These findings corroborate with those of caregivers and community members who agreed that AGYW are safe and protected from violence at the family level. The project also acknowledged the unique role played by caregivers of AGYW with disabilities in enhancing protection outcomes at the family level, the importance of safe community spaces, and the importance of addressing service access barriers (such as stigma and discrimination) and coordination among service providers.

**Enhanced community-level protection:** Similarly, a majority of AGYW with disabilities (74%) and refugees (84%) felt safe and protected from violence at the community level. This is reflected in increased reporting of abuse, decreased stigma for survivors, and a stronger sense of community support. Programme personnel supported these opinions, with 75% of them estimating that AGYW with disabilities and AGYW (Refugees) were, on average, safe and protected from violence at the community level. The project, therefore, equipped AGYW with disabilities and refugees with knowledge and skills essential for GBV risk reduction at the individual and interpersonal levels - this included increasing their awareness of the GBV risks they face, how to protect self and others, and where and how to access services when at risk.

**Empowerment of AGYW:** The project equipped AGYW with disabilities and refugees with the knowledge and skills necessary to reduce their risk of GBV at both the individual and interpersonal levels. This included increasing their awareness of GBV risks, strategies for self-protection and helping others, and access to relevant services. This opinion was reflected in the reported support for protection of adolescent girls and young women at community level, reporting of all abuse to relevant resources, including community leaders and community healthcare workers and report of no stigma for those recovering from violence. It can, therefore, be inferred that AGYW believe that they are protected from violence at the community level. These findings corroborate with those of caregivers and community members who agreed that AGYW are safe and protected from violence at the community level.

**Addressing GBV at multiple levels:** The project recognized the importance of addressing GBV at all levels, including individual, interpersonal, family, and community, and

employed gender transformative strategies to raise awareness, promote positive norms, and enhance accountability among key stakeholders. The protection of AGYW with disabilities and refugees requires collective efforts at the individual, interpersonal, family and community levels. At the community level, the leaders engaged are respected thought leaders who play a key role in positive norms diffusion; at the family level, caregivers are the first line of protection for AGYW with disabilities and at the service provider level, trainings enhanced gender-responsive and disability-sensitive service provision.

**Triggering critical reflection:** The project fostered critical reflection at all levels, enabling individuals, families, and communities to identify and challenge harmful norms that perpetuate VAW/G and GBV. This is essential for GBV risk reduction.

The strategies:

Sessions delivery is engaging rather than lecturing, and examples used were relevant to their situations.

Using visuals to demonstrate some sensitive scenarios that will provoke some of them end up speaking up about their abuse situations.

On the last sessions participants were encouraged to come out with statements that can be used to raise awareness on VAW/G.

The involvement of traditional leaders on the VAW/G with disabilities issues helped when the communities were developing plan of actions to include VAW/G preventative activities and also raise awareness about challenges faced by AGYW with disabilities.

The implementation of this project in the Lubombo region has created a demand to scale up the same project to other regions in the country.

**Improved service provision:** The project strengthened service providers' capacity to deliver trauma-focused, survivor-cantered, and disability-sensitive GBV prevention, response, and support services.

Through the GBV-CN referral network meeting, that platform was used to raise awareness on VAW/G and violence issues. This platform also worked as cross-sharing platform for stakeholders about VAW/G issues. All stakeholders would share what services they provide and thus all stakeholders were made aware where to go for certain services. Collaboration and complementing each other were strengthened rather than competing.

## Efficiency

Overall, the project demonstrated remarkable efficiency in achieving its objectives, despite operating under challenging circumstances marked by the COVID-19 pandemic and civil/political unrest. The project effectively managed its resources, delivered activities on time and within budget, and adapted its implementation strategies to address unforeseen challenges. These findings demonstrate the project's exceptional efficiency in achieving its objectives under challenging circumstances. The project's success serves as a valuable model for future interventions in the field of gender equality and violence prevention.

**Timely and budget-conscious implementation:** The majority of program personnel affirmed that project tasks were implemented on time, within budget, and with optimal resource utilization. This reflects the project's strong management practices and its ability to make the most of available resources. The project team on quarterly basis had to report to the DAC on the progress of the project. Program reporting on a weekly, monthly, and quarterly basis, this make it easier to detect a risk or challenge earlier then develop a mitigation plan. The routine continuous programming of this project made it possible to be

successfully achieve its targets regardless of the challenges of COVID-19 and political unrest.

**Effective stakeholder engagement:** The project's success can be attributed in part to its active engagement of key stakeholders from the outset. The collaboration with the Police (Domestic Violence, Child Protection and Sexual Offences, DCS) and the Department of Social Welfare (DSW) in the Lubombo region ensured access to vital post-GBV response and support services.

**Community involvement and adaptability:** SWAGAA and BANTWANA's emphasis on community engagement proved crucial in reaching AGYW and caregivers. The involvement of community leaders and the recruitment of community facilitators with good community standing facilitated program acceptance and ensured timely mobilization.

**Sustained mentorship and supportive supervision:** The project's mentorship and extensive supportive supervision cascade approach for community facilitators played a vital role in their success. Regular supervision sessions and refresher training should be incorporated into future project designs to reinforce key program components.

**Addressing communication barriers:** SWAGAA and BANTWANA effectively addressed communication barriers by recruiting community facilitators fluent in the languages of the refugee population and training facilitators in sign language. Additionally, providing transportation support to AGYW with disabilities and their caregivers ensured their participation in sessions.

**Adaptation to unforeseen challenges:** The project's ability to adapt to the COVID-19 pandemic and civil/political unrest highlights its flexibility and resilience. The implementation of virtual platforms and hybrid delivery models enabled continued program delivery despite restrictions.

## Relevance

Overall, the project's relevance was strongly affirmed by the target beneficiaries, with 76% of AGYW with disabilities and 80% of AGYW (refugees) expressing their satisfaction with the project's alignment with their needs and priorities. This feedback is supported by the measurable improvements in knowledge, attitudes, and practices observed among target groups. These findings demonstrate the project's strong alignment with the needs and priorities of its target beneficiaries and its ability to adapt to challenging circumstances. The project's relevance serves as a testament to its effectiveness in promoting gender equality and preventing violence against women and girls in Eswatini.

**Addressing the needs of primary and secondary beneficiaries:** The project effectively addressed the needs of both primary beneficiaries (AGYW with disabilities and refugees) and secondary beneficiaries (parents/caregivers, community members, and men). The project's focus on safety and protection from violence, promotion of gender-equitable norms, and support for positive parenting practices resonated with all stakeholder groups.

**Improved knowledge and attitudes:** The project led to significant improvements in the knowledge and attitudes of participants regarding VAW/G prevention and their roles in creating safer communities. This enhanced understanding contributed to increased referrals of violence cases and improved positive parenting practices.

	<p><b>Adaptability in the face of crises:</b> The project demonstrated remarkable adaptability in the face of overlapping crises, including COVID-19 and civil/political unrest. The implementation of remote program delivery, upskilling of program personnel, and additional safety measures ensured that the project continued to deliver its interventions effectively.</p> <p><b>Addressing emerging needs:</b> The project's decision to hire a social worker to expedite case processing and its consideration of safety concerns for club attendance further highlight its responsiveness to emerging needs and its commitment to ensuring the well-being of its beneficiaries.</p>
<p><b>Impact</b></p>	<p>Overall, the project has demonstrated a positive impact on reducing violence against women and girls (VAW/G) evident in the experiences shared by AGYW participants, as well as in the broader impact on national policy and programming. As it is evident that about 69% of the AGYWs reached self-reported feeling safer and protected from violence as they now know where to, and how to access services in the event of being at risk or experiencing violence.</p> <p><b>Reduced abuse by caregivers/parents and positive changes in parenting practices:</b> Almost half of AGYW (46%) reported reductions in abuse by caregivers/parents and positive changes in parenting practices, indicating a shift towards a more supportive and protective home environment. This suggests that the project has been successful in promoting positive parenting practices and creating a safer home environment for AGYW.</p> <p><b>Increased awareness of reporting mechanisms and a decrease in rape and sexual assault:</b> Almost half of AGYW (43%) reported increased awareness of reporting mechanisms and a decrease in rape and sexual assault, suggesting a stronger sense of safety and empowerment within their communities. This indicates that the project has been effective in raising awareness of reporting mechanisms and reducing the incidence of violence against women and girls.</p> <p><b>Expanded knowledge base on addressing the unique needs of AGYW with disabilities and refugees:</b> SWAGAA's capacity-building efforts have expanded the knowledge base on addressing the unique needs of AGYW with disabilities and refugees. This suggests that the project has been successful in promoting inclusive VAW/G programming and creating a more supportive environment for vulnerable groups.</p> <p><b>Advocacy and influencing:</b> SWAGAA and BANTWANA have successfully advocated for the inclusion of underserved priority populations in the revised National Strategy and Action Plan to End Violence in Eswatini. This indicates that the project has had a significant impact on national policy and programming related to VAW/G.</p>
<p><b>Sustainability</b></p>	<p>Overall, the project demonstrated a strong commitment to sustainability by embedding mechanisms for continued program delivery and impact beyond its lifespan. The involvement of local actors, the development of community action plans, and the establishment of hand-over procedures position the project's impact to endure beyond its</p>

formal conclusion. These findings demonstrate the project's strong commitment to ensuring that its positive impact continues long after its official end.

**Engaging local actors for sustained impact:** The project's collaboration with local actors, including the police, community leadership, parents, the government, and OPDs, has created a supportive environment for the continuation of the project's initiatives. This engagement fosters long-term ownership and promotes sustainability.

**Community ownership and leadership:** The project's emphasis on community ownership, evident in the involvement of community facilitators and the establishment of community-led clubs, promotes the continuation of program activities beyond the project's timeframe. This approach empowers communities to take ownership of their progress and drive sustainable change.

**Supportive ecosystem for program delivery:** Collaborations with local organizations, such as grassroots OPDs, and engagement with government agencies and other CSOs foster a supportive ecosystem for sustained program delivery. These partnerships create a network of stakeholders committed to upholding the project's objectives.

**Transfer of skills and knowledge:** The training and mentorship provided to community facilitators ensured the transfer of skills and knowledge, equipping them as a vital community resource with the potential to continue community VAW/G activism. This investment in human capital strengthens the foundation for long-term sustainability.

**Exploring alternative communication channels:** The project's exploration of alternative communication channels, such as the use of radio, social media platforms, and schools for VAW/G activism, can expand the reach of the project's messages and increase the likelihood of their long-term impact. This approach ensures that the project's learnings continue to resonate with a wider audience.

**Smooth transition and handover:** The development of handover and transition plans with community leadership and camp management ensures a smooth transfer of knowledge and responsibilities, fostering the continuation of program activities. These plans provide a roadmap for maintaining momentum and minimizing disruptions.

## **Knowledge generation**

While the project has generated some new knowledge and promising practices related to ending violence against women and girls (VAW/G), the overall extent of knowledge generation was limited. This finding suggests that there is a need to strengthen efforts to document and share lessons learned from the project to maximize its impact on future VAW/G programming.

The project has generated valuable new knowledge and reinforced important messages related to ending violence against women and girls (VAW/G). AGYW participants have gained knowledge on how to protect themselves from violence, emphasizing the importance of reporting all abuse. Effective communication within families and the supportive role of families and communities in protecting AGYW have been recognized. AGYW have a clear understanding of their right to report abuse, and the concept of gender equality has been reinforced.

The project has identified promising or emerging practices that can be applied in future VAW/G programming, including encouraging the reporting of all abuse, fostering a



	<p>protective environment for AGYW within families and communities, empowering women and girls to stand up for their rights, and educating men and boys on their role in preventing violence.</p>
<p><b>Gender equality and human rights</b></p>	<p>Overall, the project has made significant contributions to promoting gender equality and human rights in Eswatini by empowering women and girls, fostering a culture of respect and non-violence at the family and community level. This is evident in the lives of women and girls, who have gained a stronger voice, greater self-confidence, and a deeper understanding of their rights, and other positive contributions shown below:</p> <p><b>Enhanced awareness of rights and gender equality:</b> Beneficiaries have gained a clear understanding of their rights against violence against women and girls (VAW/G) and the principles of gender equality which empowered them to challenge harmful norms, advocate for their rights, and make informed decisions about their lives.</p> <p><b>Safe spaces for open discussions:</b> The project created safe and supportive spaces for women and girls to openly discuss their experiences and challenges related to VAW/G and fostered a culture of dialogue and empowered women and girls to break the silence around violence.</p> <p><b>Gender transformative strategies:</b> The project employed effective gender transformative strategies to address the root causes of VAW/G and promote gender equality, which focused on raising awareness, challenging harmful gender norms, and empowering women and girls to claim their rights.</p> <p><b>Collective action for protecting vulnerable groups:</b> The project recognized the need for collective action to protect vulnerable groups, such as women and girls with disabilities and refugees, and engaged caregivers, communities, and service providers to create a protective environment for these vulnerable populations.</p> <p><b>Critical reflection and accountability:</b> The project has encouraged critical reflection at all levels – individual, family, and community – to identify barriers to gender equality and challenge harmful norms. This has led to increased accountability and a more supportive environment for women and girls.</p> <p><b>Trauma-informed, survivor-centered, and disability-sensitive service provision:</b> The project has strengthened the capacity of service providers to deliver trauma-informed, survivor-centered, and disability-sensitive services. This has ensured that victims of VAW/G receive the support they need to heal and rebuild their lives.</p>

<b>Institutional Strengthening</b>	<p>Overall, the project has demonstrated remarkable resilience and adaptability in the face of multiple challenges, including the COVID-19 pandemic and the civil/political unrest in Eswatini. Despite these unforeseen circumstances, the project has successfully strengthened SWAGAA's institutional capacity to deliver effective VAW/G prevention and response services. These achievements have been instrumental in enabling the organization to adapt to unforeseen challenges and maintain program continuity, even in the face of adversity, and will enable SWAGAA and BANTWANA to combat VAW/G and promote gender equality in Eswatini. Key achievements in institutional strengthening include:</p> <p><b>Enhanced emergency response readiness:</b> The project enabled SWAGAA to quickly adapt to the COVID-19 pandemic by adopting remote program delivery methods and integrating COVID-19 risk communication into its programs. This ensured program continuity and minimized disruption to VAW/G prevention and response services.</p> <p><b>Strengthened behavior change communication (BCC):</b> The project has strengthened SWAGAA's capacity to develop and implement effective BCC strategies. This includes the incorporation of COVID-19 risk communication and the use of innovative approaches to reach vulnerable populations, such as cash transfers to alleviate household food/income poverty.</p> <p><b>Improved team building, staff care and support, and program coordination:</b> The project has fostered a supportive and collaborative work environment at SWAGAA, leading to improved team building, staff care, and program coordination. This has enhanced the organization's overall effectiveness in delivering VAW/G prevention and response services.</p> <p><b>Expanded reach and impact:</b> The project has expanded SWAGAA's reach and impact by providing support to 56 Chiefdoms in all 11 constituencies. This has ensured that VAW/G prevention and response services are available to a wider range of communities, including those in remote and underserved areas.</p>
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## 4.2. Recommendations

<b>Evaluation Criteria</b>	<b>Recommendations</b>	<b>Relevant to</b>
<b>Effectiveness</b>	<p>The project achieved its goal of improving the safety and protection of AGYW with disabilities and refugees (10-24 years) from violence at the family and community levels in the Lubombo region of Eswatini despite the constrained operating environment characterized by the COVID-19 pandemic and civil/political unrest. The key findings show that exposure to the intervention activities improved behaviors, knowledge, and attitudes among AGYW, caregivers, and community members. The following recommendations can be drawn on the project's efficiency. Future projects should:</p>	

	<ul style="list-style-type: none"> <li>• <b>Continue and expand the intervention to other communities outside of the Lubombo regions</b> to allow more AGYW and young women to benefit from the project's activities in future programmes.</li> <li>• <b>Strengthen the intervention's focus on gender equitable attitudes</b> by including more activities that explicitly promote gender equality and challenge harmful gender stereotypes. The evaluation found that the intervention had a positive impact on knowledge of VAW/G and attitudes that support violence, but it did not observe an impact on gender equitable attitudes.</li> <li>• <b>Strengthen partnerships with key stakeholders</b>, such as government agencies, civil society organizations, and the private sector, to ensure that AGYW have access to comprehensive VAW/G services. AGYW who experience violence need access to a range of services, such as medical care, legal assistance, and counseling.</li> <li>• <b>Develop a more robust monitoring and evaluation system to track progress</b>, assess the long-term impact of the intervention on various outcomes, and identify areas for improvement. This would provide valuable data to guide future implementation and ensure that the intervention remains effective in achieving its objectives.</li> <li>• <b>Strengthen the</b> engaging of men and boys in violence prevention as vital currency to foster gender-equitable norms and achieving lasting change in EAW/G.</li> <li>• <b>Continuing service provision in these communities such as sanitary items which are</b> critical for meeting the basic needs of AGYW and ensuring their overall well-being.</li> </ul>	<p>SWAGAA, Bantwana</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana,</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p>
<p><b>Efficiency</b></p>	<p>The project was implemented efficiently and effectively, delivering most key activities across the results chain despite a constrained operating environment characterized by the COVID-19 pandemic and civil/political unrest, which made it difficult to implement some project activities on time, leading to a no-cost extension. The following recommendations can be drawn on the project's efficiency. Future projects should:</p> <ul style="list-style-type: none"> <li>• <b>Explore the utilization of digital technologies</b> to enhance efficiency, program reach, and service delivery. This could include developing mobile applications, utilizing online platforms for training and awareness-raising, and implementing data collection and monitoring systems.</li> <li>• <b>Implement project management software</b> to enhance planning and reporting systems, future projects should consider implementing project management software. This will facilitate efficient task management, resource allocation, and progress tracking.</li> <li>• <b>Establish clear reporting protocols</b> to ensure timely and accurate reporting of project activities, outcomes, and challenges. This will enable better decision-making and informed resource allocation.</li> <li>• <b>Conduct staffing needs assessments</b> to ensure adequate and timely staffing and help identify the required skills and expertise and inform recruitment strategies.</li> </ul>	<p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana</p> <p>SWAGAA, Bantwana,</p> <p>SWAGAA, Bantwana</p>

	<ul style="list-style-type: none"> <li>• <b>Implement effective recruitment and retention strategies</b>, particularly in critical areas such as finance. This could include developing competitive compensation packages, providing professional development opportunities, and fostering a positive work environment.</li> <li>• <b>Adopt regular team meetings and debriefs</b> to improve efficiency and effectiveness, and provide opportunities to review progress, identify challenges, share lessons learned, and make necessary adjustments.</li> <li>• <b>Conduct Risk Assessments</b> to strengthen contingency planning and scenario modeling, future projects should conduct risk assessments. This will help identify potential threats and vulnerabilities and inform the development of mitigation strategies.</li> <li>• <b>Develop detailed contingency plans</b> address potential disruptions and emergencies. These plans should outline clear roles and responsibilities, communication protocols, and resource allocation strategies.</li> <li>• <b>Invest in building capacity and resilience</b> of VAW/G partners, project staff and beneficiaries to adapt to unforeseen challenges, possible disruptions, and emergencies. This could include training in emergency preparedness and response, stress management techniques, and problem-solving skills.</li> <li>• <b>Expand partnerships with diverse stakeholders</b> to increase reach, maximize impact, and optimize resource utilization, future projects should continue fostering stronger and more diverse partnerships with relevant stakeholders. This could include government agencies, civil society organizations, organizations of people with disabilities (OPDs), and private sector actors.</li> </ul>	<p>SWAGAA, Bantwana,</p> <p>SWAGAA, Bantwana,</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners, UN Trust Fund</p> <p>SWAGAA, Bantwana,</p>
<p><b>Relevance</b></p>	<p>The evaluation findings suggest that the project's objectives were highly relevant to the target beneficiaries, the national and local policies, and strategies on VAW/G and disability, and to the UN Trust Fund's priorities. This includes the project's focus on AGYW with disabilities and refugees in Eswatini, who are at increased risk of violence due to their intersecting identities, and focus on prevention particularly in the Eswatini context, which has a high prevalence of VAW/G. The following recommendations can be drawn on the project's efficiency. Future projects should:</p> <ul style="list-style-type: none"> <li>• Replicate the project's successful interventions on a larger scale to reach a wider population of AGYW with disabilities and refugees, ensuring that they are not left behind in efforts to address VAW/G.</li> <li>• Develop a robust monitoring and evaluation framework to track the project's impact on the target beneficiaries and the wider community, providing valuable information for improving the design and implementation of future projects.</li> </ul>	<p>SWAGAA, Bantwana, other partners, UN Trust Fund</p> <p>SWAGAA, Bantwana, other partners</p>
<p><b>Impact</b></p>	<p>The endline evaluation has provided valuable insights into the project's impact and effectiveness. Based on the key findings and conclusions, the following recommendations are proposed for future programming to build upon the</p>	

	<p>successes of the current initiative and further contribute to the prevention and elimination of VAW/G in Eswatini.</p> <ul style="list-style-type: none"> <li>• <b>Disseminate promising practices and lessons learned:</b> The project should systematically capture and share its successful strategies, methodologies, and lessons learned from the interventions and results. This knowledge dissemination will inform similar programming and foster collective action towards shared goals.</li> <li>• <b>Sustain and scale up VAW/G prevention programs:</b> Future projects should continue implementing VAW/G prevention programs that are firmly grounded in gender and power analysis. Employing social norms change theories and approaches will be crucial for fostering long-term behavioral and attitudinal shifts.</li> <li>• <b>Establish a comprehensive monitoring and evaluation framework:</b> To effectively track progress and measure impact, future projects should develop and implement a rigorous monitoring and evaluation plan. This should include collecting baseline data, establishing clear and measurable indicators, and conducting periodic assessments.</li> <li>• <b>Foster coordination and partnerships:</b> Collaboration with a diverse range of stakeholders, including government agencies, civil society organizations, OPDs, UN agencies, and private actors, is essential for maximizing impact. Partnerships will facilitate the sustainability and scalability of the project's interventions and results.</li> <li>• <b>Address the persistence of VAW/G:</b> While the project has made significant strides in raising awareness, VAW/G remains a persistent challenge. Future programming should specifically target the root causes of VAW/G, address harmful gender norms, and promote positive social norms that support gender equality and non-violence.</li> </ul>	<p>SWAGAA, Bantwana</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p>
<p><b>Sustainability</b></p>	<p>The project has not only empowered these groups with knowledge and skills on VAW/G, but it has also built a supportive environment and a network of services for them to continue accessing after the project ends. To ensure that the positive impact continues long after the project, and enhance the potential to achieve sustainable outcomes, <b>future projects should:</b></p> <ul style="list-style-type: none"> <li>• <b>Explore additional and alternative sources of funding,</b> such as grants from private foundations, corporate sponsorships, or fundraising campaigns. Additionally, advocating for increased government funding for VAW/G prevention and response programs could provide a more stable source of support.</li> <li>• <b>Empower community volunteers as a vital community resource to continue championing VAW/G activism.</b> The project's success in training and empowering community volunteers has created an asset for continued VAW/G activism beyond the project's lifespan. By providing ongoing support and opportunities for capacity building, these volunteers can continue to play a crucial role in raising awareness, advocating for policy change, and supporting survivors.</li> </ul>	<p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p>

	<ul style="list-style-type: none"> <li>• <b>Strengthen partnerships with relevant local organizations and service providers to build a sustainable support system and network.</b> The project's efforts to establish partnerships with key stakeholders have laid a solid foundation for a sustainable support system. By fostering ongoing collaboration and knowledge sharing, these partnerships can ensure the continued availability of essential services and support for target beneficiaries after the project ends.</li> <li>• <b>Incorporate sustainability considerations early in the project cycle to account for challenges and barriers to uptake.</b> By proactively addressing potential sustainability challenges from the outset, projects can increase their chances of long-term success. This includes identifying and mitigating potential barriers to uptake, such as resource limitations, capacity gaps, or policy constraints.</li> <li>• <b>Mobilize resources from the government, private sector, and other donors to sustain the project's achievements and impact.</b> Diversifying funding sources can help to ensure the project's long-term viability. By proactively engaging with potential donors, projects can build a strong financial foundation to support their ongoing activities and impact.</li> <li>• <b>Leverage lessons learned from the project to inform future programming and enhance sustainability.</b> By reflecting on the project's successes and challenges, valuable lessons can be extracted to inform future programming. This knowledge can be used to refine project design, strengthen sustainability strategies, and optimize resource allocation for greater long-term impact.</li> <li>• <b>Advocate for increased funding for VAW/G prevention and response programs.</b> Raising awareness of the importance of VAW/G prevention and response can encourage increased investment in these critical programs. By highlighting the project's positive impact and the need for sustained support, advocacy efforts can help to secure additional resources for VAW/G initiatives.</li> </ul>	<p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners, UN Trust Fund</p> <p>SWAGAA, Bantwana, other partners, UN Trust Fund</p>
<p><b>Gender equality and human rights</b></p>	<p>The project has made significant progress in promoting gender equality and human rights in Eswatini, laying the foundation for positive and lasting change. A review of project documents and interviews with project staff reveals a program firmly grounded in gender and power analysis, and which effectively framed VAW/G as power-based violence, adopted a human rights-based approach, and integrated gender-responsive approaches and strategies. The following recommendations can be drawn on the project's gender equality and human rights. <b>Future projects should:</b></p> <ul style="list-style-type: none"> <li>• <b>Continue to provide training, workshops, and community dialogues to promote gender equality and respect for human rights.</b> These activities should be tailored to the specific needs of different groups of women and girls, including those with disabilities and refugees.</li> <li>• <b>Strengthen the use of gender analysis in all aspects of programming.</b> This will help to ensure that the needs of all women and girls are met, and</li> </ul>	<p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p>

	<p>that the project is effective in addressing the root causes of gender inequality and discrimination.</p> <ul style="list-style-type: none"> <li>• <b>Continue to frame VAW/G as power-based violence.</b> This will help to raise awareness of the fact that VAW/G is not an individual problem, but a manifestation of broader power imbalances between men and women.</li> <li>• <b>Continue to adopt a human rights-based and feminist intersectional approaches to programming.</b> This will help to ensure that all women and girls are treated with dignity and respect, and that their rights are upheld.</li> <li>• <b>Continue to engage male and female community members and community leaders in efforts to promote gender equality and VAW/G prevention.</b> This will help to foster essential allyship and reduce the risk of backlash.</li> <li>• <b>Continue to build the capacity of relevant service providers to deliver gender-responsive and disability-sensitive services.</b> This could involve providing training, workshops, and technical support.</li> <li>• <b>Continue to collect and analyze data on the situation and experiences of AGYW with disabilities and refugees.</b> This data will be valuable for informing future programming and policymaking.</li> <li>• <b>Develop and implement community-based programs to promote positive social and gender norms.</b> These programs could involve working with schools, faith-based organizations, and other community groups.</li> <li>• <b>Conduct research on the effectiveness of different interventions in promoting gender equality and preventing VAW/G.</b> This research will help to identify the most effective ways to address these issues.</li> <li>• <b>Advocate for enabling policies and gender responsive and inclusive programmes.</b> This could involve working with government officials, civil society organizations, and other stakeholders to strengthen accountability to women and girls through gender responsive and inclusive policies, programmes, and budgets.</li> </ul>	<p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p> <p>SWAGAA, Bantwana, other partners</p>
<p><b>Institutional strengthening</b></p>	<p>The project enhanced SWAGAA and BANTWANA's institutional capacity to sustainably respond to VAW/G in the COVID-19 pandemic and other crises. These efforts ensured program continuity, embedded adaptive capacity for unforeseen crises, and strengthened SWAGAA's ability to respond effectively to VAW/G in different operating environments. The following recommendations can be drawn to build sustained institutional capacity for crisis response:</p> <ul style="list-style-type: none"> <li>• <b>Sustain and scale up systems strengthening:</b> future projects should seek additional resources to sustain and scale up systems strengthening, contingency planning, scenario modeling, and progressive adaptation of program approaches and strategies to address unforeseen challenges, possible disruptions, and the changing context and emerging needs and challenges of the target beneficiaries and the wider community.</li> <li>• <b>Enhance the Effectiveness of Remote VAW/G Prevention Interventions:</b> Future programs should continue to monitor and evaluate the impact and effectiveness of adapted VAW/G prevention interventions</li> </ul>	<p>SWAGAA, Bantwana, other partners, UN Trust Fund, other funders</p> <p>SWAGAA, Bantwana, other partners</p>

during COVID-19 and other emergencies to ensure their quality, effectiveness, and safety. This includes exploring ways to address digital exclusion and ensure the accessibility and inclusivity of remote VAW/G prevention interventions for all program participants.

- **Strengthen institutional capacity of VAW/G service providers:** There is a need for continued investment in strengthening the institutional capacity of VAW/G implementing partners, particularly those serving marginalized groups. This will enhance their capacity to respond effectively to VAW/G in different operating environments.

SWAGAA,  
Bantwana, other  
partners



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## 6. Annexes

### 6.1 Final version of the Terms of Reference

#### 10. APPLICATION PROCEDURE

If qualified, interested, and available to undertake this consultancy, please submit your expression of interest (EOI) by 30<sup>th</sup> November 2022 to: [recruitment.swagaa@gmail.com](mailto:recruitment.swagaa@gmail.com) enclosing the required documents including the **technical proposal and an all-inclusive cost-effective financial proposal** as detailed below:

- **Technical proposal:** articulate the consultant/evaluator's understanding of the TOR and include the proposed tasks/milestones, deliverables/outputs, and timeline, preferably in a Gantt chart, and level of effort by deliverable. The tables include under section 5 and 6 of these TOR are indicative and applicants may use the indicative tables as a guide or deviate as per the proposed approach. Max 7 pages.
- **Financial proposal:** the consultant/evaluator should include a cost-effective budget covering the costs for each task, including consultant/evaluator fee, costs for local travel and data collection, and any justifiable costs to be incurred during the assignment
- **CV of consultant/evaluator and a sample of previous work** (e.g., evaluation report relating to gender-based violence, violence against women and girls or violence against children)

Upon receipt of the above information from prospective consultant/evaluator, SWAGAA/Bantwana will evaluate and pre-assess the EOI. Only shortlisted candidates will be contacted and advance to the next stage of the selection process. If you have not heard from us by 31<sup>st</sup> December 2022, consider your application to not have been successful.

## 6.2 Workplan of Evaluation Team

Stage of Evaluation	Key Task	Responsible Evaluation Team Member	Number of working days required
<b>Inception stage</b>	Briefings of evaluators to orient the evaluators	Team Leader	<b>20 working days</b>
	Desk review of key documents	Team Leader	
	Finalizing the evaluation design and methods	Team Leader	
	Submit draft <b>Inception report</b>	Team Leader	
	Incorporating comments and revising the <b>inception report</b>	Team Leader	<b>10 working days</b>
	Submitting final version of <b>inception report</b> for review and approval	Team Leader	
<b>Data collection and analysis stage</b>	Desk research	Team Leader	<b>5 working days</b>
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Consultant and Field Team Supervisor	<b>3 weeks</b>
<b>Synthesis and reporting stage</b>	Analysis and interpretation of findings	Consultant and Field Team Supervisor	<b>3 weeks</b>
	Preparing a <b>first draft report</b>	Team Leader	
	Review of the draft report with key stakeholders for quality assurance	Team Leader	<b>10 working days</b>
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Team Leader	
	Incorporating comments and preparing <b>second draft evaluation report</b> for final review and approval of report	Team Leader	<b>3 weeks</b>
	Final edits and submission of the <b>final report</b>	Team Leader	<b>4 working days</b>

## 6.3 Workplan and Deliverables

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe
<b>Inception stage</b>	Briefings of evaluators to orient the evaluators	Evaluation Task Manager	<b>20 working days</b>	<b>First week</b>
	Desk review of key documents	Evaluator/s		<b>First 3 weeks</b>
	Finalizing the evaluation design and methods	Evaluator/s		<b>Third week</b>

	Submit draft <b>Inception report</b>	Evaluator/s		By <b>10 March 2023</b>
	Review <b>Inception Report</b> and provide feedback	Evaluation Task Manager, Stakeholder Group and UNTF	<b>5 working days</b>	<b>27 April 2023</b>
	Incorporating comments and revising the <b>inception report</b>	Evaluator/s	<b>5 working days</b>	<b>3 May 2023</b>
	Submitting final version of <b>inception report</b>	Evaluator/s		
	Review final <b>Inception Report</b> and approve	Evaluation Task Manager, Stakeholder Group and UNTF	<b>5 working days</b>	<b>10 May 2023</b>
<b>Data collection and analysis stage</b>	Desk research	Evaluator/s	<b>5 working days</b>	
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluator/s	<b>3 weeks</b>	<b>By 31 May 2023</b>
<b>Synthesis and reporting stage</b>	Analysis and interpretation of findings	Evaluator/s	<b>3 weeks</b>	<b>By 24 June 2023</b>
	Preparing a <b>first draft report</b>	Evaluator/s		
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Stakeholder Group and UNTF	<b>10 working days</b>	<b>By 31 July 2023</b>
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manger		
	Incorporating comments and preparing <b>second draft evaluation report</b>	Evaluation Team		
	Final review and approval of report	Evaluation Task Manager, Stakeholder Group and UNTF	<b>5 working days</b>	<b>By 22 August 2023</b>
	Final edits and submission of the <b>final report</b>	Evaluator/s	<b>4 working days</b>	<b>By 30 August 2023</b>

#### 6.4 Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data Collection Methods
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<b>Effectiveness</b>	To what extent were the intended project goal, outcomes and outputs (project results) achieved and how?	<ul style="list-style-type: none"> <li>- <i>Opinions on an estimate of project recipients.</i></li> <li>- <i>Opinions the on extent of achievement of the goal, outcomes and outputs.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Primary beneficiaries (Face-to-face interview)</i></li> <li>- <i>Secondary beneficiaries (FGD)</i></li> <li>- <i>Programme personnel (Questionnaire)</i></li> <li>- <i>Stakeholders (Key informant Interview).</i></li> </ul>
<b>Relevance</b>	To what extent do the achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	<ul style="list-style-type: none"> <li>- <i>Opinions on extent of alignment of the goal, outcomes and outputs to needs of women and girls.</i></li> <li>- <i>Ways adopted to ensure alignment of the goal, outcomes and outputs to needs of women and girls.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Primary beneficiaries (Face-to-face interview)</i></li> <li>- <i>Secondary beneficiaries (FGD)</i></li> <li>- <i>Programme personnel (Questionnaire)</i></li> <li>- <i>Stakeholders (Key informant Interview)</i></li> </ul>
<b>Efficiency</b>	To what extent was the project efficiently and cost-effectively implemented?	<ul style="list-style-type: none"> <li>- <i>Opinions on implementation of tasks on time, on budget, on best use of resources and on good management.</i></li> <li>- <i>Examples of situations where comparisons of interventions had to be made before decision making.</i></li> <li>- <i>Examples of situations where project was managed well to make best use of human resources.</i></li> <li>- <i>Examples of situations where project was managed well to make best use of financial resources.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Programme personnel (Questionnaire)</i></li> <li>- <i>Follow-up questions for programme personnel.</i></li> </ul>
<b>Sustainability</b>	To what extent will the achieved results, especially any positive changes in the lives of women and girls (project goal level), be sustained after this project ends?	<ul style="list-style-type: none"> <li>- <i>identification of strategies for sustainability.</i></li> </ul>	<ul style="list-style-type: none"> <li>- <i>Primary beneficiaries (Face-to-face interview)</i></li> <li>- <i>Secondary beneficiaries (FGD)</i></li> </ul>

			<ul style="list-style-type: none"> <li>- Programme personnel (Questionnaire)</li> <li>- Stakeholders (Key informant Interview).</li> </ul>
<b>Impact</b>	To what extent has the project contributed to ending violence against women, gender equality and/or women's empowerment (both intended and unintended impact)?	<i>Opinions on concrete situations on ending violence.</i>	<ul style="list-style-type: none"> <li>- Primary beneficiaries (Face-to-face interview)</li> <li>- Secondary beneficiaries (FGD)</li> <li>- Programme personnel (Questionnaire)</li> <li>- Stakeholders (Key informant Interview).</li> </ul>
<b>Knowledge generation</b>	To what extent has the project generated knowledge, promising or emerging practices in the field of ending VAW/G that should be documented and shared with other practitioners?	<ul style="list-style-type: none"> <li>- Emerging new knowledge in ending VAW/G.</li> <li>- Emerging new practices in ending VAW/G</li> </ul>	<ul style="list-style-type: none"> <li>- Programme personnel (Questionnaire)</li> <li>- Stakeholders (Interview)</li> <li>- Primary beneficiaries (Face-to-face interview)</li> </ul>
<b>Gender Equality and Human Rights</b>	Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent.	<ul style="list-style-type: none"> <li>- Examples of contribution to gender equality</li> <li>- Examples of contribution to women empowerment.</li> </ul>	<ul style="list-style-type: none"> <li>Programme personnel (Questionnaire)</li> <li>- Stakeholders (Interview)</li> <li>- Primary beneficiaries (Face-to-face interview).</li> </ul>

## 6.5 Beneficiary Data Sheet

### TOTAL BENEFICIARIES REACHED BY THE PROJECT

Type of Primary Beneficiary	Total number
Female domestic workers	
Female migrant workers	
Female political activists/ human rights defenders	
Female sex workers	
Female refugees/ internally displaced asylum seekers	59
Indigenous women/ from ethnic groups	
Lesbian, bisexual, transgender	
Women/ girls with disabilities	3090
Women/ girls living with HIV/AIDS	
Women/ girls survivors of violence	91
Women prisoners	
Women and girls in general	
Other (Specify here:)	

<b>TOTAL PRIMARY BENEFICIARIES REACHED</b>	3240
<b>Type of Secondary Beneficiary</b>	<b>Total number</b>
Members of Civil Society Organizations	7463 (women)
Members of Community Based Organizations	
Members of Faith Based Organizations	
Education Professionals (i.e. teachers, educators)	4
Government Officials (i.e. decision makers, policy implementers)	
Health Professionals (doctors, nurses, medical practitioners)	6
Journalists / Media	
Legal Officers (i.e. Lawyers, prosecutors, judges)	2
Men and/ or boys	1390
Parliamentarians	4
Private sector employers	
Social/ welfare workers	12
Uniformed personnel (i.e. Police, military, peace keeping)	8
Other (Specify here:)	
<b>TOTAL SECONDARY BENEFICIARIES</b>	8889
<b>Indirect beneficiaries reached</b>	<b>Total numbers</b>
Other (total only)	2170
<b>GRAND TOTAL</b>	14299





## B. QUESTIONNAIRE FOR PROGRAMME PERSONNEL

1. What is your estimate of the project recipients who have now undergone the following changes advocated during implementation of the project? (1 = Below average, 2 = Average, 3 = Above average, 4 = Don't know).

Respondents	1	2	3	4
1. AGYW who are safe and protected from violence at family level.				
2. AGYW who are safe and protected from violence at community level.				
3. AGYW refugees who are safe and protected from violence at family level.				
4. AGYW refugees who are safe and protected from violence at community level.				
5. Men who support gender-equitable norms.				
6. Men who support protection of AGYW from violence.				
7. Men who support protection of AGYW refugees from violence.				
8. Women who support gender-equitable norms.				
9. Women who support protection of AGYW from violence.				
10. Women who support protection of AGYW refugees from violence.				
11. Community Facilitators (CFs) who have been trained on community dialogues methodology that have knowledge and skills to facilitate community dialogues on VAW/G with disabilities.				
12. CFs who have been trained on community dialogues methodology that have knowledge and skills to facilitate community dialogues on VAW/G refugees.				
13. Men who have participated in community dialogues that have improved knowledge of VAW/G with disabilities.				
14. Men who have participated in community dialogues that have improved knowledge of their roles to prevent VAW/G with disabilities in their communities.				
15. Women who have participated in community dialogues that have improved knowledge of VAW/G with disabilities.				
16. Women who have participated in community dialogues that have improved knowledge of their roles to prevent VAW/G with disabilities in their communities.				
17. Community members who successfully refer cases of violence against AGYW to appropriate services.				
18. Caregivers of AGYW who have improved positive parenting practices.				
19. CFs who have been trained in positive parenting club methodology that have knowledge and skills to facilitate positive parenting sessions with caregivers of AGYW on VAW/G.				
20. Caregivers of AGYW who have participated in positive parenting club methodology that have improved knowledge and skills on positive parenting for AGYW.				
21. Caregivers of AGYW who have participated in positive parenting club methodology that have improved knowledge and skills on their role to prevent VAW/G within their families.				
22. Caregivers who know and seek support from local resources to help AGYW.				
23. AGYW who have improved agency and safety from VAW/G.				
24. AGYW refugees who have improved agency and safety from VAW/G.				

25. Life Mentors who have been trained in social asset building club methodology that have knowledge and skills to facilitate social asset building sessions with AGYW.				
26. Life Mentors who have been trained in social asset building club methodology that have knowledge and skills to facilitate social asset building sessions with AGYW refugees.				
27. AGYW who have participated in social asset building clubs that have improved knowledge of VAW/G.				
28. AGYW who have participated in social asset building clubs that have improved knowledge of how to protect themselves.				
29. AGYW refugees who have participated in social asset building clubs that have improved knowledge of VAW/G.				
30. AGYW refugees who have participated in social asset building clubs that have improved knowledge of how to protect themselves.				
31. AGYW who have participated in social asset building clubs that have improved knowledge of VAW/G prevention, response and support services.				
32. AGYW refugees who have participated in social asset building clubs that have improved knowledge of VAW/G prevention, response and support services.				
33. Service providers who have increased the provision of VAW/G prevention, response and support services to AGYW.				
34. Service providers who have increased the provision of VAW/G prevention, response and support services to AGYW refugees.				
35. Stakeholders/service providers who have participated in the regional GBV coordination meetings that have improved knowledge of the vulnerabilities/needs of AGYW.				
36. Stakeholders/service providers who have participated in the regional GBV coordination meetings that have improved knowledge of their role to provide VAW/G prevention, response, and support services.				
37. Stakeholders/service providers who have participated in the regional GBV coordination meetings that have improved knowledge of the vulnerabilities/needs of AGYW refugees.				
38. Stakeholders/service providers who have participated in the regional GBV coordination meetings that have improved knowledge of their role to provide VAW/G prevention, response, and support services.				

2. List examples of situations where you consider the project to have contributed to ending violence in the family, including violence against the girl child. **(Leave blank if you do not know).**

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3. List examples of situations where you consider the project to have contributed to ending violence in the community, including sexual violence by non-partners (rape, sexual assault). **(Leave blank if you do not know).**

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4. List examples of situations where you consider the project to have contributed to ending sexual and gender-based violence among refugees or internally displaced people in camps. **(Leave blank if you do not know).**

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5. List examples of situations where there has been reduced violence against women and girls elsewhere that can be attributed to lessons learned from this project. **(Leave blank if you do not know).**

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6. List examples of situations where the project has contributed to gender equality or women’s empowerment. **(Leave blank if you do not know).**

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7. List examples of situations where there has been gender equality or women’s empowerment elsewhere that can be attributed to lessons learned from this project. **(Leave blank if you do not know).**

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8. List the adjustments or changes, if any, that the project had to make to remain appropriate to, or aligned with, the needs of women and girls during implementation. **(Leave blank if you do not know).**

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9. Do you consider the following project tasks to have been implemented on time and on budget? **(1 = Yes, 2 = No, 3 = Don’t know)**

Implemented Project Tasks	On Time			On Budget		
	1	2	3	1	2	3
1. Training, supervising and mentoring 25 CFs.						
2. Paying out stipends to 25 CFs to roll out transformational Community Dialogues (TCDs).						
3. Mobilizing community members for community dialogues.						
4. Rolling out TCDs.						
5. Monitoring and assessing fidelity (faithfulness) of implementation of TCDs.						
6. Mobilizing communities to roll out quarterly campaigns.						
7. Tracking identification and reporting of “suspected” violence against AGYW by communities, CFs and mentors.						

8. Training, supervising and mentoring 11 CFs to roll out positive parenting sessions.						
9. Mobilizing caregivers of AGYW.						
10. Rolling out positive parenting Family Club sessions.						
11. Monitoring and assessing fidelity (faithfulness) of implementation of positive parenting Family Club sessions.						
12. Facilitating participatory mapping of local resource systems supporting VAW/G efforts.						
13. Tracking reporting by caregivers of “suspected” violence.						
14. Training, supervising and mentoring 11 Life Mentors to roll out protective social assets.						
15. Paying out stipends to 11 Life Mentors to roll out protective social assets.						
16. Mobilizing AGYW to participate in Social Asset Building Clubs.						
17. Rolling out protective social asset sessions with AGYW.						
18. Monitoring and assessing fidelity (faithfulness) of implementation of protective social asset sessions with AGYW.						
19. Facilitating participatory mapping of local resource systems supporting VAW/G effort.						
20. Tracking self-reporting by AGYW of “suspected” violence.						
21. Facilitating quarterly multi-sectoral regional GBV-CN meetings.						
22. Engaging stakeholders to provide services during community campaigns.						
23. Tracking referral completion status.						

10. Do you consider the following project tasks to have been implemented through best use of resources and good management? (1 = Yes, 2 = No, 3 = Don't know).

Implemented Project Tasks	Best Use of Resources			Good Management		
	1	2	3	1	2	3
1. Training, supervising and mentoring 25 CFs.						
2. Paying out stipends to 25 CFs to roll out TCDs.						
3. Mobilizing community members for community dialogues.						
4. Rolling out TCDs.						
5. Monitoring and assessing fidelity of implementation of TCDs.						
6. Mobilizing communities to roll out quarterly campaigns.						
7. Tracking identification and reporting of “suspected” violence against AGYW by communities, CFs and mentors.						
8. Training, supervising and mentoring 11 CFs to roll out positive parenting sessions.						
9. Mobilizing caregivers of AGYW.						
10. Rolling out positive parenting Family Club sessions.						
11. Monitoring and assessing fidelity (faithfulness) of implementation of positive parenting Family Club sessions.						

12. Facilitating participatory mapping of local resource systems supporting VAW/G efforts.						
13. Tracking reporting by caregivers of “suspected” violence.						
14. Training, supervising and mentoring 11 Life Mentors to roll out protective social assets.						
15. Paying out stipends to 11 Life Mentors to roll out protective social assets.						
16. Mobilizing AGYW to participate in Social Asset Building Clubs.						
17. Rolling out protective social asset sessions with AGYW.						
18. Monitoring and assessing fidelity (faithfulness) of implementation of protective social asset sessions with AGYW.						
19. Facilitating participatory mapping of local resource systems supporting VAW/G effort.						
20. Tracking self-reporting by AGYW of “suspected” violence.						
21. Facilitating quarterly multi-sectoral regional GBV-CN meetings.						
22. Engaging stakeholders to provide services during community campaigns.						
23. Tracking referral completion status.						

11. List the things that make you believe that the achieved results, especially positive changes in the lives of women and girls, will be maintained following the end of this project. **(Leave blank if you do not know).**

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12. What steps have been taken or structures put in place to ensure that the safety and protection of AGYW is guaranteed following the end of this project? **(Leave blank if you do not know).**

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13. What steps have been taken or structures put in place to ensure that the safety and protection of AGYW refugees is guaranteed following the end of this project? **(Leave blank if you do not know).**

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14. What steps have been taken to build the capacity of AGYW to appreciate and demand safety and protection? **(Leave blank if you do not know).**

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15. What steps have been taken to build the capacity of AGYW refugees to continue appreciating and demanding safety and protection? **(Leave blank if you do not know).**

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16. What accountability and oversight systems have been put in place to secure benefits for AGYW/refugees? **(Leave blank if you do not know).**

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17. In what ways has SWAGAA been institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls? **(Leave blank if you do not know).**

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18. In what areas has SWAGAA demonstrated improved knowledge, skills and capacities to maintain or adapt EVAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises? **(Leave blank if you do not know).**

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19. List examples of situations where lessons or experiences from the project have led to reduced violence against women and girls outside the project area. **(Leave blank if you do not know).**

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20. List examples of situations where the project has contributed to gender equality or women's empowerment. **(Leave blank if you do not know).**

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21. List examples of situations where lessons or experiences from the project have led to equality or women's empowerment outside the project area. **(Leave blank if you do not know).**

**C. INTERVIEW SCHEDULE FOR STAKEHOLDERS**

1. What new knowledge do you consider the project to have generated in the field of elimination of violence against women and girls (EVAW/G) that ought to be documented and shared with other practitioners? **(Leave blank if you do not know).**

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2. What promising or emerging practices do you consider the project to have generated in the field of elimination of violence against women and girls (EVAW/G) that ought to be documented and shared with other practitioners? **(Leave blank if you do not know).**

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3. List examples of situations where you consider the project to have contributed to ending violence in the family (including violence against the girl child). **(Leave blank if you do not know).**

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4. List examples of situations where you consider the project to have contributed to ending violence in the community, including sexual violence by non-partners (rape, sexual assault). **(Leave blank if you do not know).**

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5. List examples of situations where you consider the project to have contributed to ending sexual and gender-based violence among refugees or internally displaced people in camps. **(Leave blank if you do not know).**

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6. List examples of situations where there has been reduced violence against women and girls outside the project based on lessons learned from the project. **(Leave blank if you do not know).**

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7. List examples of situations where the project has contributed to gender equality or women's empowerment. **(Leave blank if you do not know).**

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8. List examples of situations where there has been gender equality or women's empowerment outside the project based on lessons learned from the project. **(Leave blank if you do not know).**

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9. What should be done to ensure that the achieved results, especially positive changes in the lives of women and girls, are maintained following the end of this project? **(Leave blank if you do not know).**

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10. Overall, what are the major strengths in the implementation of this project that your organization would emulate, if given opportunity? **(Leave blank if you do not know).**



11. Overall, what are the major weaknesses in the implementation of this project that your organization would not emulate, if given opportunity? **(Leave blank if you do not know).**

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12. If another opportunity arose again for a similar project in rural Eswatini, what advice would you give to those responsible to ensure that it is implemented satisfactorily? **(Leave blank if you do not know).**

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**D. INTERVIEW SCHEDULE FOR AGYW**

**I. Opinions on Project Effectiveness**

**Indicate the extent to which you consider the following goal, outcomes and outputs of the project to have been achieved by September 2022.**

**(Rating Scale: 1 = Not at all; 2 = Slight Extent; 3 = Moderate Extent; 4 = Great Extent)**

<b>Goal, Outcomes and Outputs Achieved</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. The targeted AGYW are safe and protected from violence at family level.				
2. The targeted AGYW are safe and protected from violence at community level.				
3. Men in this area support gender-equitable norms.				
4. Men in this area support the protection of AGYW from violence.				
5. Women in this area support gender-equitable norms.				
6. Women in this area support the protection of AGYW from violence.				
7. Community Facilitators (CFs) who have been trained on community dialogues methodology are able to facilitate community dialogues on VAW/G with disabilities.				
8. Men in this area who have participated in community dialogues have improved knowledge of VAW/G with disabilities.				
9. Men in this area who have participated in community dialogues have improved knowledge of their roles to prevent VAW/G with disabilities in their communities.				
10. Women in this area who have participated in community dialogues have improved knowledge of VAW/G with disabilities.				
11. Women in this area who have participated in community dialogues have improved knowledge of their roles to prevent VAW/G with disabilities in their communities.				
12. Community members successfully refer cases of violence against AGYW to appropriate services.				
13. Caregivers of AGYW in this area have improved positive parenting practices.				
14. CFs who have been trained in positive parenting club methodology are able to facilitate positive parenting sessions with caregivers of AGYW with disabilities on VAW/G.				
15. Caregivers of AGYW who have participated in positive parenting clubs have improved knowledge and skills on positive parenting for AGYW.				

16. Caregivers of AGYW who have participated in positive parenting clubs have improved knowledge and skills on their role to prevent VAW/G within their families.				
17. Caregivers know and seek support from local resources to help AGYW.				
18. AGYW in this area have improved safety from VAW/G.				
19. Life Mentors who have been trained in social asset building club methodology are able to facilitate social asset building sessions with AGYW.				
20. AGYW who have participated in social asset building clubs have improved knowledge of VAW/G.				
21. AGYW who have participated in social asset building clubs have improved knowledge of how to protect themselves.				
22. AGYW who have participated in social asset building clubs have improved knowledge of VAW/G prevention, response and support services.				
23. Service providers in this area have increased the provision of VAW/G prevention, response and support services to AGYW.				
24. Stakeholders who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW.				
25. Stakeholders who have participated in regional GBV coordination meetings have improved knowledge of their role to provide VAW/G prevention, response, and support services.				
26. Service providers who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW.				
27. Service providers who have participated in regional GBV coordination meetings have improved knowledge of their role in providing VAW/G prevention, response, and support services.				

## II. Opinions on Project Relevance

Indicate the extent to which you consider the following goal, outcomes and outputs of the project to continue to be relevant to the needs of women and girls.

*(Rating Scale: 1 = Not at all; 2 = Slight Extent; 3 = Moderate Extent; 4 = Great Extent)*

Goal, Outcomes and Outputs Achieved	1	2	3	4
1. The safety and protection of targeted AGYW from violence at family level.				
2. The safety and protection of targeted AGYW from violence at community level.				
3. The support of men for gender-equitable norms.				
4. The support of men for protection of AGYW from violence.				
5. The support of women for gender-equitable norms.				
6. The support of women for protection of AGYW from violence.				
7. The knowledge and skills of CFs who have been trained on community dialogues methodology to facilitate community dialogues on VAW/G with disabilities.				
8. The improved knowledge of men who have participated in community dialogues regarding VAW/G with disabilities.				
9. The improved knowledge of men who have participated in community dialogues regarding their roles to prevent VAW/G with disabilities in their communities.				

10. The improved knowledge of women who have participated in community dialogues regarding VAW/G with disabilities.				
11. The improved knowledge of women who have participated in community dialogues regarding their roles to prevent VAW/G with disabilities in their communities.				
12. Community members successfully referring cases of violence against AGYW to appropriate services.				
13. Caregivers of AGYW having improved positive parenting practices.				
14. CFs who have been trained in positive parenting club methodology having ability to facilitate positive parenting sessions with caregivers of AGYW on VAW/G.				
15. Caregivers of AGYW who have participated in positive parenting clubs having improved knowledge and skills on positive parenting for AGYW.				
16. Caregivers of AGYW who have participated in positive parenting clubs having improved knowledge and skills on their role to prevent VAW/G within their families.				
17. Ability of caregivers to know and seek support from local resources to help AGYW.				
18. AGYW having improved safety from VAW/G.				
19. Life Mentors who have been trained in social asset building club methodology being able to facilitate social asset building sessions with AGYW.				
20. AGYW who have participated in social asset building clubs having improved knowledge of VAW/G.				
21. AGYW who have participated in social asset building clubs having improved knowledge of how to protect themselves.				
22. AGYW who have participated in social asset building clubs having improved knowledge of VAW/G prevention, response and support services.				
23. Service providers having increased the provision of VAW/G prevention, response and support services to AGYW.				
24. Service providers who have participated in regional GBV coordination meetings having improved knowledge of the vulnerabilities/needs of AGYW.				
25. Service providers who have participated in regional GBV coordination meetings having improved knowledge of their role to provide VAW/G prevention, response, and support services.				

### III. Opinions on Sustainability of Project

2. What should be done to ensure that the achieved results, especially positive changes in the lives of women and girls, are maintained following the end of this project?

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### IV. Opinions on Impact of Project

1. List examples of situations where you consider the project to have contributed to ending violence in the family, including violence against the girl child.

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- List examples of situations where you consider the project to have contributed to ending violence in the community, including sexual violence by non-partners (rape, sexual assault).  
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- List examples of situations where there has been reduced violence against women and girls elsewhere that can be attributed to lessons learned from this project.  
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- List examples of situations where the project has contributed to gender equality or women’s empowerment.  
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- List examples of situations where there has been gender equality or women’s empowerment elsewhere that can be attributed to lessons learned from this project.  
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**V. Knowledge Generation**

- What new knowledge in the field of EVAW/G has the project generated that ought to be documented and shared with other practitioners?  
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- What promising or emerging practices in the field of EVAW/G has the project generated that ought to be documented and shared with other practitioners?  
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**E. INTERVIEW SCHEDULE FOR AGYW REFUGEES**

**I. Opinions on Project Effectiveness**

**Indicate the extent to which you consider the following goal, outcomes and outputs of the project to have been achieved by September 2022.**

**(Rating Scale: 1 = Not at all; 2 = Slight Extent; 3 = Moderate Extent; 4 = Great Extent)**

<b>Goal, Outcomes and Outputs Achieved</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
28. The targeted AGYW refugees are safe and protected from violence at family level.				
29. The targeted AGYW refugees are safe and protected from violence at community level.				
30. Men in this area support gender-equitable norms.				
31. Men in this area support protection of AGYW refugees from violence.				
32. Women in this area support gender-equitable norms.				

33. Women in this area support protection of AGYW refugees from violence.				
34. Community Facilitators (CFs) who have been trained on community dialogues methodology have ability to facilitate community dialogues on VAW/G refugees.				
35. Women in this area who have participated in community dialogues have improved knowledge of VAW/G refugees.				
36. Women in this area who have participated in community dialogues have improved knowledge of their roles to prevent VAW/G refugees in their communities.				
37. AGYW refugees in this area have improved safety from VAW/G.				
38. Life Mentors who have been trained in social asset building club methodology are able to facilitate social asset building sessions with AGYW refugees.				
39. AGYW refugees who have participated in social asset building clubs have improved knowledge of VAW/G.				
40. AGYW refugees who have participated in social asset building clubs have improved knowledge of how to protect themselves.				
41. AGYW refugees who have participated in social asset building clubs have improved knowledge of VAW/G prevention, response and support services.				
42. Service providers in this area have increased the provision of VAW/G prevention, response and support services to AGYW refugees.				
43. Service providers who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW refugees.				
44. Service providers who have participated in regional GBV coordination meetings have improved knowledge of their role to provide VAW/G prevention, response, and support services.				

## II. Opinions on Project Relevance

Indicate the extent to which you consider the following goal, outcomes and outputs of the project to continue to be relevant to the needs of women and girls.

*(Rating Scale: 1 = Not at all; 2 = Slight Extent; 3 = Moderate Extent; 4 = Great Extent)*

Goal, Outcomes and Outputs Achieved	1	2	3	4
26. The safety and protection of targeted AGYW refugees from violence at family level.				
27. The safety and protection of targeted AGYW refugees from violence at community level.				
28. The support of men for gender-equitable norms.				
29. The support of men for protection of AGYW refugees from violence.				
30. The support of women for gender-equitable norms.				
31. The support of women for protection of AGYW refugees from violence.				
32. The knowledge and skills of CFs who have been trained on community dialogues methodology to facilitate community dialogues on VAW/G refugees.				
33. AGYW refugees having improved safety from VAW/G.				

34. Life Mentors who have been trained in social asset building club methodology being able to facilitate social asset building sessions with AGYW refugees.				
35. AGYW refugees who have participated in social asset building clubs having improved knowledge of VAW/G.				
36. AGYW refugees who have participated in social asset building clubs having improved knowledge of how to protect themselves.				
37. AGYW refugees who have participated in social asset building clubs having improved knowledge of VAW/G prevention, response, and support services.				
38. Service providers having increased the provision of VAW/G prevention, response, and support services to AGYW refugees.				
39. Service providers who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW refugees.				
40. Service providers who have participated in regional GBV coordination meetings have improved knowledge of their role to provide VAW/G prevention, response, and support services.				

**III. Opinions on Sustainability of Project**

1. What should be done to ensure that the achieved results, especially positive changes in the lives of women and girls, are maintained following the end of this project?

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**IV. Opinions on Impact of Project**

1. List examples of situations where you consider the project to have contributed to ending violence in the family, including violence against the girl child.  
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2. List examples of situations where you consider the project to have contributed to ending violence in the community, including sexual violence by non-partners (rape, sexual assault).  
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3. List examples of situations where you consider the project to have contributed to ending sexual and gender-based violence among refugees or internally displaced people in camps.  
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4. List examples of situations where there has been reduced violence against women and girls elsewhere that can be attributed to lessons learned from this project.  
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5. List examples of situations where the project has contributed to gender equality or women's empowerment.

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6. List examples of situations where there has been gender equality or women's empowerment elsewhere that can be attributed to lessons learned from this project.

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**V. Knowledge Generation**

1. What new knowledge in the field of EVAW/G has the project generated that ought to be documented and shared with other practitioners?

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2. What promising or emerging practices in the field of EVAW/G has the project generated that ought to be documented and shared with other practitioners?

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**F. INTERVIEW SCHEDULE FOR FACILITATORS**

Indicate the extent to which you agree that the following expectations of the project have been attained. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

<b>Attained Project Expectations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Community Facilitators who have been trained on community dialogues methodology have adequate knowledge and skills to carry out their job.				
2. Women who participated in community dialogues have improved knowledge of violence against women and girls with disabilities and refugees in their communities.				
3. Women who participated in community dialogues have improved knowledge of their roles to prevent violence against women and girls with disabilities and refugees in their communities.				
4. Adolescent girls and young women with disabilities and refugees have improved agency and safety from violence against women and girls.				
5. Life Mentors who have been trained in social asset building club methodology have adequate knowledge and skills to carry out their job.				
6. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of violence against women and girls.				
7. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of how to protect themselves from violence against women and girls.				
8. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of prevention, response and support services pertaining to violence against women and girls.				

9. Service providers in this area have increased the provision of prevention, response and support services to adolescent girls and young women refugees regarding violence against women and girls.				
10. Stakeholders who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of adolescent girls and young women refugees.				
11. Stakeholders who have participated in regional GBV coordination meetings have improved knowledge of their role to provide prevention, response and support services regarding violence against women and girls.				
12. Service providers who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of adolescent girls and young women refugees.				
13. Service providers who have participated in regional GBV coordination meetings have improved knowledge of their role to provide prevention, response, and support services regarding violence against women and girls.				
14. Life Mentors who have been trained in social asset building club methodology have knowledge and skills to facilitate social asset building sessions with adolescent girls and young women refugees.				
15. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of violence against women and girls.				
16. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of how to protect themselves.				
17. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of prevention, response and support services regarding violence against women and girls.				

45. Indicate the extent to which you agree that the following expectations of the project have been attained through the Protect Our Youth (POY) training. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

Attained Project Expectations	1	2	3	4
1. Improved agency and safety from violence among young women and girls with disabilities/refugees (15-24 years).				
2. Improved knowledge of violence against women (VAW/G).				
3. Reduced vulnerabilities for adolescent girls and young women (AGYW) to navigate multiple challenges they face in order to protect themselves.				
4. Expanded opportunities for adolescent girls and young women (AGYW) to navigate multiple challenges they face in order to protect themselves.				
5. Improved skills of young women and girls to safely navigate gender-based/biased norms.				
6. Improved skills of young women and girls to challenge gender-based/biased norms.				



7. Ability of girls to reduce gender-based vulnerabilities drawing on their new skills (assertive communication, role playing, negotiation, social networks, self-esteem, understanding the connection between choices and consequences).				
8. Improved skills providing adolescent girls and young women with the opportunity to act on their own behalf.				
9. Improved effective communication skills.				
10. Improved knowledge of violence against women and girls.				
11. Improved knowledge of women and girls on how to protect themselves and others.				
12. Improved awareness of where and how to report incidences of violence against women and girls.				
13. Improved awareness of where and how to access response and support services on violence against women and girls.				
14. Improved awareness of where and how to access sexual reproductive health services.				
15. Increased ability to navigate the multiple challenges they face as adolescent girls and young women with disabilities/refugees within their families.				
16. Increased ability to navigate the multiple challenges they face as adolescent girls and young women with disabilities/refugees at school.				
17. Increased ability to navigate the multiple challenges they face as adolescent girls and young women with disabilities/refugees in the community.				
18. Increased ability to make informed decisions about their lives and their future with regard to their health and sexual behaviour.				
19. Increased ability of adolescent girls and young women to make use of the violence against women and girls services available to them through government or civil society partners.				
20. Increased access to services for women and girls with disabilities.				
21. Enhanced self-esteem of women and girls with disabilities.				
22. Increased ability of women and girls with disabilities to identify and report violence.				
23. Increased understanding about protective assets.				
24. Increased ability to build protective assets.				
25. Increased understanding of gender-based violence.				
26. Improved ability to respond to gender-based violence.				
27. Increased understanding of rights and responsibilities as adolescent girls and young women.				
28. Increased ability to manage emotions.				
29. Better understanding of signs of abuse and violence.				
30. Better understanding of the pressures that adolescent girls face.				
31. Better understanding of gender identity.				

Indicate the extent to which you agree that the following expectations of the project have been attained through the Community Dialogues training. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

<b>Attained Project Expectations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Knowledge of root causes of violence against women and girls with disabilities.				
2. Knowledge of drivers of violence against women and girls with disabilities.				
3. Knowledge of consequences of violence against women and girls with disabilities.				
4. Better understanding of violence against women and girls as preventable.				
5. Reduced attitudes of acceptability of violence against women and girls.				
6. Improved knowledge about the role of women and girls with disabilities in preventing violence against them.				
7. Better understanding of the difference between “sex” and “gender”.				
8. Better understanding of the consequences of inequitable gender norms on gender-based violence.				
9. Better understanding of the consequences of inequitable gender norms on the risk of HIV and other adverse health outcomes.				
10. Better understanding of how men and other community members can be allies in promoting gender-equitable norms and thus alleviating the burden of gender-based violence and HIV risk.				
11. Improved knowledge about forms of violence against women and girls.				
12. Improved knowledge about forms of gender-based violence.				
13. Better understanding about Sexual Offences and Domestic Violence Act (2018).				
14. Better understanding about Child Prevention and Welfare Act (2012).				
15. Better understanding about Persons with Disabilities Act (2018).				
16. Increased awareness of victims about their role in preventing gender-based violence against them.				
17. Increased ability of victims to take action to prevent GBV in communities.				
18. Increased awareness of gender and power differences.				
19. Increased awareness of the need by community members and leaders to collectively discuss concerns and exchange ideas that promote the protection of adolescent girls and young women with disabilities and refugees from gender-based violence.				
20. Increased awareness of the need by community members and leaders to collectively develop key messages that promote the protection of adolescent girls and young women with disabilities and refugees from gender-based violence.				

Indicate the extent to which you agree that the following expectations of the project have been attained through the Family Clubs training. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

<b>Attained Project Expectations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1. Strengthened positive parenting knowledge and skills for caregivers or primary carers of adolescent girls and young women with disabilities.				

2. Enhanced protective parenting practices that are associated with reduced risk of violence among adolescent girls and young women with disabilities.				
3. Increased awareness of harmful gender norms that adolescent girls and young women with disabilities face.				
4. Increased awareness of gender-based violence risks faced by adolescent girls and young women with disabilities.				
5. Increased awareness of HIV risks faced by adolescent girls and young women with disabilities.				
6. Increased understanding of the barriers and challenges faced by adolescent girls and young women with disabilities.				
7. Increased understanding of participants' role in overcoming challenges faced by adolescent girls and young women with disabilities.				
8. Increased participants' knowledge of where they can get support/services for their adolescent girls and young women with disabilities.				
9. Increased participants' awareness of the role of parents/caregivers in protecting adolescent girls and young women with disabilities from violence.				
10. Increased participants' awareness of ways of overcoming stigma and discrimination.				

#### **G. FOCUS GROUP DISCUSSION QUESTIONS FOR AGYW WITH DISABILITIES**

1. Ngutiphi tindlela emachinga nemisebenti yale project leyente ibe nekufaneleka etidzingweni te mantfombatane lasakhula kanye nabo make labasebasha labakhubatekile (AGYWDs)
2. Ngutiphi timo le project bekudzingeke kutsi ibe nekulungisa khona itokwati kuhambisana netidzingo kanye netingucuko temigomo yakho njengebahlomuli?
3. Ngicela ungiphe tibonelo lapho ucabanga khona kutsi le project ike yaba nemutselela lomuhle noma ike yaba nekungenelela ekucedzeni ludlame emndenini lokufaka ekhatsi ludlame lolubhekiselwe emntfwaneni loyitfombatane.
4. Ngicela ungiphe tibonelo lapho ucabanga khona kutsi le project ike yaba nemutselela lomuhle ekucedzeni ludlame emangweni lokufaka ekhatsi ludlame lwelucansi lolwentiwa bantfu labangatsanzani (lokungaba kudlwengulwa nomakuhlukunyetwa ngekwelicansi)
5. Ngicela ungiphe tibonelo lokwenteki ngaphandle kule project lapho khona ludlame, lolubhekiselwe kubomake kanye nemantfombatane, lube lwaba nekuncishiswa lokubangelwe timfundziso nelwati lolutfolakale kule project.
6. Ngicela ungiphe tibonelo ngetimo lapho khona le project ibe nemutselela lomuhle ekulinganiseni kwebulili noma kwente bomake nabo bebe nemalungelo noma babe nekunikwa emandla.
7. Ngicela ungiphe tibonelo kulokwenteki ngaphandle kwale project, lapho kulingana ngokwebulili noma kunikwa kwemandla kwabomake kube ngumphumela welwati netimfundziso letitfolakale kule project.

8. Ngicela ungitjele kutsi yini lekumelwe kwentiwe kucinisekisa kutsi imiphumela letfoliwe kule project, ikakhulu tingucuko letinhle letentekile etimpilweni tebantfu besifazane kanye nemantfomabatane, tiyachubeka tibe nekugcinwa ngemuva kwekuphela kwale project.

#### **H. FOCUS GROUP DISCUSSION QUESTIONS FOR AGYWD (REFUGEES)**

9. Ngutiphi tindlela emachinga nemisebenti yale project leyente ibe nekufaneleka etidzingweni tebantfu bekubaleka (AGYW)
10. Ngutiphi timo le project bekudzingeke kutsi ibe nekulungisa khona itokwati kuhambisana netidzingo kanye netingucuko temigomo yakho njengebahlomuli?
11. Ngicela ungiphe tibonelo lapho ucabanga khona kutsi le project ike yaba nemutselela lomuhle noma ike yaba nekungenelela ekucedzeni ludlame emndenini lokufaka ekhatsi ludlame lolubhekiselwe emntfwaneni loyitfombatane.
12. Ngicela ungiphe tibonelo lapho ucabanga khona kutsi le project ike yaba nemutselela lomuhle ekucedzeni ludlame emangweni lokufaka ekhatsi ludlame lwelucansi lolwentiwa bantfu labangatsandzani (lokungaba kudlwengulwa nomakuhlukunyetwa ngekwelicansi)
13. Ngicela ungiphe tibonelo netimo lapho ucabanga khona kutsi I project ibe nemtselela lomuhle ekucedzeni ludlame lwelucansi kanye nebulili lokufaka babaleki noma bantfu lababe nekutsimateka ekhatsi enkambu lapho bahalal khona.
14. Ngicela ungiphe tibonelo lokwenteke ngaphandle kule project lapho khona ludlame, lolubhekiselwe kubomake kanye nemantfombatane, lube lwaba nekuncishiswa lokubangelwe timfundziso nelwati lolutfolakale kule project.
15. Ngicela ungiphe tibonelo ngetimo lapho khona le project ibe nemtselela lomuhle ekulinganiseni kwebulili noma kwente bomake nabo bebe nemalungelo noma babe nekunikwa emandla.
16. Ngicela ungiphe tibonelo kulokwenteke ngaphandle kwale project, lapho kulingana ngokwebulili noma kunikwa kwemandla kwabomake kube ngumphumela welwati netimfundziso letitfolakale kule project.
17. Ngicela ungitjele kutsi yini lekumelwe kwentiwe kucinisekisa kutsi imiphumela letfoliwe kule project, ikakhulu tingucuko letinhle letentekile etimpilweni tebantfu besifazane kanye nemantfomabatane, tiyachubeka tibe nekugcinwa ngemuva kwekuphela kwale project.
18. Ngicela ungiphe tibonelo ngetimo lapho khona le project ibe nemtselela lomuhle ekulinganiseni kwebulili noma kwente bomake nabo bebe nemalungelo noma babe nekunikwa emandla.
19. Ngicela ungiphe tibonelo kulokwenteke ngaphandle kwale project, lapho kulingana ngokwebulili noma kunikwa kwemandla kwabomake kube ngumphumela welwati netimfundziso letitfolakale kule project.

20. Ngicela ungitjele kutsi yini lekumelwe kwentiwe kucinisekisa kutsi imiphumela letfoliwe kule project, ikakhulu tingucuko letinhle letentekile etimpilweni tebantfu besifazane kanye nemantfomabatane, tiyachubeka tibe nekugcinwa ngemuva kwekuphela kwale project.

## I. INTERVIEW SCHEDULE FOR FACILITATORS

46. Indicate the extent to which you agree that the following expectations of the project have been attained. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

Attained Project Expectations	1	2	3	4
18. Community Facilitators who have been trained on community dialogues methodology have adequate knowledge and skills to carry out their job.				
19. Women who participated in community dialogues have improved knowledge of violence against women and girls with disabilities and refugees in their communities.				
20. Women who participated in community dialogues have improved knowledge of their roles to prevent violence against women and girls with disabilities and refugees in their communities.				
21. Adolescent girls and young women with disabilities and refugees have improved agency and safety from violence against women and girls.				
22. Life Mentors who have been trained in social asset building club methodology have adequate knowledge and skills to carry out their job.				
23. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of violence against women and girls.				
24. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of how to protect themselves from violence against women and girls.				
25. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of prevention, response and support services pertaining to violence against women and girls.				
26. Service providers in this area have increased the provision of prevention, response and support services to adolescent girls and young women refugees regarding violence against women and girls.				
27. Stakeholders who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of adolescent girls and young women refugees.				
28. Stakeholders who have participated in regional GBV coordination meetings have improved knowledge of their role to provide prevention, response and support services regarding violence against women and girls.				
29. Service providers who have participated in regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of adolescent girls and young women refugees.				

30. Service providers who have participated in regional GBV coordination meetings have improved knowledge of their role to provide prevention, response, and support services regarding violence against women and girls.				
31. Life Mentors who have been trained in social asset building club methodology have knowledge and skills to facilitate social asset building sessions with adolescent girls and young women refugees.				
32. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of violence against women and girls.				
33. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of how to protect themselves.				
34. Adolescent girls and young women refugees who have participated in social asset building clubs have improved knowledge of prevention, response and support services regarding violence against women and girls.				

47. Indicate the extent to which you agree that the following expectations of the project have been attained through the Protect Our Youth (POY) training. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

<b>Attained Project Expectations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
32. Improved agency and safety from violence among young women and girls with disabilities/refugees (15-24 years).				
33. Improved knowledge of violence against women (VAW/G).				
34. Reduced vulnerabilities for adolescent girls and young women (AGYW) to navigate multiple challenges they face in order to protect themselves.				
35. Expanded opportunities for adolescent girls and young women (AGYW) to navigate multiple challenges they face in order to protect themselves.				
36. Improved skills of young women and girls to safely navigate gender-based/biased norms.				
37. Improved skills of young women and girls to challenge gender-based/biased norms.				
38. Ability of girls to reduce gender-based vulnerabilities drawing on their new skills (assertive communication, role playing, negotiation, social networks, self-esteem, understanding the connection between choices and consequences).				
39. Improved skills providing adolescent girls and young women with the opportunity to act on their own behalf.				
40. Improved effective communication skills.				
41. Improved knowledge of violence against women and girls.				
42. Improved knowledge of women and girls on how to protect themselves and others.				
43. Improved awareness of where and how to report incidences of violence against women and girls.				

44. Improved awareness of where and how to access response and support services on violence against women and girls.				
45. Improved awareness of where and how to access sexual reproductive health services.				
46. Increased ability to navigate the multiple challenges they face as adolescent girls and young women with disabilities/refugees within their families.				
47. Increased ability to navigate the multiple challenges they face as adolescent girls and young women with disabilities/refugees at school.				
48. Increased ability to navigate the multiple challenges they face as adolescent girls and young women with disabilities/refugees in the community.				
49. Increased ability to make informed decisions about their lives and their future with regard to their health and sexual behaviour.				
50. Increased ability of adolescent girls and young women to make use of the violence against women and girls services available to them through government or civil society partners.				
51. Increased access to services for women and girls with disabilities.				
52. Enhanced self-esteem of women and girls with disabilities.				
53. Increased ability of women and girls with disabilities to identify and report violence.				
54. Increased understanding about protective assets.				
55. Increased ability to build protective assets.				
56. Increased understanding of gender-based violence.				
57. Improved ability to respond to gender-based violence.				
58. Increased understanding of rights and responsibilities as adolescent girls and young women.				
59. Increased ability to manage emotions.				
60. Better understanding of signs of abuse and violence.				
61. Better understanding of the pressures that adolescent girls face.				
62. Better understanding of gender identity.				

48. Indicate the extent to which you agree that the following expectations of the project have been attained through the Community Dialogues training. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

<b>Attained Project Expectations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
21. Knowledge of root causes of violence against women and girls with disabilities.				
22. Knowledge of drivers of violence against women and girls with disabilities.				
23. Knowledge of consequences of violence against women and girls with disabilities.				
24. Better understanding of violence against women and girls as preventable.				
25. Reduced attitudes of acceptability of violence against women and girls.				
26. Improved knowledge about the role of women and girls with disabilities in preventing violence against them.				
27. Better understanding of the difference between “sex” and “gender”.				

28. Better understanding of the consequences of inequitable gender norms on gender-based violence.				
29. Better understanding of the consequences of inequitable gender norms on the risk of HIV and other adverse health outcomes.				
30. Better understanding of how men and other community members can be allies in promoting gender-equitable norms and thus alleviating the burden of gender-based violence and HIV risk.				
31. Improved knowledge about forms of violence against women and girls.				
32. Improved knowledge about forms of gender-based violence.				
33. Better understanding about Sexual Offences and Domestic Violence Act (2018).				
34. Better understanding about Child Prevention and Welfare Act (2012).				
35. Better understanding about Persons with Disabilities Act (2018).				
36. Increased awareness of victims about their role in preventing gender-based violence against them.				
37. Increased ability of victims to take action to prevent GBV in communities.				
38. Increased awareness of gender and power differences.				
39. Increased awareness of the need by community members and leaders to collectively discuss concerns and exchange ideas that promote the protection of adolescent girls and young women with disabilities and refugees from gender-based violence.				
40. Increased awareness of the need by community members and leaders to collectively develop key messages that promote the protection of adolescent girls and young women with disabilities and refugees from gender-based violence.				

49. Indicate the extent to which you agree that the following expectations of the project have been attained through the Family Clubs training. (Scale: 1 = Disagree, 2 = Slightly Agree, 3 = Moderately Agree, 4 = Strongly Agree)

<b>Attained Project Expectations</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
11. Strengthened positive parenting knowledge and skills for caregivers or primary carers of adolescent girls and young women with disabilities.				
12. Enhanced protective parenting practices that are associated with reduced risk of violence among adolescent girls and young women with disabilities.				
13. Increased awareness of harmful gender norms that adolescent girls and young women with disabilities face.				
14. Increased awareness of gender-based violence risks faced by adolescent girls and young women with disabilities.				
15. Increased awareness of HIV risks faced by adolescent girls and young women with disabilities.				
16. Increased understanding of the barriers and challenges faced by adolescent girls and young women with disabilities.				
17. Increased understanding of participants' role in overcoming challenges faced by adolescent girls and young women with disabilities.				



18. Increased participants' knowledge of where they can get support/services for their adolescent girls and young women with disabilities.				
19. Increased participants' awareness of the role of parents/caregivers in protecting adolescent girls and young women with disabilities from violence.				
20. Increased participants' awareness of ways of overcoming stigma and discrimination.				

**J. CONSENT STATEMENT BY RESPONDENT**

I have read (or someone has read and explained to me) details of the information sheet that accompanies this consent form. I have had the opportunity to ask questions about it which have been answered to my satisfaction. I understand why the evaluation is being done, what will be asked in the evaluation questionnaire and the risks and benefits as stated in the information sheet. I give my written consent voluntarily to be a participant in this evaluation. I further confirm my understanding that I am free to withdraw from providing responses at any stage I feel like doing so.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

I have explained the purpose of this evaluation to the participant and have answered all their questions. To the best of my knowledge, he or she understands the purpose, risks, and benefits of this evaluation survey and has chosen to freely take part in this evaluation survey.

\_\_\_\_\_  
Name of person obtaining consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**K. CONSENT STATEMENT BY PARENT OR GUARDIAN**



**L. INTERVIEW QUESTIONS FOR SWAGAA AND BANTWANA SENIOR STAFF  
(ADMINISTRATION AND FINANCE)**

1. Please describe to me cases in point where you feel that the project was implemented in an efficient and cost-effective way (*efficiency – preventing wasteful use of resources, cost-effective – value for money*)
2. Describe to me cases where you feel that the project was implemented in an inefficient and cost-ineffective way.
3. Indicate to me important activities that were delivered in time during project implementation.
4. Indicate to me important activities that ought to have been delivered in time but were not during project implementation and why.
5. What activities can you single out for having been delivered to budget?
6. What activities can you single out for not having been delivered to budget?
7. Indicate situations known to you where cost comparisons were made between different interventions or activity types before decisions were taken.
8. Indicate situations where the project has been managed well to make best use of human and financial resources.
9. Indicate situations where the project has not been managed well to make best use of human and financial resources.
10. What accountability and oversight systems have been put in place during project life to secure benefits for AGYWDs/refugees?
11. In what ways has SWAGAA been institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises whilst maintaining or adapting existing interventions to ERAW/G with a focus on the most vulnerable women and girls?
12. In what ways has SWAGAA improved knowledge, skills and capacities to maintain or adapt ERAW/G interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises?
13. If you were to do it again, what pitfalls would you avoid and how?
14. If you were to do it again, what success stories would you uphold and why?

THANK YOU

## **M. FOCUS GROUP DISCUSSION QUESTIONS FOR CAREGIVERS, COMMUNITY LEADERS AND MEMBERS**

1. What improved positive parenting practices have been acquired by caregivers of AGYWDs in this area?

**Nguyiphi intfutuko lenhle banakekeli balenzawo labayitfolile ekunakeleleni emantfombatane labasakhula, bomake labancane kanye nalabo labakhubatekile besifazane (AGYWDs)**

2. What improved knowledge and skills do caregivers of AGYWDs who have participated in positive parenting clubs possess about positive parenting of AGYWDs?

**Nguluphi lwati nemakhono lancono banakekeli labalutfolile (kulabo labake bafundziswa kuma clubs ekunakekela) ekunakeleleni kahle emantombatane lasakhula, bomake labancane kanye nalabo labakhubatekile.**

3. What improved knowledge and skills do caregivers of AGYWDs who have participated in positive parenting clubs possess about their role to prevent VAW/G within their families?

**Nguluphi lwati nemakhono lancono banakekeli labalutfolile (kulabo labake bafundziswa kuma clubs ekunakekela) ekuvikeleni ludlame kubomake kanye nemantfombatane (VAW/G) emakhaya**

4. What examples reveal that caregivers now know and seek support from local resources to help AGYWDs?

**Yini lephatsekako leningangibekisela ngayo kutsi banakekeli sebayakwati kufuna lusito mayelana nemantfombatane lasakhula, bomake labancane kanye nalabo labakhubatekile besifazane (AGYWDs)**

5. What examples reveal that community members now successfully refer cases of violence against AGYWDs to appropriate services?

**Ngukuphi leningangibekisela kona lokukhomba kutsi bantfu balomango sebayakhona kubika ludlame mayelana ne AGYWDs?**

6. What examples reveal that men in this area now support the protection of AGYWDs from violence.

**Ngutiphi tibonelo leningangipha tona letikhomba kutsi bobabe balomango bayakusekela kuvikela kwema AGYWDs eludlameni.**

7. What examples reveal that women in this area who have participated in community dialogues have improved knowledge of their roles to prevent VAW/G with disabilities in communities.

**Tikhona yini tibonelo letikhomba kutsi bomake bakulenzawo labake bahlangenyela etinkulumeni tekubonisana, sebanelwati loluncono ngenzima yabo lekumele bayidlale ekuvikeleni bantfu labakhubatekile (kulomango) ikakhulu ludlame kubomake nemantfombatane nalabo labakhubatekile?**

8. In what ways are the targeted AYWDs now safe from violence at family level?

**Singatsi ngutiphi tindlela labo labasenkingeni yekuhlaseleka sebaphephe ngato eludlameni ekhaya noma emakhaya. Loku kufaka emantfomatane labasakhula, lawo lakhubatekile kanye nabomake (AYWDs)**

9. In what ways are the targeted AYWDS now safe from violence at community level?

**Singatsi ngutiphi tindlela labo labasenkingeni yekuhlaseleka sebaphephe ngato eludlameni emangweni. Loku kufaka emantfomatane labasakhula, lawo lakhubatekile kanye nabomake (AYWDS)**

10. What examples reveal that members of the community now recognize gender equality and women's empowerment?

**Ngutiphi tibonelo lesingasho kutsi bantfu bemango sebayabona sidzingo semalungelo abomake kutsi nabo banganikwa emandla ekwenteni tintfo emangweni kanye nekulingana.**

## 6.7 List of key stakeholders/partners consulted

Table 6 below lists the key stakeholders consulted for the evaluation. These were identified based on the extent of their resourcefulness. Only those stakeholders who were directly and intensively involved in project activities were consulted. These were identified in snowballing fashion through implementation of the evaluation. as the evaluation proceeds.

**Table 6 List of key stakeholders consulted.**

Region	Organization	Title
National	Department of Social Welfare	Social Worker Principal (2 Representatives)
National	DPMs Office	Department of Gender and Family issues (2 Representatives)
Lubombo	Royal Eswatini Police Services	DCS (2 Representatives)
National	Ministry of Home Affairs, Department of Refugees – Refugee Camp	
National	World Vision	Program Officer
Lubombo	World Vision	Field Officer
Lubombo	Possible Dreams	Field Officer
Lubombo	Possible Dreams	Home Visitor (2 Representatives)
National	Operation Hope	Program Officer
National	Children with Disabilities	Program Officer
Lubombo	Ministry of Health	Nurse
National	FODSWA	2 Representatives
National	Save the Children	2 Representatives
National	SWAGAA	4 Representatives
National	BANTWANA	4 Representatives
Lubombo	Dvokodvweni	8 AGYW & 25 AGYW refugees
Lubombo	Gilagal	18 AGYW
Lubombo	Lomahasha	6 AGYW
Lubombo	Lubuli	28 AGYW
Lubombo	Lugongolweni	13 AGYW
Lubombo	Matsanjeni North	24 AGYW
Lubombo	Mhlume	25 AGYW
Lubombo	Mpolonjeni	25 AGYW
Lubombo	Nkilongo	17 AGYW
Lubombo	Siphofaneni	48 AGYW
Lubombo	Sithobelweni	37 AGYW
Lubombo	Facilitators	36 Representatives

## 6.8 List of documents reviewed

Below is the list of documents reviewed:

*Relevant national and international strategy and policy documents*

- Government of Swaziland (2012). Child Protection and Welfare Act (2012).

- Government of Swaziland (2018). Sexual Offences and Domestic Violence Act (2018).
- Government of Swaziland (2018). Persons with Disability Act (2018).
- United Nations (2006). Convention on the Rights of Persons with Disabilities. New York, USA.
- United Nations (1989). Convention on the Rights of the Child. New York, USA.

*The project document and theory of change (proposal)*

- SWAGAA: The project document and theory of change (proposal).

*The Results and Resources Framework*

- SWAGAA: The Results and Resources Framework.

*Any data collection tools, monitoring plans, indicators and collected data*

- 

*Progress and annual reports of the project*

- SWAGAA: Progress and annual reports of the project (2020, 2021, 2022)

*Reports from previous evaluations of the project and/or the organization, if any.*

- None

## **6.9 Documents consulted.**

The evaluation also included desk review of program documentation, relevant national strategy and policy documents, and data sources.

### **Program Reference Documents**

- Leave Noone Behind: Towards a VAW-free Eswatini - resources & results framework.
- Leave Noone Behind: Towards a VAW-free Eswatini - progress, annual and end of project reports.
- Leave Noone Behind: Towards a VAW-free Eswatini - data collection tools, monitoring plans, indicators and collected data.
- UN Trust Fund to End Violence against Women: 2018 Call for Proposals
- UN Trust Fund to End Violence against Women: Guidance on Request for Funding Submission in Response to COVID-19 Active grants in Sub-Saharan Africa only (Cycle 21, 22, 23 and Spotlight Initiative)
- United Nations Trust Fund to End Violence against Women Strategic Plan 2015-2020

### **National strategies, policy documents and reports**

- Child Protection and Welfare Act (2012).
- National Disability Policy (2013)
- Swaziland Multiple Indicator Cluster Survey (MICS) (2014).
- Swaziland HIV Incidence Measurement Survey 2 (SHIMS2) (2016-2017).
- Drivers of Violence Affecting Children in Swaziland (2016)
- Eswatini Population and Housing Census (2017).
- National Strategy & Action Plan to End Violence in Swaziland (2017-2022).
- National Disability Plan of Action (2018-2022).

- Sexual Offences and Domestic Violence Act (2018).
- Persons with Disabilities Act (2018).
- National Multisectoral HIV and AIDS Strategic Framework (NSF) (2018-2023).
- Eswatini Violence Against Children and Youth Survey Priority Indicator Report (2022)
- Living Conditions Among People with Disabilities in Swaziland: A National Representative Study Report. SINTEF, 2017
- Socio-Economic and Market Assessment for Refugees in the Kingdom of Eswatini. ADRA, 2018.

#### **Other relevant reference documents**

- United Nations Convention on the Rights of Persons with Disabilities, 2006.
- United Nations Convention on the Rights of the Child, 1989.
- Young persons with disabilities: Global study on ending gender-based Violence and realizing sexual and reproductive health and rights. UNFPA, 2018.
- The United Nations Trust Fund to End Violence against Women: Guidelines for Final External Project Evaluations (2018)
- How to Manage Gender-Responsive Evaluation Handbook (2015)
- UNEG Norms and Standards for Evaluation (2016)

#### **6.10 Required structure before the final report.**

As per Annex E in the UN Trust Fund Guidance



## 7. SWAGAA FINAL PROJECT ENDLINE REPORT

<b>Project Goal:</b> By September 2022, 3000 Adolescent Girls and Young Women (AGYW) with disabilities/refugees in the Lubombo region are safe and protected from violence at family and community level					
<b>Overall Progress towards the project goal</b>					
<p>We set out to improve the safety of 3,000 AGYW with disabilities &amp; refugees from violence at family and community levels, premised on social assets building essential for VAWG risk-reduction. We grounded the project on gender &amp; power analysis, and social norms change theories &amp; approaches, notably the Socio-Ecological Model &amp; RESPECT Framework (strategies 1, 5 &amp; 7), enabling us to better understand VAWG drivers &amp; prevention entry points. We framed VAWG as power-based violence, and lack of knowledge &amp; skills deficit as barriers to change. We hypothesized VAWG is driven by multiple influences &amp; that engaging AGYW, caregivers, and the wider community in successively deeper conversations on harmful social norms/other factors scaffolding VAWG, will equip them with knowledge &amp; skills essential for VAWG-risk reduction and foster gender equitable norms at the interpersonal, family &amp; community levels, and ultimately, enhance safety/protection of AGYW from violence. Over the life of the project, we successfully delivered community volunteer-driven, group and curricular-based social asset-building, positive parenting, and community dialogues sessions - reaching 3240 AGYW, 2629 caregivers, and 6260 community members. We also engaged stakeholders from across the VAWG prevention &amp; response continuum. Collectively, this increased awareness and triggered the problematization of everyday norms scaffolding VAWG - vital for positive norms diffusion, incl. increasing a sense of responsibility, opportunities &amp; the motivation to challenge/resist VAWG perpetration, overcoming the existent culture of silence and enhancing social support for survivors.</p>					
<b>Goal Indicators</b>					
<b>Indicator 1:</b> Proportion (%) of AGYW with disabilities/refugees in the Lubombo region who have participated in the project who report that they feel safer and better protected from violence					
Baseline per project goal indicator	Data collection methods	Target		Actual Data	
		Number	Qualitative information	Actual number	Qualitative information (Maximum 50 words)
TBD from baseline 1- in-3 girls experience violence, and sexual violence (38%) affects mostly AGYW (Swaziland Multiple Indicator Cluster Survey, 2014)	Pre/post-intervention survey	564	37.5% (1125) AGYW with disabilities/ refugees reached in year 3	1370	About 69% of the AGYWs reached self-reported feeling safer and protected from violence as they now know where to, and how to access services in the event of being at risk or experiencing violence.
<b>Forms and Manifestations of Violence:</b> Which specific form(s) and manifestation(s) of violence will be addressed by the project goal?	<b>Forms of violence 1:</b> Violence in the Family				
	<b>Forms of violence 2:</b> Violence in the Community				
	<b>Forms of violence 3:</b> Violence perpetrated or condoned by the State				
<b>Context:</b> Describe the current					

Project Goal	situation of the intended beneficiaries in relation to the specific form(s) and manifestation(s) of violence you have selected. (maximum 200 words)					
	Beneficiaries at the project goal level Whose lives are expected to be changed and improved through the project goal?	Beneficiary	Expected No	Has your project reached the targeted beneficiary groups during the reporting period?	Age range	Number of beneficiaries reached
		Female refugees/internally displaced/asylum seekers	100	Yes	Female - Adolescents: age 10-19	6
		Women/girls with disabilities	2,900	Yes	Female - Adolescents: age 10-19	1202
					Female - Young people: age 20-24	162
	<b>Expected and Current situation of beneficiaries</b>	<b>Female refugees/internally displaced/asylum seekers</b>	<p><b>Expected situation by the end of project (from RRF):</b> Primary Beneficiary: AGYWDs in refugee camp improves knowledge on their rights and existing legislation that provides for their rights, feels safe, can identify forms of VAW/G, knows where to report and the available post-abuse services including health services.</p> <p>Secondary Beneficiary 1: - Stakeholders/service providers are more informed on the specific protection needs of AGYWDs, provide and/or, and collaborate better to provide appropriate care to meet specific protection and health needs for AGYWDs, improve data collection</p> <p>Secondary Beneficiary 2: Community members improves awareness, acceptance and care for AGYWDs and willing to change attitudes</p> <p><b>Changes in the lives of beneficiaries during the reporting period.</b></p> <p>The project reached AGYW with refugees (10-24 years) with social asset-building, equipping them with knowledge and skills essential for VAWG-risk reduction. Community facilitators/mentors - trained as change agents, champions and conversation starters - engaged AGYW successively through group-and-curricular-based sessions spread of 6 weeks. The sessions triggered enhanced AGYW's awareness of VAWG risks and protective, and covered such issues as assertive communication skills and risk-informed decision making, and signposted them to requisite VAWG services.</p>			
	<b>Women/girls with disabilities</b>	<p><b>Expected situation by the end of project (from RRF):</b> Primary Beneficiaries: - AGWDs enhances knowledge on VAW/G, feel safer, protected, have more positive perceptive and self-confidence to make informed decisions on SRHR, know available service providers and have access to services.</p> <p>Secondary Beneficiary 1: Caregivers of AGYWDs improve social interaction, improve positive parenting practices, increase protective caring role for AGYWDs.</p> <p>Secondary Beneficiary 2: Communities exhibit more awareness on VAW/G and the rights of AGYWDs, improve acceptance and care for AGYWDs and show positive changes in attitudes towards AGYWDs</p> <p>Secondary Beneficiary 3: Community Facilitators and Mentors, improves facilitation skills and knowledge on engagement and facilitation, identify and refer VAW/G cases.</p> <p><b>Changes in the lives of beneficiaries during the reporting period.</b></p> <p>We have reached 1370 AGYW with disabilities with social asset-building clubs. Of the AGYW reached in this period, 73% self-reported improvements in knowledge of VAWG, risk mitigation, and awareness of reporting mechanisms and services vital for protection from VAWG. We also reached the caregivers of the AGYW with positive parenting training equipped with skills to strengthen positive parenting practices (including parent-child communication, relationship building, and monitoring) associated with sexual and GBV risk reduction. At the community level, we empower community members with knowledge of GBV toward creating improved risk awareness, triggering critical reflections around inequitable gender norms and practices. Collectively, this sets the foundation for the adoption of positive social norms and acceptance of AGYW with disabilities and respect for their rights, vital for long-term protection outcomes.</p>				

<b>Outcome 1:</b> Men and women from Lubombo region support gender-equitable norms and protection of AGYW with disabilities/refugees from violence by September, 2022							
<b>Year 1 Annual Budget for the Outcome (USD):</b> 56,697.00		<b>Expenditure for the Outcome (USD):</b> 14,187.03		<b>Expenditure (%):</b> 25.02			
<b>Year 2 Annual Budget for the Outcome (USD):</b> 91,793.00		<b>Expenditure for the Outcome (USD):</b> 79,050.67		<b>Expenditure (%):</b> 86.12			
<b>Year 3 Annual Budget for the Outcome (USD):</b> 67,105.00		<b>Expenditure for the Outcome (USD):</b> 84,643.78		<b>Expenditure (%):</b> 126.14			
<b>Total budget (USD):</b> 215,595.00		<b>Total expenditure (USD):</b> 177,881.48		<b>Total Expenditure (%) (%):</b> 82.51			
<b>Current status of outcome</b> Fully achieved							
<p><b>Achievement of outcome:</b> Under outcome 1, we sought to transform attitudes, beliefs, and norms driving VAWG perpetration, premised on engaging 945 ( 679 females and 266 males) community members &amp; leaders in successively deeper conversations to increase awareness of VAWG - and centering them in VAWG prevention efforts as conversation starters to trigger exploration and catalyze deliberations challenging everyday sexism scaffolding a culture of VAWG - and foster positive norms diffusion and setting the foundation for gender-equitable norms and collective action essential for protecting AGYW with disabilities/refugees from violence. Cumulatively, we reached 6260 community members (5038 females, 1222 males) through a combination of in-person &amp; remote community volunteer-driven, group &amp; curricular-based VAWG community dialogues sessions. While there were disruptions caused by COVID-19 just after the onset of the project (2020/2021) &amp; the civil/political unrest at the project midpoint (2021), the status of this outcome is achieved. We attribute the success to our strong community presence, dedicated pool of community volunteers, supportive community environment and extensive supportive supervision. We used multiple points for community mobilisation, incl. Other community volunteers and leaders, and leveraged community members already reached to spread the word and invite others. Community members took ownership, and collectively developed GBV prevention messages at graduation (Session #3) - and through successive participation engagements, triggered critical reflection of everyday norms scaffolding VAWG, setting the foundation for positive norms diffusion and social support for survivors/others at risk of violence.</p>							
<b>Outcome Indicator</b>							
<b>Indicator 1.1:</b> Proportion (%) of men and women in the Lubombo region who have participated in the project that report changes in attitudes tolerant of gender inequality and VAW/G with disabilities/ refugees							
Baseline per project outcome indicator	Data collection methods			Target		Actual Data	
				Number	Qualitative information	Actual number	Qualitative information (Maximum 50 words)
Through Pre and Post Tests during club sessions: Attitudes tolerant of VAW/G exist with men (33% and women (39%) reporting use of violence as acceptable among intimate partners (Swaziland Multiple Indicator Cluster Survey, 2014)	Pre/post-intervention survey (Gender Equity Scale measures)			613	37.5% of men and women in Lubombo reached with community dialogues in year 3	945	945 community members completed the community dialogue curriculum. The proportion of men to women did not change significantly compared to the previous reporting period. 76% of women and men reported changes in attitudes tolerant of gender inequality and VAW/G while 24% reported no changes.
Beneficiaries at the project outcome level	Situation of Beneficiaries before project started (from RRF)	Targeted number of beneficiaries by the end of project (from RRF)		Actual Number of beneficiaries reached			
		Estimated no. of institutions	Estimated no. of individuals	Has your project reached the targeted beneficiary groups during the reporting period?	Institutional level Number reached	Individual level Female/male and age range (dropdown menu) Number reached	
Beneficiary 1 General public/community at large	Sexual violence affects mostly AGYW (38%) and is highest in the region (MICS, 2014). Communities accept attitudes	1	3,290	Yes	945	Female - Adolescents: age 10-19	38
						Female - Young people: age 20-	89

Outcome 1		that sustain VAW/G with men (33%), women (39%) reporting use of violence as acceptable among intimate partners (MICS, 2014). Communities are by standers and about 50% of VAW/G cases are reported					24		
							Female - Adults: age 25-59	445	
							Female - the elderly: age 60 and above	107	
							Female - Adolescents: age 10-19	16	
							Male - Young people: age 20-24	40	
							Male - Adults: age 25-59	145	
							Male - the elderly: age 60 and above	65	
	<b>Expected situation of targeted beneficiaries at project's end</b>								
	Improved attitudes and recognition of violence against AGYWDs within the communities (towards norms change); Improved case reporting; Improved prevention to VAW/G								
	<b>Changes in behavior/actions of beneficiaries (narrative)</b>								
There was an improvement in attitudes and recognition of violence against AGYWDs within communities among 85% of women and men, while 15% reported no improvement in attitudes and recognition of violence against AGYWDs within communities. Among these community members, there were ten (10) members of the chiefdom local council, ten (10) community police, and nine (9) rural health motivators based in those communities.									
Beneficiary 2 Civil society organizations (including NGOs)	Includes DPOs already working with People with Disabilities (PWDs). Sporadic participation in regional GBV-Coordination Network meetings - and hardly share data or reports.		46	Yes		19	Female - Adults: age 25-59	12	
							Male - Adults: age 25-59	7	
								0	
	<b>Expected situation of targeted beneficiaries at project's end</b>								
	Improved awareness and understanding on the disproportionate impacts on VAW/Gs and the risks/vulnerabilities to VAW/Gs and improved provision of services to AGYWDs								
<b>Changes in behavior/actions of beneficiaries (narrative)</b>									
During this reporting period, the GBV coordination network was attended by representatives from DCS, Soul Buddies, Cabrini Ministries, MoH, MoET, DPP's office, Georgetown Global, FODSWA, OSC, SACRO, WV, CSD, SOS, and KI. All stakeholders reported mainstreaming VAW/G prevention messaging and showed improved awareness in providing VAW/G services.									
Beneficiary 3 Social/welfare workers	The Department of Social Welfare is at nascent stage in rolling out the GBV/VAC national case management system. With a staff complement of 28 Social Welfare Officers of different qualifications and backgrounds and with inadequate resources (Human Dynamics Assessment report, 2016) - it is challenging for them to reach out to all communities in Lubombo region.	1	14	Yes		6	Female - Adults: age 25-59	4	
							Male - Adults: age 25-59	2	
								0	
	<b>Expected situation of targeted beneficiaries at project's end</b>								
	Government to take advanced role in programs aimed at raising awareness and correcting ill-community and socio-cultural factors that precipitates VAW/G - Social Welfare and others like police, health become more involved to expedite and resolve VAW/G cases; raise awareness and strengthen the GBV - Coordination Network								

	<b>Changes in behavior/actions of beneficiaries (narrative)</b>					
	The Department of Social Welfare (DSW) is responsible for co-chairing and convening GBV Coordination meetings together with its sister department, the Department of Gender & Family Issues. These quarterly coordination platforms have strengthened referral pathways with DSW and DCS Units in the region. 12 Social Welfare Officers participated in the GBV Coordination meetings, which helped expedite the follow-up of cases.					
<b>Strategic area of intervention for Outcome 1:</b>	<b>Selected strategic area of intervention 1:</b> Improved VAW/G prevention	<b>Role of strategic area of intervention:</b> Community members may subscribe to unhealthy social norms and expectations which bear on health and protection outcomes of AGYW. Harmful myths around disability fuel stigma and discrimination towards AGYW and their caregivers, and drive violence and social exclusion. Community Dialogues brings community members together to explore, collectively, the root causes and other drivers of violence among AGYW with disabilities, stigma and discrimination of AGYW with disabilities, and community risk-reduction strategies. Leveraging trained Community Facilitators as change agents, community members in interactive, participatory and action-oriented sessions to trigger critical reflection on VAWG in their communities, and the collective role they can take in creating communities safe for AGYW with disabilities. This increases community awareness of sexual and GBV risks and other challenges facing AGYW with disabilities, and sets the foundation for communities to interrogate and challenge existent inequitable norms and norms of secrecy scaffolding VAWG.				
<b>Outcome 2: Caregivers of Adolescent Girls and Young Women (AGYW) with Disabilities in the Lubombo region improve positive parenting practices by September, 2022</b>						
<b>Year 1 Annual Budget for the Outcome (USD):</b> 62,457.00	<b>Expenditure for the Outcome (USD):</b> 17,010.20	<b>Expenditure (%):</b> 27.24				
<b>Year 2 Annual Budget for the Outcome (USD):</b> 69,453.00	<b>Expenditure for the Outcome (USD):</b> 45,443.45	<b>Expenditure (%):</b> 65.43				
<b>Year 3 Annual Budget for the Outcome (USD):</b> 48,882.00	<b>Expenditure for the Outcome (USD):</b> 81,387.34	<b>Expenditure (%):</b> 166.50				
<b>Total budget (USD):</b> 180,792.00	<b>Total expenditure (USD):</b> 143,840.99	<b>Total Expenditure (%) (%):</b> 79.56				
<b>Current status of outcome</b> Fully achieved						
<b>Achievement of outcome:</b> Under outcome 2, we sought to enhance positive parenting knowledge & practices among 2900 caregivers of AGYW, premised on engaging caregivers in successively deeper conversations to increase awareness of VAWG and the sexual & GBV risks their adolescents face - centring them in VAWG prevention by equipping them with the knowledge & skills required to improve parent-child communication & relationships and positive discipline, and the provision of age-appropriate & gender responsive guidance to adolescents for VAWG-risk reduction. Cumulatively, we reached 2629 caregivers (2461 females, 168 males) with community volunteer-driven, group & curricular-based family club sessions - delivered successively over 6-weekly sessions. We delivered these through a combination of in-person & remote to overcome the disruptions caused by COVID-19 soon after the onset of the project (2020/2021) & the civil/political unrest at the project midpoint (2021). Regardless, the status of this outcome is achieved. Analysis of caregiver enrolment data shows a higher participation rate of 94% for female caregivers (2461) compared to 6% for male caregivers (168) over the life of the project - attributable to rooted gender norms traditionalizing caregiving; while from the analysis of pre-and-post intervention data, 72% (1905) of all caregivers reached self-reported changes in knowledge & skills on positive parenting and 81% (2117) self-reported changes in knowledge of VAWG services. Along with our change logic, the family club's approach showed the potential to reshape family-level interaction and enhance protective parenting practices - parent-child communication & positive relationships – essential for long-term sexual and GBV risk reduction.						
<b>Outcome Indicator</b>						
<b>Indicator 2.1:</b> Proportion (%) of caregivers of AGYW with disabilities/ refugees reporting changes in positive parenting practices						
<b>Outcome 2</b>	<b>Baseline per project outcome indicator</b>	<b>Data collection methods</b>	<b>Target</b>		<b>Actual Data</b>	
			<b>Number</b>	<b>Qualitative information</b>	<b>Actual number</b>	<b>Qualitative information (Maximum 50 words)</b>
	To be determined	Pre/post-intervention	544	37.5% (1087) of caregivers of AGYW with disabilities reached with positive parenting in year 3	1121	Of the 1125 caregivers mobilised, 1121 were reached

through Baseline Violent discipline affects 88.3% children; violence from carers account for 31% (Swaziland Multiple Indicator Cluster Survey, 2014)	survey				and graduated from the Family Clubs. 88% (983) of the caregivers who completed the curriculum, self-reported changes in knowledge and skills on positive parenting based on pre-and-post intervention assessments.
<b>Strategic area of intervention for Outcome 2:</b>	<b>Selected strategic area of intervention 1:</b> Improved VAW/G prevention	<b>Role of strategic area of intervention:</b> The family environment is a setting where gender norms are constructed, negotiate and resisted, and engaging and equipping caregivers with knowledge & skills on positive parenting has the potential to prevent the generational transmission of violence. Parents/caregivers are a vital source of information, the first line of response in the event of violence and a gateway to services access for AGYW with disabilities. We premise our parenting strategy on increasing parents/caregiver awareness of the specific challenges, sexual and GBV risks, and risk situations facing AGYW with disabilities, and equipping them knowledge and skills required to strengthen positive parenting practices (including parent-child relationships and communication) which are associated with sexual and GBV risk reduction.			
<b>Outcome 3:</b> Adolescent Girls and Young Women with disabilities/refugees in the Lubombo region have improved agency and safety from VAW/G by September 2022.					
<b>Year 1 Annual Budget for the Outcome (USD):</b> 58,689.00	<b>Expenditure for the Outcome (USD):</b> 19,225.46	<b>Expenditure (%):</b> 32.76			
<b>Year 2 Annual Budget for the Outcome (USD):</b> 134,196.00	<b>Expenditure for the Outcome (USD):</b> 56,506.89	<b>Expenditure (%):</b> 42.11			
<b>Year 3 Annual Budget for the Outcome (USD):</b> 104,773.00	<b>Expenditure for the Outcome (USD):</b> 158,997.56	<b>Expenditure (%):</b> 151.75			
<b>Total budget (USD):</b> 297,658.00	<b>Total expenditure (USD):</b> 234,729.91	<b>Total Expenditure (%) (%):</b> 78.86			
<b>Current status of outcome</b> Fully achieved					
<b>Achievement of outcome:</b> Under outcome 3, we sought to improve the agency & safety of AGYW with disabilities & refugees, premised on engaging AGYW in successively deeper conversations to increase awareness of VAWG - centering them in VAWG prevention - and equipping them with the knowledge on the sexual & GBV risks they face and empowering them with the skills required to protect themselves & others (incl. assertive communication & safety-driven decision-making) and signposting them to VAWG services/support. Cumulatively, we reached 3240 AGYW (3181 with disabilities, 59 refugees) with community volunteer-driven, group & curricular-based Protect-Our-Youth club sessions - delivered successively over 6-weekly sessions. We delivered these through a combination of in-person & remote to overcome the disruptions caused by COVID-19 soon after the onset of the project (2020/2021) & the civil/political unrest at the project midpoint (2021). Regardless, the status of this outcome is achieved. From the analysis of pre-and-post intervention data, 65% (2106) of all AGYW reached self-reported changes in knowledge of VAWG (drivers & manifestations), and how to manage risk situations to protect themselves and access services. Along with our change logic, our social assets-building approach showed the potential to empower AGYW with vital knowledge & skills essential to VAWG-risk reduction, and essential for long-term health and protection outcomes.					

Outcome 3	Outcome Indicator				
	Indicator 3.1: Proportion (%) of AGYW with disabilities/refugees who report changes in social support, self-efficacy, and personal safety				
	Baseline per project outcome indicator	Data collection methods	Target		Actual Data
Number			Qualitative information	Actual number	Qualitative information (Maximum 50 words)
To be determined through baseline 1-in-3 girls experience violence, sexual violence (38%) mostly affects AGYW (Swaziland Multiple Indicator Cluster Survey, 2014)	Pre/post-intervention survey	563	37.5% (1125) of AGYW with disabilities/refugees reached with social asset building clubs in year 3	1370	We reached 1370 AGYWDs and 6 refugees during this reporting period. About 67% of the AGYW who graduated from the protective social assets building program reported changes in social support, self-efficacy and personal safety, while 33% reported no change.
<b>Strategic area of intervention for Outcome 3:</b>	<b>Selected strategic area of intervention 1:</b> Improved VAW/G prevention	<b>Role of strategic area of intervention:</b> AGYW with disabilities face heightened sexual and GBV risks driven by prevailing norms, stigma and discrimination, and limited access to SRH and GBV information. We framed VAWG as power-based violence, and lack of knowledge & skills deficit as barriers to change, and premise the change logic for this outcome on increasing AGYW's awareness of the sexual and GBV risks they face, knowledge on how to manage risks and risky situation, and information on available social support and services.essential for sexual and GBV risk reduction, increasing agency and self-efficacy, which are vital to long-term protection and personal safety.			
<b>Outcome 4:</b> Service providers in the Lubombo region increase the provision of VAW/G prevention, response and support services to AGYW with disabilities/refugees by September 2022					
<b>Year 1 Annual Budget for the Outcome (USD):</b> 8,809.00	<b>Expenditure for the Outcome (USD):</b> 2,022.18	<b>Expenditure (%):</b> 22.96			
<b>Year 2 Annual Budget for the Outcome (USD):</b> 11,000.00	<b>Expenditure for the Outcome (USD):</b> 0.00	<b>Expenditure (%):</b> 0.00			
<b>Year 3 Annual Budget for the Outcome (USD):</b> 13,889.00	<b>Expenditure for the Outcome (USD):</b> 10,952.90	<b>Expenditure (%):</b> 78.86			
<b>Total budget (USD):</b> 33,698.00	<b>Total expenditure (USD):</b> 12,975.08	<b>Total Expenditure (%) (%):</b> 38.50			
<b>Current status of outcome</b> Partially achieved					
<b>Achievement of outcome:</b> Under outcome 4, we set out to engage key VAWG stakeholders/service providers in the Lubombo region - to enhance their awareness of the vulnerabilities & unique needs of AGYW with disabilities/ refugees - towards enhancing gender-responsive & survivor-centered provision of VAWG prevention, response, and support services. As the Secretariat, we worked with the Deputy Prime Ministers Office - the line ministry responsible for gender - to broaden the composition & inclusion of DPOs in the GBV Referral Network across Eswatini's 4 regions. Over the life of the project, we engaged 95 stakeholders (27 males,					

<b>Outcome 4</b>	68 females) through the multi-sectorial regional GBV Referral Network meetings in the Upper and Lower Lubombo on a recurring quarterly basis. This enabled us to deliberate & reflect on issues of concern pertaining to GBV service provision, with discussion themes varying across quarters, along with emerging priorities and stakeholder capacity needs. Along with our change logic, successively engaging stakeholders across the VAWG prevention & response spectrum fostered a coordinated approach to VAWG programming - incl. collaborative planning & learning - and equipped them with vital knowledge & tools essential for inclusive programming - ensuring vulnerable sub-populations are not left behind.				
	<b>Outcome Indicator</b>				
	<b>Indicator 4.1:</b> Proportion (%) of relevant service providers in the Lubombo region providing VAW/G prevention, response or support services to AGYW with disabilities/ refugees				
	<b>Baseline per project outcome indicator</b>	<b>Data collection methods</b>	<b>Target</b>		<b>Actual Data</b>
		<b>Number</b>	<b>Qualitative information</b>	<b>Actual number</b>	<b>Qualitative information (Maximum 50 words)</b>
0 TBD baseline 30-40% of needed services were not accessible to persons with disabilities due to structural and attitudinal factors (Federation of Persons with Disabilities Report, 2011)	Relevant service providers service delivery report, referral registers/feedback slips	30	50% of 60 stakeholders/service providers reached through quarterly regional GBV Coordination Meetings providing services	17	17 stakeholders/service providers were reached through quarterly regional GBV Coordination Meetings from the Lubombo sub-regions.
<b>Strategic area of intervention for Outcome 4:</b>	<b>Selected strategic area of intervention 1:</b> Improved service delivery and access	<b>Role of strategic area of intervention:</b> The change logic for this outcome is premised on the unique role of service providers in the provision of inclusive, disability sensitive and gender responsive services. Service providers lack information of the unique needs of AGYW with disabilities, and may subscribe to unhealthy social norms and expectations and stigmatizing attitudes. This can impede AGYW's access to services as they may perceive AGYW with disabilities as not requiring SRH and GBV services. Leveraging the GBV Referrals Networks, we equipped service providers with knowledge to increase awareness and understanding of the specific challenges facing AGYW, and their role in providing inclusive, sensitive and responsive services.			
<b>Outcome 5:</b> The organization Swaziland Action Group Against Abuse (SWAGAA) is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EAW/G with a focus on the most vulnerable women and girls.					
<b>Year 1 Annual Budget for the Outcome (USD):</b> 161,159.00	<b>Expenditure for the Outcome (USD):</b> 4,609.18	<b>Expenditure (%):</b> 2.86			
<b>Year 2 Annual Budget for the Outcome (USD):</b> 131,206.00	<b>Expenditure for the Outcome (USD):</b> 128,845.12	<b>Expenditure (%):</b> 98.20			
<b>Year 3 Annual Budget for the Outcome (USD):</b>	<b>Expenditure for the Outcome (USD):</b> 255,226.64	<b>Expenditure (%):</b> 185.44			



Outcome 5	137,635.00 Total budget (USD): 430,000.00		Total expenditure (USD): 388,680.94		Total Expenditure (%) (%): 90.39	
	Current status of outcome Partially achieved					
	Achievement of outcome: Outcome 5 is an institutional strengthening outcome which sought to enhance our adaptive capacity to programme during the COVID-19 pandemic and other crises. Along with this framing, and amid the disruptions caused by the COVID-19 pandemic just after the onset of the project (2020/2021) and the civil/political unrest experienced at the project midpoint (2021), the support from the UN Trust Fund enabled us to undertake scenario planning, pivot and adapt our programme and delivery modes for continuity. This was essential, as these overlapping crises compounded the risk landscape, and VAWG prevention & response were needed more than ever. Through programme adaptations, we continued programming while safeguarding the health and security of programme personnel, community volunteers and beneficiaries - and embedded the emergency response readiness for future shocks. Integrating COVID-19 risk communication across programme delivery points increased awareness of COVID-19 prevention and vaccination while the impact mitigation support - through cash transfers - provided temporal relief for recipient households.					
	Outcome Indicator					
	Indicator 5.1: Number of measures put in place by the organisation to strengthen sustainable prevention response to COVID19.					
	Baseline per project outcome indicator		Target		Actual Data	
	Data collection methods		Number	Qualitative information	Actual number	Qualitative information (Maximum 50 words)
	To be determined by the number of measures put in place for COVID-19 prevention	Reviewed/New policy	0		0	With the upliftment of COVID-19 regulations, no new policy policies were developed, but existing policies remained in place, and will be reviewed in due course along with our scenario planning and adaptive management.
	Indicator 5.2: Number of staff adhering to the COVID19 regulations at all work sites and working stations.					
	Baseline per project outcome indicator		Target		Actual Data	
Data collection methods		Number	Qualitative information	Actual number	Qualitative information (Maximum 50 words)	
Number of SWAGAA staff that adhering to the COVID-19 regulations at work stations	Observation forms and support supervision reports	0		35	All COVID-19 regulations have been relaxed.	
Strategic area of intervention for Outcome 5:	Selected strategic area of intervention 1: Strengthened	Role of strategic area of intervention: The COVID-19 pandemic upended traditional modes of program delivery, and destabilized livelihoods of households, and those with AGYW with disabilities were hardest hit. Institutional strengthening enabled the organization to adapt to the prevailing risk landscape, embedded emergency response readiness (including the adoption of remote mode of programming delivery) enabling program continuity. We also supported households of AGYW with cash transfers to alleviate household food/income poverty, and also integrated COVID-19 risk communication across our programs.				

iv: Result and Activity Report – Outputs

Outcome 1: Men and women from Lubombo region support gender-equitable norms and protection of AGYW with disabilities/refugees from violence by September, 2022							
Output 1.1	Output 1.1: Community facilitators who have been trained on community dialogues methodology have knowledge and skills to facilitate community dialogues on VAW/G with disabilities/refugees in the Lubombo region by September 2022						
	Year 1 Annual budget (USD): 29,526.00		Expenditure (USD): 13,210.29		Expenditure (%): 44.74		
	Year 2 Annual budget (USD): 33,564.00		Expenditure (USD): 34,506.90		Expenditure (%): 102.81		
	Year 3 Annual budget (USD): 26,685.00		Expenditure (USD): 39,600.74		Expenditure (%): 148.40		
	Total budget (USD): 89,775.00		Total Expenditure (USD): 87,317.93		Total Expenditure (%): 97.26		
Current status of output							
<p><b>Overall Progress</b> Under output 1.1, we equipped 15 community facilitators with the knowledge &amp; skills essential to effectively deliver community dialogues. Through training, mentorship, and supportive supervision, we capacitated the community facilitators as change agents, champions, and conversation starters. They went on to mobilise and engage community members through group &amp; curricular-based sessions - 3 successive weekly sessions - triggering and catalyzing deliberations, and prodding community members to problematize and challenge everyday norms scaffolding VAWG. All Community Facilitators demonstrated facilitation skills, including respectful and constructive engagement, value neutrality, and cultural sensitivity.</p>							
Output Indicators (maximum of 3 indicators to measure the output)	Baseline per output indicator	Annual Targets and Actual for each output indicator					
		Year 3					
		Year 3 Annual Target		Year 3 Actual			
		Number	Qualitative Information	Actual number (Year 3 Q1-Q2)	Actual number (Year 3 Q3-Q4)	Qualitative information (Year 3 Q1-Q2)	Qualitative information (Year 3 Q3-Q4)
Proportion (%) of Community Facilitators demonstrating knowledge and skills to facilitate community dialogues on VAW/G with disabilities/ refugees	0	1	92% of 18 Community Facilitators trained in year 1	15	15	All 15 Community Facilitators demonstrated the knowledge and skills required to effectively deliver community dialogue sessions. 11 females and 4 males remained active. 2 facilitators resigned to pursue other opportunities and were replaced	All 15 Community Facilitators showed the knowledge and skills required to deliver community dialogue sessions effectively. This is because of sustained routine and structured support supervision, as well as cumulative experience gained over the life of the project.
Proportion (%) of Community Facilitators benefiting through support supervision to facilitate community dialogues on VAW/G with disabilities/ refugees	0	2	100% Community Facilitators receive support supervision	15	15	All 15 Community Facilitators received supportive supervision during session delivery, enabling them to adhere to the program's core elements and to improve their facilitation skills.	All 15 Community Facilitators (100%) received supportive supervision through routine in-field support (session observation) and structured quarterly group meeting for reflective practice enabling them to improve facilitation and engagement skills and to adhere to the program's core elements during session delivery.
<b>Strategy for Output 1.1:</b> IP: Changing behaviors of practitioners and/or advocates of harmful practices				<b>Role of strategy:</b> Our change logic is premised on the role of Community Facilitators as a vital community resource engaging community members in successively deeper conversations on VAWG. For them to play this transformative role, they require capacity building and ongoing mentorship, which we provided through training and supportive supervision to enable consciousness of VAWG (root causes and drivers), and familiarity with the program delivery			

		methodology and core elements.					
<b>Output 1.2:</b> Men and women in the Lubombo region who have participated in community dialogues have improved knowledge of VAW/G with disabilities and their roles to prevent it in their communities by September 2022							
Year 1 Annual budget (USD): 27,171.00		Expenditure (USD): 976.74			Expenditure (%): 3.59		
Year 2 Annual budget (USD): 58,229.00		Expenditure (USD): 44,543.77			Expenditure (%): 76.50		
Year 3 Annual budget (USD): 40,420.00		Expenditure (USD): 45,043.04			Expenditure (%): 111.44		
Total budget (USD): 125,820.00		Total Expenditure (USD): 90,563.55			Total Expenditure (%): 71.98		
<b>Current status of output</b>							
<p><b>Overall Progress</b> Under output 1.2, we engaged community members through group and curricular-based community dialogue sessions delivered by community facilitators successively over 3 sessions. Over the life of the project, we reached 6260 community members (1222, males, 5038 females), and equipped them with knowledge essential for VAWG risk-reduction - i.e., increasing awareness of VAWG drivers &amp; manifestations, and framing VAWG as an unacceptable but preventable violation and spotlighting the individual &amp; collective action they can take. This output was essential to fostering positive norms diffusion and support for behavior change - from the analysis of the pre and post-intervention data, 82% (5133) of all the community members reached over the life of the project, self-reported improved knowledge of VAW/G (drivers &amp; manifestations), their role in creating safe community spaces and reporting platforms.</p>							
<b>Output Indicators</b> (maximum of 3 indicators to measure the output)	<b>Baseline per output indicator</b>	<b>Annual Targets and Actual for each output indicator</b>					
		<b>Year 3</b>					
		<b>Year 3 Annual Target</b>		<b>Year 3 Actual</b>			
		<b>Number</b>	<b>Qualitative information</b>	<b>Actual number (Year 3 Q1-Q2)</b>	<b>Actual number (Year 3 Q3-Q4)</b>	<b>Qualitative information (Year 3 Q1-Q2)</b>	<b>Qualitative information (Year 3 Q3-Q4)</b>
Proportion (%) of men and women who have completed community dialogues sessions on VAW/G with disabilities/refugees	0 There are no community dialogues targeting VAW/G with disabilities/refugees	740	60% of 1184 men and women who have completed community dialogues sessions	2440	945	2440 community members (1909 men; 531 women) completed community dialogues sessions. There was a 3% attrition rate amongst those enrolled.	945 Community members (266 men; 561 women) completed community dialogues sessions, with a retention rate of 98%.
Proportion (%) of men and women who are reporting changes knowledge in gender norms and VAW/G with disabilities/ refugees	To be determined through baseline	474	40% of 1184 men and women reported changes knowledge	1708	619	Of the 2440 community members who completed community dialogues sessions, 70% self-reported changes in knowledge relative to gender norms and VAW/G based on pre-and-post intervention assessments.	Of the 945 community members who completed community dialogues sessions, 66% (619) self-reported changes in knowledge relative to gender norms and VAW/G based on pre-and-post intervention assessments.
<b>Strategy for Output 1.2:</b> IP: Improving attitudes and behaviours of individuals				<b>Role of strategy:</b> Community Dialogues are a community mobilisation strategy, and bring community members together to explore, collectively, issues of concern and mitigation strategies. Through trained Community Facilitators, community members were engaged on VAWG prevention through interactive, participatory and action-oriented sessions to trigger critical reflection on factors scaffolding VAWG with disabilities in their communities, and supported to initiate collective action towards creating communities safe for AGYW. This was essential to create community safe spaces, and to enhance support for behaviour.			
<b>Outcome 2:</b> Caregivers of Adolescent Girls and Young Women (AGYW) with Disabilities in the Lubombo region improve positive parenting practices by September, 2022							
<b>Output 2.1:</b> Community facilitators who have been trained in positive parenting clubs methodology have knowledge and skills to facilitate positive parenting sessions with caregivers of AGYW with disabilities on VAW/G							
Year 1 Annual budget (USD): 15,547.00		Expenditure (USD): 12,364.02			Expenditure (%): 79.53		

	Year 2 Annual budget (USD): 17,826.00	Expenditure (USD): 22,465.87	Expenditure (%): 126.03				
	Year 3 Annual budget (USD): 14,174.00	Expenditure (USD): 20,294.96	Expenditure (%): 143.18				
	Total budget (USD): 47,547.00	Total Expenditure (USD): 55,124.85	Total Expenditure (%): 115.94				
<b>Current status of output</b>							
<p><b>Overall Progress</b> Under output 2.1, we equipped 16 community facilitators with the knowledge &amp; skills essential to deliver positive parenting clubs effectively. Through training, mentorship, and supportive supervision, we capacitated the community facilitators as change agents &amp; champions, and they went on to mobilise &amp; engage the caregiver of AGYW through group &amp; curricular-based sessions - 6 successive weekly sessions. The community facilitators were vital to the change logic as conversation starters who triggered &amp; catalysed deliberations and prodded caregivers and community members to reflect, critically, on everyday parenting norms &amp; practices scaffolding/preventing VAWG. All Community Facilitators demonstrated facilitation skills, including respectful and constructive engagement, value neutrality and cultural sensitivity.</p>							
<b>Output Indicators</b> (maximum of 3 indicators to measure the output)	<b>Baseline per output indicator</b>	<b>Annual Targets and Actual for each output indicator</b>					
		<b>Year 3</b>					
		<b>Year 3 Annual Target</b>			<b>Year 3 Actual</b>		
		<b>Number</b>	<b>Qualitative information</b>	<b>Actual number (Year 3 Q1-Q2)</b>	<b>Actual number (Year 3 Q3-Q4)</b>	<b>Qualitative information (Year 3 Q1-Q2)</b>	<b>Qualitative information (Year 3 Q3-Q4)</b>
Proportion (%) of Community Facilitators demonstrating knowledge and skills to facilitate positive parenting sessions on VAW/G with disabilities	0 There are no community facilitators equipped to facilitate positive parenting sessions on VAW/G with disabilities	2	92% of 16 community facilitators trained in year 1	16	16	All 16 Community Facilitators demonstrated the knowledge and skills required to effectively deliver positive parenting sessions. 14 females remained active, while 2 males and one (1) male resigned to pursue their studies, and were replaced.	All 16 Community Facilitators showed the knowledge and skills required to deliver Family Clubs sessions effectively. This is because of sustained routine and structured support supervision, as well as cumulative experience gained over the life of the project.
Proportion (%) of Community Facilitators benefiting through support supervision to facilitate positive parenting sessions on VAW/G with disabilities	0 There are no community facilitators equipped to facilitate positive parenting sessions on VAW/G with disabilities	1	100% community facilitators receive supportive supervision in year 3	16	16	All 16 Community Facilitators received supportive supervision during session delivery enabling them to adhere to the positive parenting program's core elements and to improve their facilitation skills	All 16 Community Facilitators (100%) received supportive supervision through routine in-field support (session observation) and structured quarterly group meeting for reflective practice enabling them to improve facilitation and engagement skills and to adhere to the program's core elements during session delivery.
<b>Strategy for Output 2.1:</b> IP: Changing behaviors of practitioners and/or advocates of harmful practices				<b>Role of strategy:</b> Parents/caregivers are a vital source of information and protection for adolescents with disabilities and are the first line of response in the event of violence. We premise our parenting strategy on the assumption that parents may not have a strong relationship and not communicate effectively with their children; lack awareness of the challenges and the risks their adolescents face, and may not perceive them to be at risk of violence; may be unaware and unlikely to use support services, and may subscribe to unhealthy social norms (including norms of family secrecy). Through Family Clubs, we empower them with the knowledge and skills required to strengthen parent-child relationships and communication, increase awareness of the specific challenges and risks facing adolescents with disabilities, trigger critical reflection on harmful norms, and take action to protect them.			
<b>Output 2.2:</b> Caregivers of AGYW with disabilities in Lubombo region who have participated in positive parenting clubs have improved knowledge and skills on positive parenting for AGYW with disabilities and their role to prevent VAW/G within their families by September 2022							
	Year 1 Annual budget (USD): 46,910.00	Expenditure (USD): 4,646.18	Expenditure (%): 9.90				
	Year 2 Annual budget (USD): 51,627.00	Expenditure (USD): 22,977.58	Expenditure (%): 44.51				
	Year 3 Annual budget (USD): 34,708.00	Expenditure (USD): 61,092.38	Expenditure (%): 176.02				

Total budget (USD): 133,245.00		Total Expenditure (USD): 88,716.14		Total Expenditure (%): 66.58			
<b>Current status of output</b>							
<b>Overall Progress</b> Under output 2.2, we engaged caregivers of AGYW through group & curricular-based positive parenting sessions delivered by community facilitators successively over 6 sessions. Over the life of the project, we reached 2629 caregivers (2461 males, 168 females), equipping them with knowledge & skills essential for VAWG risk-reduction - i.e., increasing awareness of specific VAWG risks faced by AGYW with disabilities, parent-child communication and positive discipline - and framing VAWG as an unacceptable but preventable violation - and signposting them to support services. From the analysis of the pre and post-intervention data, 78% (2051) of all the caregivers reached over the life of the project, self-reported improved knowledge and skills on positive parenting, parent-child communication, and knowledge on services.							
Output Indicators (maximum of 3 indicators to measure the output)	Baseline per output indicator	Annual Targets and Actual for each output indicator					
		Year 3					
		Year 3 Annual Target		Year 3 Actual			
		Number	Qualitative information	Actual number (Year 3 Q1-Q2)	Actual number (Year 3 Q3-Q4)	Qualitative information (Year 3 Q1-Q2)	Qualitative information (Year 3 Q3-Q4)
Proportion (%) of caregivers of AGYW with disabilities who have completed positive parenting training sessions on VAW/G	0 There are no community facilitators equipped to facilitate positive parenting sessions on VAW/G with disabilities	870	80% of 1088 caregivers of AGYW with disabilities completed positive parenting training sessions	941	1121	941 caregivers (870 females, and 71 males) completed positive parenting sessions. Caregivers who missed sessions for various reasons were reached with session make-up (in-person, home visits and remote/telephone calls) enabling them to complete the 6-week long curricular culminating in graduation.	1121 caregivers (64 men; 1157 women) completed Family Club sessions, with a retention rate of 99%.
Proportion (%) of caregivers of AGYW with disabilities who report changes in knowledge and skills on positive parenting for AGYW with disabilities	0 There are no positive parenting sessions targeting caregivers of AGYW with disabilities on VAW/G	653	60% of 1088 caregivers of AGYW with disabilities reported changes in knowledge and skills on positive parenting	790	932	790 out of the 941 caregivers who completed positive parenting sessions (84 % self-reported changes in knowledge and skills relative to positive parenting based on pre-and-post intervention assessments, and participant satisfaction questionnaires.	Of the 1121 caregivers who completed Family Club sessions, 83% (932) self-reported changes in knowledge and skills on positive parenting based on pre-and-post intervention assessments.
Proportion (%) of caregivers of AGYW with disabilities reported changes in knowledge of VAW/G prevention, response and support services	0 There are no community facilitators equipped to facilitate positive parenting sessions on VAW/G with disabilities	653	60% of 1088 caregivers of AGYW with disabilities reported changes in knowledge of VAW/G prevention, response and support services	750	867	750 out of the 941 caregivers who completed positive parenting sessions (76 % self-reported changes in knowledge relative to prevention, response and support services based on pre-and-post intervention assessments, and participant satisfaction questionnaires.	Of the 1121 caregivers who completed Family Club sessions, 77% (867) self-reported changes in knowledge of VAW/G prevention, response and support services based on pre-and-post intervention assessments.
<b>Strategy for Output 2.2: IP: Improving attitudes and behaviours of individuals</b>				<b>Role of strategy:</b>			
				Parents/caregivers are a vital source of information and protection for adolescents with disabilities and are the first line of response in the event of violence. We premise our parenting strategy on the assumption that parents may not have a strong relationship and not communicate effectively with their children; lack awareness of the			

	challenges and the risks their adolescents face, and may not perceive them to be at risk of violence; may be unaware and unlikely to use support services, and may subscribe to unhealthy social norms (including norms of family secrecy). Through Family Clubs, we empower them with the knowledge and skills required to strengthen parent-child relationships and communication, increase awareness of the specific challenges and risks facing adolescents with disabilities, trigger critical reflection on harmful norms, and take action to protect them.						
<b>Outcome 3: Adolescent Girls and Young Women with disabilities/refugees in the Lubombo region have improved agency and safety from VAW/G by September 2022</b>							
<b>Output 3.1: Life Mentors in the Lubombo region who have been trained in social asset building clubs methodology have knowledge and skills to facilitate social asset building sessions with AGYW with disabilities/refugees by September 2022</b>							
<b>Year 1 Annual budget (USD):</b> 18,718.00		<b>Expenditure (USD):</b> 13,971.02			<b>Expenditure (%):</b> 74.64		
<b>Year 2 Annual budget (USD):</b> 18,714.00		<b>Expenditure (USD):</b> 28,714.95			<b>Expenditure (%):</b> 153.44		
<b>Year 3 Annual budget (USD):</b> 14,880.00		<b>Expenditure (USD):</b> 28,959.42			<b>Expenditure (%):</b> 194.62		
<b>Total budget (USD):</b> 52,312.00		<b>Total Expenditure (USD):</b> 71,645.39			<b>Total Expenditure (%):</b> 136.96		
<b>Current status of output</b>							
<b>Overall Progress</b> Under output 3.1, we equipped 21 Life Mentors with the knowledge & skills essential to delivering social asset-building clubs effectively. Through training, mentorship and supportive supervision, we capacitated the Mentors as change agents & champions, and they went on to mobilise & engage the 3240 AGYW through group & curricular-based sessions - 6 successive weekly sessions. The Mentors were vital to the change logic as conversation starters who triggered & catalysed deliberations on VAWG risks with AGYW. All Life Mentors demonstrated facilitation & mentorship skills, including respectful and constructive engagement, value neutrality, disability and cultural sensitivity.							
<b>Output Indicators</b> (maximum of 3 indicators to measure the output)	<b>Baseline per output indicator</b>	<b>Annual Targets and Actual for each output indicator</b>					
		<b>Year 3</b>					
		<b>Year 3 Annual Target</b>		<b>Year 3 Actual</b>			
		<b>Number</b>	<b>Qualitative information</b>	<b>Actual number (Year 3 Q1-Q2)</b>	<b>Actual number (Year 3 Q3-Q4)</b>	<b>Qualitative information (Year 3 Q1-Q2)</b>	<b>Qualitative information (Year 3 Q3-Q4)</b>
Proportion (%) of Life Mentors demonstrating knowledge and skills to facilitate social asset building clubs with AGYW with disabilities/refugees	0 There are no social asset building clubs being delivered to AGYW with disabilities/refugees on VAW/G	1	92% of 23 Life Mentors trained in Year 1	23	21	All 23 life Mentors demonstrated the knowledge and skills required to effectively deliver social asset building sessions	All 21 Life Mentors showed the knowledge and skills required to deliver Protect Our Youth Club sessions effectively. This is because of sustained routine and structured support supervision, as well as cumulative experience gained over the life of the project.
Proportion (%) of Life Mentors benefiting through support supervision to facilitate social asset building clubs with AGYW with disabilities/refugees	0 There are no social asset building clubs being delivered to AGYW with disabilities/refugees on VAW/G	1	100% of Life Mentors received support supervision in year 3	23	21	All 23 life Mentors received supportive supervision during session delivery enabling them to adhere to the social asset building sessions program's core elements and to improve their facilitation skills	All 21 life Mentors (100%) received supportive supervision through routine in-field support (session observation) and structured quarterly group meeting for reflective practice enabling them to improve facilitation and engagement skills and to adhere to the program's core elements during session delivery.
<b>Strategy for Output 3.1: IP: Improving confidence and knowledge of women and girls</b>				<b>Role of strategy:</b> We premise the strategy on increasing risk awareness and risk-reduction strategies, including how adolescents can take an active role to protect themselves and others, and access services (as needed). Within this change logic, Life Mentors are change agents engaging AGYW in successively deeper conversations about VAWG, and equipping them with knowledge and skills on VAWG risk-reduction. As a vital resource, Life Mentors require capacity building and ongoing mentorship, which equips them with knowledge of the program, delivery			

		methodology, facilitation and mentorship skills.					
<b>Output 3.2:</b> AGYW with disabilities/refugees in the Lubombo region who have participated in social asset building clubs have improved knowledge of VAW/G and how to protect themselves by September 2022							
<b>Year 1 Annual budget (USD):</b> 25,593.00		<b>Expenditure (USD):</b> 5,059.10			<b>Expenditure (%):</b> 19.77		
<b>Year 2 Annual budget (USD):</b> 111,433.00		<b>Expenditure (USD):</b> 24,496.29			<b>Expenditure (%):</b> 21.98		
<b>Year 3 Annual budget (USD):</b> 87,498.00		<b>Expenditure (USD):</b> 120,378.51			<b>Expenditure (%):</b> 137.58		
<b>Total budget (USD):</b> 224,524.00		<b>Total Expenditure (USD):</b> 149,933.90			<b>Total Expenditure (%):</b> 66.78		
<b>Current status of output</b>							
<b>Overall Progress</b> Under output 3.2, we engaged AGYW through group & curricular-based social asset-building sessions delivered by Mentors successively over 6 sessions. Over the life of the project, we reached 3240 AGYW (3181 with disabilities, 59 refugees), equipping them with knowledge & skills essential for VAWG risk-reduction - i.e., increasing awareness of VAWG risks, assertive communication, decision-making and healthy choices). From the analysis of the pre and post-intervention data, 63%(2041) of all the AGYW reached over the life of the project, self-reported improved knowledge of VAW/G and how to protect themselves.							
<b>Output Indicators</b> (maximum of 3 indicators to measure the output)	<b>Baseline per output indicator</b>	<b>Annual Targets and Actual for each output indicator</b>					
		<b>Year 3</b>					
		<b>Year 3 Annual Target</b>		<b>Year 3 Actual</b>			
		<b>Number</b>	<b>Qualitative information</b>	<b>Actual number (Year 3 Q1-Q2)</b>	<b>Actual number (Year 3 Q3-Q4)</b>	<b>Qualitative information (Year 3 Q1-Q2)</b>	<b>Qualitative information (Year 3 Q3-Q4)</b>
Proportion (%) of AGYW with disabilities/ refugees who have completed social asset building sessions	0 There are no social asset building clubs being delivered to AGYW with disabilities/refugees on VAW/G	900	80% of 1125 AGYW with disabilities/ refugees who have completed social asset building sessions	1130	1370	1136 AGYW enrolled for the social asset building sessions and 1130 completed all the 6 sessions required to graduate. Six (6) AGYW did not complete the 6 sessions and were lost to follow-up	1370 AGYW (6 refugees; 1364 AGYW with disabilities) completed Protect Our Youth sessions, with a retention rate of 100%.
Proportion (%) of AGYW disabilities/refugees reported changes in knowledge of VAW/G and how to protect themselves	To be determined through Baseline. AGYW with disabilities/ refugees are not reached with mainstream VAW/G prevention programs	675	60% of 1125 AGYW disabilities/refugees report changes in knowledge of VAW/G	881	1370	881 out of the 1130 (78%) AGYW who completed the 6 social asset building sessions self-reported changes in knowledge of VAW/G and how to protect based on pre-and-post intervention assessments	Of the 1370 AGYW who completed Protect Our Youth Club sessions, 75% (497) self-reported changes in knowledge of VAW/G and how to protect themselves based on pre-and-post intervention assessments.
Proportion (%) of AGYW with disabilities/ refugees in need of support successfully referred for services	TBD from baseline 1-in-3 girls experience and 1-in-400 of these abused girls are known to service providers (Drivers of Violence Against Children in Swaziland Survey, 2016); About 50% of girls experiencing violence access services (VAC, 2007)	372	1-in-3 of 1125 AGYW with disabilities/ refugees in need of support successfully referred	28	0	28 AGYW in need of support services (post-GBV care; SRH and other wrap-around services) were successfully referred. We have worked closely with the key state (police, social welfare, health) and non-state stakeholders (World Vision; CABRINI) to facilitate access to services.	9 AGYW were identified and referred for services
<b>Strategy for Output 3.2:</b> IP: Improving confidence and knowledge of women and girls				<b>Role of strategy:</b> The change logic for this strategy was premised on the assumption that AGYW may lack knowledge of the risk and risk situations they may face, and may not perceive themselves to be at risk, and lack the skills and self-efficacy to respond to situations where they could be at risk for CSA; and may not speak with their parents about sex, sexuality and CSA and are unlikely to disclose CSA to parents; and subscribe to unhealthy social norms and expectations about sex. The POY Clubs increase AGYW's awareness of risk, and risk-reduction strategies, including how to protect themselves and others, and where and how to access services.			

Output 3.3	<b>Output 3.3:</b> Number of AGYW with disabilities/ refugees in Lubombo region who have participated in social asset building clubs have improved knowledge of VAW/G prevention, response and support services							
	Year 1 Annual budget (USD): 14,378.00		Expenditure (USD): 195.34		Expenditure (%): 1.36			
	Year 2 Annual budget (USD): 4,049.00		Expenditure (USD): 3,295.65		Expenditure (%): 81.39			
	Year 3 Annual budget (USD): 2,395.00		Expenditure (USD): 9,659.63		Expenditure (%): 403.32			
	Total budget (USD): 20,822.00		Total Expenditure (USD): 13,150.62		Total Expenditure (%): 63.16			
<b>Current status of output</b>								
<p><b>Overall Progress</b> Under output 3.3, we engaged AGYW through group &amp; curricular-based social asset-building sessions delivered by Mentors successively over 6 sessions. This output was premised on enhancing service awareness, acknowledging VAW/G with disabilities &amp; refugees may be unaware and unlikely to use VAW/G prevention &amp; response services. Over the project's life, we reached 3240 AGYW (3181 with disabilities, 59 refugees), signposting them to VAW/G prevention, response, and support service. From the analysis of the pre and post-intervention data, 71% (2300) of all the AGYW reached over the project's life, self-reported improved knowledge of VAW/G prevention &amp; response services. At graduation (session #6) all enrolled AGYW received service directories - with contacts of key government &amp; non-governmental service providers in their locality - as take-home material.</p>								
Output 3.3	Output Indicators (maximum of 3 indicators to measure the output)	Baseline per output indicator	Annual Targets and Actual for each output indicator				Year 3	
			Year 3 Annual Target		Year 3 Actual			
			Number	Qualitative Information	Actual number (Year 3 Q1-Q2)	Actual number (Year 3 Q3-Q4)	Qualitative information (Year 3 Q1-Q2)	Qualitative information (Year 3 Q3-Q4)
			Proportion (%) of AGYW with disabilities/ refugees enrolled in the project with access to relevant local resources directories	0	1,125	100% of AGYW with disabilities/ refugees enrolled in the project accessed relevant local resources directories	1130	1370
Strategy for Output 3.3: IA: Improving response and care for VAW/G survivors			<p><b>Role of strategy:</b> AGYW are unaware of and unlikely to use VAW/G prevention, response and support services. Most AGYW who experience violence are not known to service providers and thus do not access services. Through POY clubs, we increase AGYW's knowledge of reporting mechanisms and services to service-seeking behaviour and improve the uptake of VAWG services. We work with multi-sectoral stakeholders to facilitate access to services for AGYW identified through the project.</p>					
<b>Outcome 4:</b> Service providers in the Lubombo region increase the provision of VAW/G prevention, response and support services to AGYW with disabilities/refugees by September 2022								
Output 4.1	<b>Output 4.1:</b> Stakeholders/ service providers in the Lubombo region who have participated in the regional GBV coordination meetings have improved knowledge of the vulnerabilities/needs of AGYW with disabilities/ refugees and their role to provide VAW/G prevention, response, and support services							
	Year 1 Annual budget (USD): 1,475.00		Expenditure (USD): 0.00		Expenditure (%): 0.00			
	Year 2 Annual budget (USD): 1,955.00		Expenditure (USD): 0.00		Expenditure (%): 0.00			
	Year 3 Annual budget (USD): 1,711.00		Expenditure (USD): 4,052.30		Expenditure (%): 236.84			
	Total budget (USD): 5,141.00		Total Expenditure (USD): 4,052.30		Total Expenditure (%): 78.82			
<b>Current status of output</b>								
<p><b>Overall Progress</b> Under output 4.1, successfully engaged key VAWG stakeholders/service providers successively quarterly regional GBV Referral Network meetings - this gave us access to multi-sectoral stakeholders delivering VAWG prevention &amp; response service in the Lubombo region. We aimed to enhance awareness of the vulnerabilities &amp; unique needs of AGYW with disabilities &amp; refugees and promote gender-responsive &amp; survivor-centered VAWG service provision. Over the life of the project, we reached 48 stakeholders, and through successive engagements, spotlighted the vulnerabilities &amp; unique needs of AGYW, service access barriers &amp; other challenges, and raised awareness of the provisions &amp; principles underpinning the relevant policy frameworks - incl. the Child Protection and Welfare Act (2012), the Persons with Disabilities Act (2018),</p>								



and the Sexual Offences & Domestic Violence Act (2018) to foster a common understanding and application.							
Output 4.1	Output Indicators (maximum of 3 indicators to measure the output)	Baseline per output indicator	Annual Targets and Actual for each output indicator				
			Year 3				
	Year 3 Annual Target		Year 3 Actual				
	Number	Qualitative information	Actual number (Year 3 Q1-Q2)	Actual number (Year 3 Q3-Q4)	Qualitative information (Year 3 Q1-Q2)	Qualitative information (Year 3 Q3-Q4)	
	Relevant stakeholders/service providers consistently attending Lubombo regional GBV coordination meetings	60 Regional GBV coordination meetings exist	2	90% of 60 Stakeholders/ service providers reached with quarterly regional GBV coordination meetings in year 3	56	95	56 service providers attended the quarterly recurring Upper and Lower Lubombo regional GBV coordination meetings. Attendance during this period improved due to the easing of the Covid-19 restrictions.
Proportion (%) of AGYW with disabilities/refugees in need of VAW/G services accessing VAW/G prevention, response, and support services	To be determined through baseline. Service provider attitudes and lack of awareness of the vulnerabilities and unique needs of AGYW with disabilities/refugees affect the quality of service provision ( ), About 50% of girls experiencing violence access services (VAC, 2007)	298	80% of 1-in-3 (372) of 1125 AGYW with disabilities/refugees in need of VAW/G services accessing VAW/G prevention, response, and support services	5	9	5 AGYWDs were referred to DSW for assistive devices; however, one wheel chair was received.	9 AGYW with disabilities who are beneficiaries of the program received psychosocial support from SWAGAA Care & Support department.
<b>Strategy for Output 4.1:</b> IP: Changing behaviors of practitioners and/or advocates of harmful practices			<b>Role of strategy:</b> Among the challenges that AGYW (with disabilities) and refugees face is access to services, with a lack of information on support services, and potentially stigmatizing attitudes impeding access to services. AGYW with disabilities are often seen as not requiring services (including SRH services) and such attitudes and practices can further victimise them. Our strategy was premised on working through the GBV Referral Network as an advocacy platform to raise awareness among service providers on the risks and unique needs of AGYW, and obstacles they face in accessing services, and the role they can play in providing responsive services.				
<b>Output 4.2:</b> Service providers provide VAW/G prevention, response and support services to AGYW with disabilities/ refugees through mobile outreach campaigns in the Lubombo region							
Year 1 Annual budget (USD): 7,334.00		Expenditure (USD): 2,022.18			Expenditure (%): 27.57		
Year 2 Annual budget (USD): 9,045.00		Expenditure (USD): 0.00			Expenditure (%): 0.00		
Year 3 Annual budget (USD): 12,178.00		Expenditure (USD): 6,900.60			Expenditure (%): 56.66		
Total budget (USD): 28,557.00		Total Expenditure (USD): 8,922.78			Total Expenditure (%): 31.25		
<b>Current status of output</b>							
<b>Overall Progress</b> Under output 4.2, we had set out to deliver mobile VAWG outreach campaigns through which we would have undertaken mass awareness in high-volume community centres, and collaborated with multi-sectorial stakeholders for the provision of GBV services at the community level, with on-the-spot linkages to facility-based services. This was aimed at reaching underserved AGYW with disabilities in hard-to-reach communities in the Lubombo region who face barriers in accessing facility-based VAWG services. We did not conduct activities feeding into this output 4.2 owing to disruptions & restrictions to mass community events because of the COVID-19 outbreak & the civil/political unrest - and by the time mass community events became permissible; the project had passed the midpoint, and the funds were approved for reallocating under the no-cost extension.							
Output Indicators (maximum	Baseline per output indicator	Annual Targets and Actual for each output indicator					

Output 4.2	of 3 indicators to measure the output)	Year 3 Annual Target		Year 3			
		Number	Qualitative information	Year 3 Actual		Qualitative information (Year 3 Q1-Q2)	Qualitative information (Year 3 Q3-Q4)
				Actual number (Year 3 Q1-Q2)	Actual number (Year 3 Q3-Q4)		
Number of service providers participating in VAW/G mobile out-reach campaigns	0 There are no mobile outreach campaigns targeting AGYW with disabilities/refugees	6	Service providers participating in VAW/G mobile outreach campaigns in year 3	0	0	Mobile VAW/G outreach campaigns were not conducted during the period under review.	We did not conduct mobile community outreaches during this period
Proportion (%) of AGYW with disabilities/refugees receiving needed services through VAW/G mobile outreach	0 1-in-400 girls who suffer violence are known to service providers (Drivers of Violence Against Children in Swaziland, 2016)	238	80% of 298 AGYW with disabilities/refugees receiving needed services through VAW/G mobile outreach in year 3	0	0	Mobile VAW/G outreach campaigns were not conducted during the period under review.	We did not conduct mobile community outreaches during this period
<b>Strategy for Output 4.2:</b> IA: Improving accessibility to services for survivors and those at risk				<b>Role of strategy:</b> We did not conduct mobile community outreaches during this period			
<b>Outcome 5:</b> The organization Swaziland Action Group Against Abuse (SWAGAA) is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises while maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.							
<b>Output 5.1:</b> The organization Swaziland Action Group Against Abuse (SWAGAA) is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises whilst maintaining or adapting existing interventions to EVAW/G with a focus on the most vulnerable women and girls.							
Year 1 Annual budget (USD): 71,127.00		Expenditure (USD): 4,535.57		Expenditure (%): 6.38			
Year 2 Annual budget (USD): 106,640.00		Expenditure (USD): 113,688.61		Expenditure (%): 106.61			
Year 3 Annual budget (USD): 111,595.00		Expenditure (USD): 190,397.31		Expenditure (%): 170.61			
Total budget (USD): 289,362.00		Total Expenditure (USD): 308,621.49		Total Expenditure (%): 106.66			
<b>Current status of output</b>							
<b>Overall Progress</b> Following the complete relaxation of COVID-19 regulations in PQ3, no new training on Covid-19 was required. However, staff and community volunteers were encouraged to maintain good COVID-19 prevention and mitigation practices.							
Overall, under output 5.1, we leveraged the additional funding & capacity-building from the UN Trust Fund, and cross-learning to enhance our adaptive capacity. This included scenario planning, training staff & community volunteers on COVID-19 prevention, adapting programme delivery modes, and upskilling staff & community volunteers in emergency response. This culminated in the adoption of blended programme delivery modes - incl. small in-person groups & remote delivery modes for the duration of the COVID-19 pandemic. Community volunteers were also capacitated in COVID-risk communication, enabling enrolled programme beneficiaries to be reached with COVID-19 infection prevention messaging - incl. signposting them to relevant services, such as COVID-19 testing & vaccination. Through these activities, we embedded the capacity for emergency response readiness, not only for COVID-19 but for other crises as well - as a testament to this, we leveraged the systems & capacity for programme continuity during the civil/political unrest (from mid-2021 to the end of the project)							
Output Indicators (maximum of 3 indicators to measure the output)	Baseline per output indicator	Annual Targets and Actual for each output indicator					
		Year 3					
		Year 3 Annual Target		Year 3 Actual		Qualitative information (Year 3 Q1-Q2)	Qualitative information (Year 3 Q3-Q4)
Number	Qualitative information	Actual number (Year 3 Q1-Q2)	Actual number (Year 3 Q3-Q4)				
Number of staff trained on COVID19 prevention	No available data on COVID-19 prevention			0	0	No new training on Covid-19 was undertaken during this reporting	No new training on Covid-19 was undertaken during this reporting

Output 5.1	measures and managing strategies.					period. We continued, however, to leverage routine program meetings with staff and supportive supervision meetings with community volunteers for Covid-19 risk communication, including encouraging those eligible and willing to be vaccinated.	period. COVID-19 restrictions were completely lifted.	
	Number of community facilitators working remotely efficient during covid19 in ensuring sustainability of the organization.	There were no available resource to work remotely.		TO BE INSERTED	54	0	The period under review saw the gradual relaxation of the national Covid-19 regulations. Regardless, we remained cautious and continued with a blended approach. The adaptations adopted in previous reporting periods enabled Community Facilitators to use both in-person and remote modes of program delivery.	The period under review saw the complete relaxation of the national Covid-19 regulations. Implementation returned to in-person contact.
	Number of measures put in place by the organisation to strengthen sustainable prevention response to COVID-19	No available policies and measures were place in case of emergencies.			1	0	Eligible and willing staff and community Facilitators were encouraged to vaccinate to curb the spread of Covid-19.	Eligible and willing staff and community Facilitators were encouraged to vaccinate to curb the spread of Covid-19.
	<b>Strategy for Output 5.1:</b> IA: Improving response and care for VAW/G survivors				<b>Role of strategy:</b> Institutional strengthening was undertaken to mitigate the impact of COVID-19, and enabled us to adapt to the prevailing risk landscape and continue delivering EVAWG programming. Activities undertaken, including program adaptations, embedded emergency response readiness, and positioned us to continue programming while safeguarding the health and wellbeing of staff, cadres and beneficiaries.			

<b>Output 5.2:</b> The organization Swaziland Action Group Against Abuse (SWAGAA) has improved knowledge, skills and capacities to maintain or adapt EVAWG interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.		
<b>Year 1 Annual budget (USD):</b> 90,032.00	<b>Expenditure (USD):</b> 73.61	<b>Expenditure (%):</b> 0.08
<b>Year 2 Annual budget (USD):</b> 24,566.00	<b>Expenditure (USD):</b> 15,156.51	<b>Expenditure (%):</b> 61.70
<b>Year 3 Annual budget (USD):</b> 26,040.00	<b>Expenditure (USD):</b> 64,829.33	<b>Expenditure (%):</b> 248.96
<b>Total budget (USD):</b> 140,638.00	<b>Total Expenditure (USD):</b> 80,059.45	<b>Total Expenditure (%):</b> 56.93
<b>Current status of output</b>		
<b>Overall Progress</b> COVID-19 regulations were relaxed during this period, enabling in-person activities to resume, and we did not procure new PPE material. We however, continued leveraging COVID-19 prevention strategies adopted in the preceding reporting periods, and also disbursed mobile cash transfers to 194 households of AGYW to mitigate the impact of COVID-19 on livelihoods.		
Over the life of the project - under output 5.2, we safeguarded the health and safety of program staff, community volunteers and beneficiaries by adhering to the COVID-19 containment regulations. Programme personnel and community volunteers were better prepared to deliver community VAWG prevention interventions safely amid COVID-19 and to deliver COVID-19 risk communication to program beneficiaries. Integrating cash transfer - for COVID-19 impact mitigation - enabled us to alleviate food & income poverty among 757 hard-hit households of AGYW (23%) enrolled in the project. We could not equip AGYW with disabilities & refugees with livelihood skills owing to programmatic delays and other constraints in the operating environment - funds earmarked for this were approved for reallocating under the no-cost extension.		
<b>Output Indicators</b> (maximum of 3 indicators to measure)	<b>Baseline per output indicator</b>	<b>Annual Targets and Actual for each output indicator</b>
		<b>Year 3</b>

the output)		Year 3 Annual Target		Actual number (Year 3 Q1-Q2)	Actual number (Year 3 Q3-Q4)	Year 3 Actual Qualitative Information (Year 3 Q1-Q2)	Qualitative Information (Year 3 Q3-Q4)
		Number	Qualitative information				
Number of beneficiaries that receive PPE materials to strengthen and safeguard the health measures that promotes BCC on EVAWG interventions while responding to the impacts of the COVID-19 pandemic.	No beneficiaries provided with P.P.E	563	About 10% of the targeted beneficiaries received P.P.E	4511	0	PPE materials were procured for staff, community cadres and program beneficiaries enabling adherence to Covid-19 protocols. Prevention protocols enforced for all in-person activities. 4511 project beneficiaries, 56 community cadres and 35 staff members received PPE.	No P.P.E was procured in this period following the complete relaxation of COVID-19 regulations.
Number of households of AGYWs living with disabilities and refugees who had been alleviated on food/income poverty.	Those enrolled to this project and those who meet the criterion within project area			0	434	The cash-based transfer was not done only through the process of validating the 194 beneficiaries.	434 households identified in the previous reporting period received cash transfers.
Number of YWs living with disabilities and refugees reporting knowledge and skills change after being capacitated on livelihoods skills.	Those enrolled to this project and those who meet the criterion within project area			0	0	The activity feeding into this output was not conducted	The activity feeding into this output was not conducted
<b>Strategy for Output 5.2:</b> IA: Improving response and care for VAW/G survivors				<b>Role of strategy:</b> COVID-19 upended traditional modes of program delivery, and destabilized livelihoods of households, notably those with AGYW hardest hit. To mitigate the impact on programming and livelihoods, we adopted COVID-19 prevention measures (including procuring PPE for staff, cadres and beneficiaries), and disbursed cash transfers to hard-hit households of AGYW. This enabled program continuity, prevention of infections, and enabled hard-hit households to meet immediate consumption needs.			