

Evaluation of Lihlombe  
Lekukhalela (child protectors)  
2005



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## **Executive Summary**

This evaluation of Lihlombe Lekukhalela (LL) initiative was commissioned by UNICEF Swaziland in order to assess the strengths and constraints of the initiative largely through an assessment of the level of impact on children within the communities using quantitative data collection methods. In addition, qualitative methods were used to gather information from the implementers of the project and their partners at community and national level.

**It must be emphasized that the results discussed in this report cannot necessarily be extrapolated into national figures in view of the fact that the majority of communities were deliberately sampled from the pool of existing Lihlombe Lekukhalela communities and only four ‘control’ areas.**

Overall results suggest that a minority (43.5%) of children live with both parents. The main reasons for children not living with both are parents working far away, parents being dead or parents being separated in that order. 50.1% of child respondents live with more than five other children at home. 86.3% of children attend school and 83.4% stated that time outside school is devoted to household chores.

On average 67% of children identified various forms of abuse. On average 23% of children knew someone who had been abused and 6.6% had personally experienced abuse. Physical abuse is the most common type at 68% of incidents followed by emotional abuse at 24% and sexual abuse at 8% of cases. The vast majority of abuse incidents take place in the home at 82.8% followed by school at 6.3%. 58.7% of those who were abused identify the perpetrator as being male, 35% identify them as being female whilst the remaining 6.3% have experienced abuse from both. The main relations identified as perpetrators were mainly fathers and brothers at 16% each followed by Stepmothers at 14%. Uncles were identified

by 12% of victims then cousins and grandparents at 8% each, followed mothers at 6%, aunts at 4% and sisters and stepfathers being least at 2% each.

Assessing the impact of the LL programme proved difficult as areas show varying strengths and weaknesses that point to their individual uniqueness rather than a clear pattern. Relatively few of the newly established LL areas have been revisited following their training which appears to undermine their effectiveness.

In terms of the number of children who know about child abuse the range in long established LL areas is 58.3% to 81%. In newly established areas the range is 62.2% to 77.6% and in uninitiated control areas it is 51.02% to 85.1%. This appears to be simply a reflection of national awareness of child abuse issues.

A difference emerges when respondents are asked if they know about actual cases of abuse rather than abuse in general. In long established LL areas the range of those who know someone who has been abuse is between 2.08% and 47.91%. In newly established area the range is between 14.3% and 26.7% and in uninitiated control areas it is between 16.3% and 17.7%. In long established LL areas the range of those experiencing personal abuse is 0% to 16.3%. In newly established area the range is 6.25% to 12.2% and in uninitiated control areas it is 0% to 6.2%. The more pertinent result is the number of cases reported. Those who know of an abuse reported by someone they know in long established LL areas is between 50% and 100%. In newly established areas the range is 44.5% to 90.9% and in uninitiated control areas it is 50% and 76.5%. It must be noted that only one long established LL area has a 50% report rate whilst all others are above 71.4%. Of the children reporting personal abuse in long established LL areas the range is between 0% and 100% whilst in newly established areas the range is 0% to 66.7% and in uninitiated control areas it is also 0% to 66.7%. In one LL area all the abuse cases cited are said to have happened 'a long time ago'. Police informants also believe that high reporting of cases in long established LL's are a positive sign and will eventually peak and begin to drop.

Knowledge of the existence of the LL also varies widely with long established LL areas reflecting a range of 0% to 88.4%. In newly established area the range is 50% to 61.2%. Of those who know of the existence of LL between 0% and 40% of respondents have sought help from LL in long established areas and between 0% and 16% in newly established areas. It is felt that the lack of distinctive identification makes it difficult to distinguish the LL members and their activities from other child welfare activities in the community.<sup>1</sup> Discussions suggest that the members of the LL is not necessarily identified as such so that there is likely to be underreporting with regards to the number of children that know of LL attend, LL events or have received help or advice. The more important factor is that generally LL areas fair better in terms of reporting of abuse.

Qualitative results show that the area where all abuse cases are believed to have been reported is one in which the LL was introduced by Umphaksatsi and welcomed by the community. This group sees their role as children's welfare in general not exclusively child abuse issues. Many of their activities have been in conjunction with the local schools as well as conducting home visits. They work closely with the Rural Health Motivators in their area.

The second least performing LL area was trained three years ago but feel that they require regular training and support. The members of the group feel confident they have made a positive impact on the community citing specific successful interventions that they have made. However a number of references were made to the lack of income generating activities that would help to sustain the enthusiasm of members.

A problem identified by partners in the initiative is the lack of ownership in some areas where members are still reliant of the donor for further assistance. Some partners at national level feel that the programme should be more clearly linked to

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<sup>1</sup> This area is newly established.

existing extension officers such as social workers for example. The poor system of referral and lack of supporting structures has also hindered progress.

## **Evaluation of Lihlombe Lekukhalela**

### **1. Background**

The Community Action for Child Rights Programme which UNICEF is doing in partnership with the office of the Deputy Prime Minister, with involvement of regional administrators and NGO's, the CACR programme reached 18 communities during 2002. In these rural communities with high levels of poverty the CACR partners are experimenting with approaches in community capacity development to address the impact of HIV and AIDS on children and young people especially orphans and vulnerable children. The communities themselves have identified vulnerable children as those who are heading households, caring for the sick family members, dropped out of school, and especially those who have been exposed to and continue to be at risk of physical and sexual abuse. Through a network of those concerned about the situation of orphans and vulnerable children the Community action for Child Rights programme became an umbrella for OVC action and sharing of experiences across 18 communities in 2001. The approaches of community self-reliance, building on traditional strengths, and involving the youth as actors received a positive response from duty bearers at all levels and demand to expand comes from communities themselves. A major focus in other programme areas was on resource mobilization, now well underway.

A baseline survey was undertaken in 2001 to determine the number of orphaned and vulnerable children in 18 communities (in all four regions) and the issues affecting them. The DPM's office coordinated the survey involving community youth assessments. These assessments highlighted the urgent need to protect children from all forms of abuse, to help communities understand that sexual abuse of children is a major contributing factor to the continuing HIV and AIDS epidemic, and to give communities a sense of hope and empowerment. To address this Lihlombe Lekukhalela initiative was born to establish neighbourhood level "shoulders to cry on" who would focus on protecting children from all forms of abuse, to help communities understand that sexual abuse of children is a major contributing factor to the continuing HIV and AIDS

epidemic, and to give abuse survivors a sense of hope and empowerment to cope with abuse.

UNICEF in collaboration with Save the Children, Deputy Prime Minister's Office, National Emergency Response Council on HIV and AIDS (NERCHA), Care Nakekela, Swaziland Action Group Against Abuse (SWAGAA) has been able to set up child protection committees in 188 communities. A total of 5690 child protectors have been trained on child protection.

The major roles of the LLs are:

- To educate the communities especially children about all forms of abuse and linkages to HIV and AIDS
- Provide counseling to abused people
- Refer traumatized children for support

## **2. Purpose of the evaluation**

The programme has been running since 2002 and there had not been a comprehensive evaluation done to identify strength, constraints and points for improvement until now. The evaluation seeks to measure the efficacy of the LLs i.e. how they have been working in communities UNICEF Swaziland is concluding a country programme cycle end of 2005 and beginning a new one to cover periods 2006-2010. As the organization moves towards a new programme it is imperative that the community based child protectors' initiative is evaluated so that the results from the evaluation inform the design of initiatives around child protection issues. Results from the evaluation will be used to strengthen implementing partners interventions that are aimed at protecting children against all forms of abuse.

## **3. Scope and focus**

The Evaluation seeks to answer the following questions:

- What is the extent of child abuse in communities?
- How are communities dealing with child abuse/What mechanisms are there at community level to deal with child abuse?

- Have the LLs met their goals?
- What are the tasks of LLs?
- Lessons learned – what worked well. Why?
- What obstacles were faced? Why?
- What is the capacity of the trainers?
- What is needed to scale up the work in other communities?
- Actual and potential partnerships at community, regional, national, international levels. Support needed to strengthen the partnerships.
- Reflections on type of support needed by young people at community level – what services? What resources?
- What interventions need to be put in place to address these needs?
- Reflections on priority skills required by LL to address the needs?
- What activities / materials worked well? What are the gaps?
- What improvements are required in order to deal with the challenges of abuse in communities?
- Way forward – priority objectives / priority partnerships / priority resources required / priority processes.

#### **4. Methodology**

The evaluation employed both qualitative and quantitative approaches of data collection. The communities were stratified into three; communities with LLs established very early in the life of the programme, communities with LLs recently mobilized and communities where there are no LLs. A sample of 20 communities was selected. Selected communities were spread over the four regions of the country. Eight communities are where the LL initiative was piloted in 2001, eight communities have only been training in the past year and in four communities there is no LL initiative.

Individual in depth interviews and Focus Group Discussions (FGDs) were used in data collection. Participants in the evaluation included (but was not limited to) children, adults in communities, child protectors (LL), police (domestic violence unit), Ministry of

Justice, Members of Parliament (children core group), Prosecutors, Deputy Prime minister's Office, Save the Children, Swaziland Action Group Against abuse, career guidance teachers, Care Nakekela, Ministry of Health and Social Welfare, Doctors, community leaderships (RHMs, community police, chief runners, tindvuna, chiefs, lutsango) and NERCHA.

Statistical Package for Social Sciences (SPSS) was used to process and analyse quantitative data.

## **5. Fieldwork**

Fieldwork was carried out between December 6<sup>th</sup> and 22<sup>nd</sup> 2005. Twenty communities were visited and individual interviews carried out with 968 children in Lundzi, Luhleko, Ndinda, Sibuyeni, Mbekelweni and Nhlambeni in Manzini region; in Qomintaba, Esbuseleni, Mashobeni, Edilini and Kamkweli in Lubombo region, Mdzimba, Dlangeni, Ndvwabageni, Mkhuzweni and Herefords in Hhohho region as well as Malindza, Kalanga, Mpilongo and Mpumakudze in Shiselweni region<sup>2</sup>. Of these sixteen have existing LL groups whilst the remaining four were used as a control. Focus group discussions were held with all existing LL groups in these areas with the exception of Qomintaba, Herefords, Mzimba, Maphilongo and Sibuyeni, all of which are each among the longer established sites.<sup>3</sup> In addition key Informant interviews were carried out with partners and service providers.

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<sup>2</sup> It is believed that all rural communities in Shiselweni have been introduced to the LL initiative therefore no control community was identified there.

<sup>3</sup> This omission is due the fact that visits were carried out during the Incwala ceremony and before Christmas.

## 6. General Results

The general profile of the children between 10 and 18 years of age interviewed 52.7% were male and 47.3% were female. Results gathered within four regions are summarised in the following tables. This indicates that the majority of Swazi children do not live with both of their parents.

### *Who children live with:*

Living with both parents	43.5%
Living with father	3.6%
Living with mother	23.7%
Living with grandmother	20.0%
Living with other	9.2%

### *Why children do not live with parents*

The key reason for children do not live with their parents appears to be economic rather than a result of HIV&AIDS. It is also worth noting that over 20% of children do not live with parents are as a results of parents separation. It is important to realize that socio-economic reasons for children not living with parents still out-weigh the impact of the pandemic. This supports the belief of many LL that lack of child maintenance is a key contributor to the vulnerability of children.

Parent work away	34%
Parents dead	25.5%
Parent separated / remarried	20.2%

### ***Basic Demographics of households***

The vast majority of children live in households of more than five people half of which are children under the age of 18. This suggests that although most children live with at least one adult, the dependency ratio in households is high.<sup>4</sup>

Five or more household members	86.4%
Five or more children in household members	50.1%

### ***School and out of school activities***

The vast majority of children are attending school but at least 13% are not in school. In their spare time most children carry out domestic chores rather than studying or playing.

Attending school	86.3%
Spare time devoted to household chores	83.4%

### ***Children's understanding of abuse<sup>5</sup>***

There is generally a good understanding of acts which are abusive but up to 30% do not recognise the most basic acts of molestation. Neglect is also less commonly recognized nor is exploitation by teachers.

Someone touching your breasts	70%
Someone touching your buttocks	69%
Someone touching your private parts	70.8%
Someone asking you to touch their private parts	68.8%
Someone asking you to lay on top of them	69.7%
Being beaten	70.4%
Being left alone with no adult supervision for long periods	56.3%
Teacher sending you to do their personal chores during lessons	63%

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<sup>4</sup> Dependency ratio refers to the ratio between people of working age (income generating) compared to the number of people dependent on that income.

<sup>5</sup> N.B. This was a chose question of yes or no where each scenerio was posed to the respondent

***The extent of child abuse in communities***

Know someone who was abused	23.7%
Personally abused	6.6%

***The nature of child abuse in communities***

Physical abuse is the most common form of abuse followed by emotional abuse. Although sexual abuse presents a greater threat to children's lives because it not only includes a combination of physical and emotional abuse but also due to the risk of fatal disease, it is important to note that physical abuse needs to be challenged just as strongly.

Emotional abuse	24%
Physical abuse	68%
Sexual abuse	8%

***Where child abuse commonly takes place***

Most abuse occurs in the home which supports the fact that most abuse is carried out by someone known to the child. Likewise the fact that school is the next common site of abuse suggests that abuse occurs in the near presence of adults in a position of authority.

Home	82.8%
School	6.3%
Community	4.7%
Forest	1.6%
Fields	4.7%

***Perpetrators of child abuse***

Although the majority of perpetrators of abuse are men a significant number of women are also guilty of abuse. This is an important indicator that interventions should also be directed at women. Fathers and brothers are the most common perpetrators of abuse closely followed by stepmothers which appears to confirm that although male perpetrators are in the lead, women also perpetrate abuse. It is worth noting how low on the scale stepfathers are but it is important to read this indicator in conjunction with the findings below.

Male	58.7%
Female	35%

Father	16%
Brother	16%
Stepmother	14%
Uncle	12%
Cousin	8%
Grandfather	8%
Grandmother	8%
Mother	6%
Parents	4%
Aunt	4%
Sister	2%
Stepfather	2%

Fathers are perpetrators of all types of abuse but overwhelmingly physical abuse. Brothers tend to confine themselves to physical abuse as reported by many children who say that older brother tend to beat up both children and vulnerable adults such as grandmothers. Cousins are a main perpetrator of sexual abuse followed by fathers and uncles. Stepmothers are accused of emotional and physical abuse. These results may be used to target interventions.

	Emotional	Physical	Sexual	
Father	2%	12%	2%	16%
Brother	–	16%	–	16%
Stepmother	4%	10%		14%
Uncle	2%	8%	2%	12%
Cousin	–	4%	4%	8%
Grandfather	2%	6%	–	8%
Grandmother	2%	6%	–	8%
Mother	2%	4%	–	6%
Parents	4%	–	–	4%
Aunt	4%	–	–	4%
Sister	2%	–	–	2%
Stepfather	2%	–	–	2%
<i>Total</i>	<i>24%</i>	<i>68%</i>	<i>8%</i>	<i>100%</i>

Beyond this point it proved useful to move from national statistics to community level statistics that directly relate to the existence or otherwise of the Lihlombe Lekukhalela initiative.

### 7. Impact of LL activities

This section of the results report is divided in three sets of tables, the communities where LL is well established, the communities where LL is a new initiative and the four control communities where LL has not yet been introduced.

#### 7.1 Children who know what 'child abuse' means

##### Long established LL.

Dlangeni	77.6%
Ebuseleni	63.3%
Herefords	75%
Kalanga	77.6%
Kandinda	80%
Luhleko	72.9%
Malindza	81%
Mapilongo	79.2%
Mashobeni	64.6%
Ndwabangeni	65.3%
Qomitaba	78.4%
Sibuyeni	58.3%

##### Newly established LL

Edilini	62.2%
Emdzimba	75.5%
Lundzi	68.75%
Mphumakudze	77.6%

##### Control Area

Kamkweli	51.02%
Mbekelweni	85.1%
Mkhuzweni	43.8%
Nhlambeni	68.7%

The area with the least knowledge is not an LL area but generally knowledge of abuse similar. This may simply be a reflection of the improvement of the wider national dialogue on child abuse.

### *7.2 Children who know of someone who has been abused*

#### Long established LL.

Dlangeni	16%
Ebuseleni	34.7%
Herefords	27.1%
Kalanga	20.8%
Kandinda	42.9%
Luhleko	14.6%
Malindza	33.3%
Mapilongo	47.91%
Mashobeni	18.36%
Ndwabangeni	2.08%
Qomitaba	35.3%
Sibuyeni	27.1%

#### Newly established LL

Edilini	26.7%
Emdzimba	18.4%
Lundzi	22.9%
Mphumakudze	14.3%

#### Control Area

Kamkweli	16.3%
Mbekelweni	17.02%
Mkhuzweni	8.3%
Nhlambeni	17.4%

### *7.3 Cases of abuse reported*

It is positive to that the areas where most abuse cases are reported are LL areas (up to 100%). This is the one indicator that puts all but one LL area ahead of areas where the initiative has not been implemented.

Long established LL.

Dlangeni	75%
Ebuseleni	82.3%
Herefords	84.6%
Kalanga	90%
Kandinda	100%
Luhleko	71.4%
Malindza	90.9%
Mapilongo	82.6%
Mashobeni	77.8%
Ndwabangeni	50%
Qomitaba	88.9%
Sibuyeni	81.3%

Newly established LL

Edilini	66.7%
Emdzimba	44.5%
Lundzi	90.9%
Mphumakudze	71.4%

Control Area

Kamkweli	75%
Mbekelweni	50%
Mkhuzweni	50%
Nhlambeni	50%

*7.4 Children who admit having been personally abused*

Higher numbers admit experiencing abuse in longer established LL areas. This suggests that increased information of child abuse in these areas has given children more confidence to talk about it. Personal abuse has been experienced by as much as 16.3% of the children interviewed.

Long established LL.

Dlangeni	4.08%
Ebuseleni	16.3%
Herefords	8.3%
Kalanga	8.2%
Kandinda	2.9%
Luhleko	8.3%
Malindza	0%
Mapilongo	12.5%
Mashobeni	4.08%
Ndwabangeni	2.04%
Qomitaba	5.9%
Sibuyeni	8.3%

Newly established LL

Edilini	12.2%
Emdzimba	10.2%
Lundzi	6.25%
Mphumakudze	10.2%

Control Area

Kamkweli	0%
Mbekelweni	0%
Mkhuzweni	4.2%
Nhlambeni	6.2%

#### 7.5 *Number of cases reported*

Fewer cases of personal abuse are reported across the board although areas where there is an LL initiative are generally higher than in those that do not.

Long established LL.

Dlangeni	50%
Ebuseleni	37%
Herefords	50%
Kalanga	50%
Kandinda	100%
Luhleko	75%
Malindza	N/A
Mapilongo	66.7%
Mashobeni	0%
Ndwabangeni	0%
Qomitaba	0%
Sibuyeni	20%

Newly established LL

Edilini	66.7%
Emdzimba	0%
Lundzi	0%
Mphumakudze	40%

Control Area

Kamkweli	N/A
Mbekelweni	N/A
Mkhuzweni	75%
Nhlambeni	0%

7.6 *When abuse last took place*

In well established LL areas up to 100% of abuse incidents are said to have taken place long ago although it must be noted that in one area 60% of incidents took place less than a week ago. This is similar to recently established areas. However there is a clear difference in the areas with no LL where as much as 75% of incidents took place within the week.

Long established LL.

	- 1 week	- 1 Month	- 1 year	Long ago
Dlangeni	50%	0%	0%	50%
Ebuseleni	37.5%	25%	12.5%	25%
Herefords	0%	0%	0%	100%
Kalanga	25%	0%	50%	25%
Kandinda	0%	100%	0%	0%
Luhleko	25%	0%	50%	25%
Malindza	0%	0%	0%	0%
Mapilongo	50%	16.6%	33.4%	0%
Mashobeni	0%	0%	0%	100%
Ndwabangeni	0%	0%	100%	0%
Qomitaba	33.3%	33.3%	0%	33.4%
Sibuyeni	60%	0%	0%	40%

Newly established LL

	- 1 week	- 1 Month	- 1 year	Long ago
Edilini	33.4%	16.6%	0%	50%
Emdzimba	20%	20%	0%	60%
Lundzi	0%	0%	33.4%	66.6%
Mphumakudze	60%	0%	20%	20%

Control Area

	- 1 week	- 1 Month	- 1 year	Long ago
Kamkweli				
Mbekelweni				
Mkhuzweni	75%	0%	25%	0%
Nhlambeni				

7.7 *General Knowledge of LL*

The knowledge of the existence of the LL initiative varies widely from place to place.

The area where they are least recognized is a newly established area.

Long established LL.

Dlangeni	73%
Ebuseleni	26%
Herefords	22.9%
Kalanga	10.2%
Kandinda	28.6%
Luhleko	33.3%
Malindza	52%
Mapilongo	64%
Mashobeni	61%
Ndwabangeni	56.3%
Qomitaba	80.4%
Sibuyeni	88.4%

Newly established LL

Edilini	61.2%
Emdzimba	0%
Lundzi	50%
Mphumakudze	50%

7.8 *Seeking help or advice from LL*

The number of children who has sought help from an LL group varies. It is positive to note that in on area up to 40% of children interviewed have approached the LL for help or advice.

Long established LL.

Dlangeni	11.1%
Ebuseleni	15.3%
Herefords	9.1%
Kalanga	40%
Kandinda	20%
Luhleko	25%
Malindza	24%
Mapilongo	19.4%
Mashobeni	0%
Ndwabangeni	7.9%
Qomitaba	21.9%
Sibuyeni	13.2%

Newly established LL

Edilini	16.6%
Emdzimba	0%
Lundzi	4.2%
Mphumakudze	12.5%

7.9 Attendance of LL activities

According to LL's they do provide counseling and are getting positive response but other planned activities are limited.

Long established LL.

Dlangeni	11.1%
Ebuseleni	7.7%
Herefords	9.1%
Kalanga	0%
Kandinda	20%
Luhleko	18.7%
Malindza	12.5%
Mapilongo	16.1%
Mashobeni	33.3%
Ndwabangeni	3.7%
Qomitaba	4.9%
Sibuyeni	9.4%

Newly established LL

Edilini	3.3%
Emdzimba	0%
Lundzi	12.5%
Mphumakudze	0%

### ***8. Dealing with child abuse at community level***

Traditionally cases of abuse are reported 'eNdlini yagogo' thus emphasizing the grandmother as the ultimate arbitrator within the homestead. However the grandmothers are intimidated and are also being cited as victims of domestic violence. The Umphakatsi is the final resort for cases that cannot be resolved within the family but the power or effectiveness of the Umphakatsi varies greatly from chiefdom to chiefdom.

The types of child abuse that are reflected by the results show variance but the emerging pattern is that abuse mainly takes place at home in the form of physical abuse most often at the hands of brothers, fathers and stepmothers. Lack of paternal responsibility especially in terms of maintenance, is often cited by LL groups as a major problem. To this end there appears to be a need to engage with these groups (fathers, brothers, stepmothers and absentee parents) in particular. In many discussions held with LL groups the only respondents present were women who were living with their own children. This means that the profile of the target groups is not reflected by the make up of the LL members, i.e they are not peers.

### ***9. Goals of Lihlombe Lekukhalela***

The major roles of the LLs are:

- To educate the communities especially children about all forms of abuse and linkages to HIV and AIDS
- Provide counseling to abused people
- Refer traumatized children for support

These goals are largely agreed on by all the LL groups interviewed. There are however a number of respondents who see their roles as broader than issues of abuse to child welfare in general. In some areas there is little distinction between the LL and the caregivers at Neighbourhood Care Point. In the example of Luhleko, a committee of LL actually oversees the work of the caregivers.

At a national level an added goal was cited as creating a network with others working on issues of child protection.

#### **10. *Tasks of the LLs***

The tasks that LL groups are engaged in vary according to how they see their role. Some have set themselves a broader remit than child abuse issues. In achieving their goals the LL are expected to deal with cases in a confidential manner. This was felt to be a key issue by LL groups as well as partners and service providers. In all cases it was stated that members of LL groups should be passionate about children's rights. It was also suggested that they need to be able to articulate the issues very clearly especially as there has been widespread perception that child rights leads to un-disciplined children.

In some cases the tasks of the LL become difficult to distinguish from the tasks of other child welfare initiatives not least because the members of these groups are often the same. The lack of definition of roles and responsibilities need to be addressed whilst at the same time partnerships between all people working on child welfare initiatives must be actively sought within each community.

#### **11. *Positive lessons learnt***

The LL initiative is said to be arousing interest in the SADC region and those involved in child protection in other countries are interested to adopt the model. There are a number of aspects that are felt to be positive:

- The general awareness of children's rights and child abuse is generally high and this is seen as a result of the initiative.
- Strong and clear linkages with the traditional authority in the community with an area is a key to success. The same can be said of linkages with the police, Rural Health Motivators, clinic staff and local schools.
- Where strong linkages have been achieved there is a high level of reporting and referral of cases to the relevant partners.

***‘It’s great when you hear parents say they are going to refer a case to the LL. That means there is some respect for us now. If we had been here sooner the situation would not have deteriorated to this level.’***

## ***12. Obstacles faced by LL programme***

1. Transportation to health and police facilities remains a concern for most groups. Lack of telecommunications is also a concern.
2. All LL groups interviewed suggest that many members drop out because of the lack of financial support.
3. Volunteer fatigue happens for a number of reasons. Firstly those who volunteer to become LL are often on the look out for ways to supplement their income so that the moment an employment opportunity occurs they must take it. In addition there are areas where the LL has found that they have to supplement to food or clothing of neglected children at the expense of their families. Likewise there are the obvious time constraints that arise. For example in one area the LL states that the bulk of them are only available during certain seasons.

***‘We would like to work as we were trained to do but we have no grazing areas here. All our projects have been disrupted by that. We are only free in the winter.’***

4. In some areas lack of coordination between various child protection interventions may cause confusion as people may duplicate activities or leave gaps in the belief that others are responsible. In addition the volunteers many be being drawn from the same small pool of active community members whose loyalty becomes seen as divided.

***‘Some of us are in both groups because if one car is moving slowly the other one will overtake it.’***

5. There is some criticism from national level stakeholders that their field officers have not been properly integrated into the initiative so they can work hand in hand

with the LL. For example Ministry of Health And Social Welfare social workers are not always intergrated into the LL initiative even through their remits coincide. This will inevitably lead to a duplication of resources or competition for resources. Further it may lead to un-necessary conflicts between various groups who should be assisting each other reach the same goals.

6. LL members can become demoralized if there is no feedback to them on cases that they have referred.
7. In some areas the LL members do not know the limits of their powers nor the extent to which they are protected in intervene in case of abuse. The referral procedure needs to be more clearly and repeatedly articulated.
8. The size of longer established LL was based on the size to the chieftaincy whereas they now appear to be a standard number regardless of the size of the area they serve. This has put some strain on the LL.
9. Of the 149 recently trained LLs only 20 have been revisited. In view of the lack of follow up visits the deadline of 360 new LLs by September 2006 appears to be overly ambitious and may undermine the effectiveness of training.

### ***13. Training needs***

Although a workshop was carried out between most of the stakeholders to agree the content of training there is evidence that LL training differs between implementers. Generally community training comprises of two days of activities. The first day of training comprises of sessions on children's rights, types of abuse, sexual abuse in particular and violence. The second day begins with a recap of the previous day's activities followed by sessions on rape, counseling, referrals and case reporting. Some of this information is only explained verbally and there is no referral procedure written out.

Being in 2006 the LL training will be expanded by a day to include the Livelihood Skills Training mentioned above which will enable the members of the LL to engage in Income generating activities that are of benefit to them and the children whose welfare they seek to protect.

LL groups would like to have regular training sessions where issues can be revisited. It was pointed out that in many instances member of the LL group were new and had not benefited from all the previous training sessions. Training should be pre-planned as a series of interventions in each community rather than one or two contacts only. More sessions of shorter periods are required.

The use of volunteers for training is felt to have compromised the effectiveness to some extent. Although the logic of using volunteers is sound in so far as the ability to scale up the programme is concerned, care must be taken that quality is not compromised in the quest for quantity. Other locally based 'professional' partners may be better able to carry out training.

Where training is carried out with the full engagement of other partners such as the police, these other partners appear to 'buy in' to the initiative much more effectively.

#### ***14. Scaling up the programme***

All groups request some form of identification in spite having been introduced at the Umphakatsi, as this will give them easier access to individual homesteads. In those cases where T-Shirts or hats were provided, it was pointed out that many of the original group members had left.

In order to avoid a situation where LL members feel that they have to supplement the resources available to vulnerable children it is important that income generation activities are supported from the outset.

Where the LL are not part and parcel of the NCP or Banakekeli initiatives there needs to a clear demarcation of duties. In the same way stronger linkages need to be established between locally based government extension workers such as social workers and police in order to pool resources and experience.

***15. Actual and potential partnerships at community, regional, national, international levels.***

The continued support of the Umphakatsi is essential to the LL initiative. In all cases some contact was initially made with the umphakatsi at the formation of the LL. Where the support of umphakatsi is strong, the LL is inevitably stronger than in areas where the umphakatsi is not fully engaged and committed.

The partnership with the police has to be strengthened. This relationship varies widely from LL groups who claim that police in their area do not recognize them at all to those who are in constant contact with the police and have a thriving partnership. This is especially important as both children and adults identify the arrest and prosecution of abusers as the most effective way to force positive change.

The same is said of partnerships with clinic and health center staff. The Ministry of Health and Social Welfare recognizes that the initiative has helped to supplement the shortage of social workers in the country. In areas where local nurses have been encouraged to visit NCPs this have been of great benefit.

Many LL groups recognise the school setting as an ideal opportunity to meet with children to talk about abuse issues. On the whole teachers are said to be positive and regular school visits by LL should become part of the school programme.

Successful partnership includes those that LL groups have pursued with private business or individuals for example the support of the Luhleko LL by Sappi. Such partnerships can

be a positive way for companies and individuals to demonstrate their recognition of their social responsibility.

In some areas the LL members felt that the religious leaders are still somewhat ambivalent about the issue of child abuse. It is felt that there would be a significant impact if the issues were regularly addressed in church.

Partnership with the media has the potential to reach a wide audience with child protection messages and also to motivate LL groups by informing them of activities of other LL group throughout the country. This would greatly facilitate the networking role of LL which some have recognized.

## **16. Recommended interventions**

### ***16.1 motivational inputs***

It must also be understood that these issues are taking place in an environment of poverty and marginalisation. People who have scarce access to basic resources at times find it difficult to see how they can make a difference to the whole range of hardships they witness in their community. In order to retain the existing trained LL some thought must be given to extending income generating opportunities to all LL groups as an integral part of the initiative.<sup>6</sup> This is seen as a priority by every group who all identified lack of financial stability as the main reason that many trained volunteers could no longer continue.

Similarly the repeated request for distinctive clothing is not only a means of incentive but will also allow better recognition of the LL initiative's impact in the future.

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<sup>6</sup> Such a scheme is currently being piloted in some of the LL communities. The Livelihoods skills' training has been initiated by UNICEF in conjunction with the Community Development Officers of the DPM's office. The initiative is targeted at all community volunteers who are required to make a contribution of Twenty Emalangeni to a savings and credit scheme. Members are lent money in order to set up their businesses and are encouraged to repay the money by all means including the threat of sanction by the traditional Authority. The groups have been successful to date and one has saved as much as 700,000 Emalangeni. Funds are divided into four boxes (controlled by three sets of keys each) which are set aside for the purposes of paying yearly dividends to members, feeding of OVCs, welfare of OVCs including school fees and to revolve in the fund.

Constant feedback to the community on the outcome of their work will help to motivate them. This is with particular reference to cases that they refer to other partners. In addition such visits can be used to brief communities on new developments as well as assist them with current constraints they may be facing.

### ***16.2 Stronger partnerships***

Ultimately the success of interventions in child protection can only be counted at community level where the problems arise from in the first instance. Building the capacity of communities and relevant institutions to effectively protect children stands out as a pressing need. In the first instance communities request help in forming networks that can help to protect children more effectively using existing structures such as the traditional leadership. In addition the parents within the community are increasingly aware of the need for them to parent not only their own children but those of community members lost mainly due to AIDS. Whilst it is equally important to empower the child to be able to report any infringement of their right's it is equally important that there are adults within the community who are know what steps to take. These vary widely from neighbours to traditional authorities, schoolteachers and local health workers.

To this end the composition of the LL should attempt to represent this wide range of community level stakeholders as well as the peers of the main profile type of those perpetrating abuse.

### ***16.3 Institutional and Legal framework***

Although there is a good deal of cooperation between organisations in this sector many of the organisations working in child protection recognize the need for a child protection policy which would form a framework for their collaboration. Such a document was drafted in 2003 but has not yet been considered by the Cabinet.

Further, a welfare plan including issues such as clear mission statement, restructuring of social welfare structures, training and staff development needs to be formulated. Where the department of Social Welfare maintains a co-coordinating function this must be made more apparent. Informants state that there is a 'Children's portfolio committee' launched in October 2005 which is not yet active.

It has also been repeatedly pointed out that current Swazi laws regarding the protection of women and children are outdated and seriously need to be revisited. One of the issues remains the instances where there are disparities between Customary Swazi Law and Civil law. In addition it is noted that the Cabinet has not yet considered the draft amendment of the Sexual offences Act and the laws protecting boys from sexual abuse require strengthening.

The following are some of the laws that fall short of adequately protecting children. The weakness of these laws is either that they do not serve as a deterrent, have procedural faults, are discriminatory or are simply outdated and in need of reform. These laws will each be discussed in turn:

- The Child Care Service Order no 30 of 1977
- The Maintenance Act no.35 of 1970
- The Births, Marriages and Deaths Registration Act no5 of 1983
- The Interstate Succession Act no3 Of 1953
- The adoption of Children Act no64 of 1952
- The Girls and women's' Protection Act 39 of 1920
- The Reformatories Act no82 Of 1921

#### **The Child Care Service Order**

This piece of legislation is ideal in theory as it has the interest of the children at heart. Section 4 states that the primary duty of the service shall be to make provision for orphaned, destitute, homeless or abandoned children, to protect children from the abuse or ill-treatment, to remove children from the custody or care of unfit persons or from conditions which are physically or morally harmful to them or likely to be, and to

perform such other humanitarian services for children's welfare as may generally or specially authorized by the Minister.

The weakness of this law however lies in its inability to enforce severe penalties to anyone who transgresses its provisions. Section 14 of the order states that; Any person who willfully obstructs or interferes with an officer of the service or a police officer engaged in carrying out duties under this order, or who refuses, obstructs or prevents the inspection of premises as required under this Order, or who refuses to comply with any instruction as to the discontinuation of provision for children as required under this Order, shall be guilty of an offence and liable on conviction to a fine of two hundred Emalangeni or twelve months imprisonment or both. It is contended that such paltry penalties are no deterrent to would be offenders. One only has to read of the ever-increasing cases of children's sexual molestation and abuse cases in the local newspapers. The penalties imposed simply do not reflect the seriousness and devastation caused by these offences on abused children. Also, the provisions of this order lack serious enforcement by the relevant authorities as cultural beliefs such "tibi tendlu atikhishelwa ngaphandle"<sup>7</sup> take precedence over the committed crime.

### **The Birth, Marriages and Deaths Registration Act**

This Act provides for the compulsory registration of births, Marriages and death. Whilst this Act makes it compulsory for parents of a child to register its birth, it however distinguishes between children born in wedlock and children born out of wedlock. For children born out of wed-lock, the Act provides that their father shall not be required to give information under this Act concerning the birth of such children and that a registration officer shall not enter the name of any person as the father of any child born out of wed lock the birth certificate form except if he consents in the presence of that registration officer and the mother of such child.

This discrimination between children born in and out of wedlock is not justifiable and has contributed to the problems of disinheritance and loss of maintenance due to such

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<sup>7</sup> Essentially this is the concept of airing dirty laundry. 'The dirt of the house should not be taken outside'

children. This provision also goes against the trite principle that where a will has been made any child may inherit from either parent without regard to legitimacy. Other than the duty to maintain, which maintenance may be paid from the estate of a deceased parent, a will is the only effective way of providing for an illegitimate child under the common law.

### **The Marriage Act**

The Act prohibits persons under the age of 18 years from marrying unless the consent of the Minister of justice has been obtained. Minors under the age of 21 but above 18 years may marry with the consent of their parents or guardians. However the reality is that children under the age of 18 are often married under Swazi Law and Custom. The Head of State entered into an engagement with a 16year old girl as this study was being concluded.

Section 5 of the Act however presents some problems because it is discriminatory. In terms of this section widows or widowers with minor children from a previous marriage may not remarry, unless certain requirements under the Administration of Estates Act 1902 are fulfilled in respect of the care and control of property belonging to the children. This requirement however does not apply to children of widows and widowers previously married under Swazi law and custom. This disparity again is without substance and can lead to disinheritance. Where both civil rites and customary marriages are recognized under the law both systems should have “security measures” to cater for children born out of that arrangement.

### **The Adoption of Children Act**

This Act regulates the adoption of children in Swaziland and spells out who can and cannot be adopted; who can and cannot adopt a child. In many respects this law is commendable and has the interest of the child as priority. A child is defined as a person less than nineteen years. Thus, no person less than 25 years can adopt a child. Where the child to be adopted is 16 or more the person wishing to adopt must be at least 25 years older than the child. Such person must also satisfy the court that they are of good repute,

are fit and proper persons to be entrusted with custody of a child and that they are possessed of adequate means to maintain and educate the child.

The purpose of the Act is to bestow upon that child a better quality of life by ensuring that its adoption will provide it with a stable home and with parents better able to provide it with a stable home and with parents better able to provide for its welfare and material needs. In addition, the adoption confers upon that child the surname of its adoptive parents and in law, the child is deemed to be the legitimate child of the adoptive parents.

The Act also balances the interest of the child with those of the adoptive parents and those of the natural parents. To this end for instance, the Act requires that the consent of the natural parents be obtained in writing before an adoption order can be made. So too, the consent of a child over ten years old. The adoptive parents are also required to allow the natural parents access to the child for the first two years of its adoption.

#### **The Girls and Women 's Protection Act**

This Act also intrinsically seeks to enhance children's rights, especially in terms of protection from sexual abuse. By section 3, the Act prohibits any form of sexual intercourse by any man with a girl under the age of 16 years, or any form of immoral or indecent dealing by any person with a girl of such an age. The solicitation or enticement of such a girl to commit any such acts is also made an offence. It is however a defense if the girl is either a prostitute or the offender is a boy under 16 years of age. This law is commendable in as far as girls are concerned but fall short of protecting boys who are also sometimes the victims of various forms of sexual abuse.

#### **The Reformatories Act**

This Act provides for the detention of juveniles who get custodial sentences to be interned in reformatories instead of prisons. The detention of such juveniles is restricted to not less than two years and not more than five years in the reformatory and they cannot be sentenced for a second time to a reformatory.

The Act also provides that the trial of the juvenile should be held in camera allowing, however, that a parent or guardian can be present. It should be noted however that the period of detention expires on the 18<sup>th</sup> birthday of the juvenile. The detention of a juvenile in a reformatory is subject to the discretion of the court which can sentence the juvenile to an ordinary term of imprisonment.

### **The Criminal Procedure and Evidence Act no. 67 of 1930**

This Act is arguably the most important children's protective piece of legislation in Swaziland. It regulates the conduct in court of criminal trials and the proffering of relating evidence.

This Act has a number of provisions dealing with cases involving minors all of which aim at protecting the minor against the harshness of the criminal justice system even in cases where such minor is in direct conflict with the law.

Section 185 which was introduced into the law in 1986, protects the identity of a rape victim under the age of 16 years, an idiot or imbecile, by providing that such trials shall be held in camera and making it an offence to publish the identity of the child, idiot or imbecile and the place where the offence took place and the names of the witnesses.

Minors are also protected from the harsher aspects of the criminal law in that a minor under the age of 18 years may not be sentenced to death, and a sentence of imprisonment may not be imposed on a minor below 14 years of age. Instead the minor may be sent for detention in a juvenile reformatory or similar institution in terms of section 296 (6).

A spokes person in office of the Attorney General stated that the necessary laws to govern the operation of these courts are still being formulated. However they did not seem to know how long this would take. Consequently, children were being removed from their homes without going through a juvenile court. It is therefore possible that some of the decisions made by social workers in the different organizations were not necessarily in the best interest of the children

### **Sexual Offences and Domestic Violence Bill**

This bill has been drafted in response to the inadequacy of the above mentioned acts. The bill is quite comprehensive dealing with a comprehensive range of issues including rape, incest, indecent assault, abduction, abortion, brothels, bestiality, commercial sexual exploitation. With regards to sentencing for these crimes, offences against children will carry significantly heavy sentences should this bill be passed.

Ultimately the children and their protectors alike believe that the law must be unequivocally intolerant of abuse in order for any initiative such as Lihlombe Lekukhalela to have real meaning.

*'At the end of the day government is responsible for the abuse because they give short jail sentences to abusers and they get fed better than us when they are in prison so that is no deterrent.'*

Annex

**Police: (Domestic Violence Unit and Crime Prevention)**

# of abuse cases reported: .....

Challenges: .....  
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Link with LLs: .....  
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How can we improve the environment to protect children against abuse?  
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Procedures/process followed in an abuse case: .....  
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How many of these reported cases result in conviction? .....  
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**Ministry of Justice**

# of abuse cases with dates set down: .....  
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What the ministry of doing to protect children against abuse: .....  
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Views on LL: .....  
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How can we improve this approach?  
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What else can we do in order to protect children against abuse?  
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Describe the legal environment that protects children against abuse  
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Detail the laws & policies that protect children against abuse  
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Abuse cases that ended in conviction  
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**Implementers: (DPM's Office, Save the Children, SWAGAA, Career Guidance MoE, LL, Care Nakekela)**

What are the roles and responsibilities of the LL?

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What activities have you engaged in with regards your cooperation with LL?

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What are the qualities of LL?

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What are the strengths of the LL initiative?

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What worked and what did not work, and why?

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What are some of the constraints of the LL initiative?

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How did you deal with the problems?

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If you were to design the programme all over again, what new things would you introduce?

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What improvements do we need to put in place in the programme?

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What changes has the initiative brought to the lives of people in communities?

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Has the programme been effective? Why?

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Abuse cases that you have dealt with (stories told from perspective of service providers including LL)

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**Children:**

Establish knowledge about abuse

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Is abuse happening in the communities?

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How is it dealt with?

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Reporting processes

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Knowledge of LL

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Activities of LL

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Are LLs helpful? Why?

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What can we do in order to fight abuse?

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**Community Leaders:**

How were the LLs chosen?

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What are the qualities?

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Any abuse cases

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What is leadership doing on abuse?

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Is the LL initiative effective? Why?

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## QUESTIONNAIRE FOR CHILDREN

Name of Interviewer: -----

Date of interview: -----

Name of community: -----

Inkhundla: -----

Rural/Urban: -----

Region:-----

### Section A: Personal information:

1. Sex

- 1 Male
- 2 Female

2. Age:-----

3. Do you attend school

- 1 Yes
- 2 No → Skip to 5

4. Which grade are you in-----

5. What is the highest grade you have attained?-----

6. Are your parents still alive?

Father

Yes

No

Mother

Yes

No

7. Who do you stay with?

Both parents

Father

Mother

Grandmother

Other (specify) -----

8. If one or both parents are alive but staying with grandmother or relative, can you give a reason why you are not staying with your parent(s) -----

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9.a) How many people live with you? -----

b) How many of these are children?-----

10. How do you spend your time when not at school?-----

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11. Do you and your parent spend time discussing issues such as growing up, sexuality and related issues?

Yes

No

12. How do your parents/guardian make a living?-----

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**Section B: Information on abuse**

12. Do you know what child abuse is?

Yes

No

13. If yes, explain what you understand by child abuse. -----  
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14. Would you consider the following as abuse?

- |   |     |    |
|---|-----|----|
| a) Someone touching your breasts.   | Yes | No |
| b) Someone touching you buttocks  | Yes | No |
| c) Someone touching your private parts  | Yes | No |
| d) Someone asking you to touch his/her private parts  | Yes | No |
| e) Your parents leaving you alone with no adult supervision overnight or longer periods of time | Yes | No |
| f) Someone asking you to get on top of him/her.   | Yes | No |
| g) If a parent or someone else calls you with insulting names                                   | Yes | No |
| h) If a teacher asks you to do personal chores during lessons                                   | Yes | No |
| i) If someone beats you   | Yes | No |

15. Do you know someone who is having sex/intimate relationship with a child.

1 Yes

2 No

16. Do you know of anyone who was once abused?

1 Yes

2 No

17. If yes, how did you get to know about it?-----

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18. What type of abuse was it? -----

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19. Was the perpetrator related to the child who s/he abused?

- 1 Yes
- 2 No

20.If yes, specify the relationship. -----

21. If no, who was it?-----

22.. How old was the perpetrator?-----

23. When did it happen? -----

24. What do you think led to the abuse?-----

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25. Was the abuse reported?

- 1 Yes
- 2 No

26. If yes, what action was taken? -----

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27. If no, why? (Specify) -----

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28. a) Have you ever been abused?

- 1 Yes
- 2 No

b) If yes, how? -----

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29. a) Is the person who abused you related to you?

- 1 Yes
- 2 No

b) If yes, specify the relationship. -----

c) If no, who was it?-----

30. a) Were you given/told anything by the perpetrator?

- 1 Yes
- 2 No

b) If yes, what were you given or told? -----

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31. When was the last time you were abused?

- 1 A week ago
- 2 A month ago
- 3 Six months to a year
- 4 Long time ago

32. Where did it take place?-----

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33. What do you think led to the abuse? -----

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34. Has this affected you? Explain -----

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35. Did you report the abuse?

- 1 Yes
- 2 No

36. If yes, what action was taken? -----

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a) If no, why not? -----

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**Section C: Knowledge about Lihlombe Lekukhalela**

37. Dou you have a Lihlombe Lekukhalela in your community?

- 1 Yes
- 2 No

38. What is the name of the LL you know-----

39. What do LLs in your community do

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40. Have you ever attended activities organised by LLs

- 1 Yes
- 2 No

41. What was being discussed-----  
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42. What can we do in order to fight abuse?-----  
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