Deputy Prime Minister's Office
Department of Gender and Family Issues

ZERO Tolerance

The National Strategy to End Violence in Eswatini and Costed Action Plan 2023 - 2027

I. FOREWORD

The Government of the Kingdom of Eswatini prioritizes the eradication of all forms of violence including violence against women and children. As such, the government has since 2018 put in place legislative, policy and strategic frameworks to deal systematically with this public health concern. The Office has facilitated the enactment of the Sexual Offences and Domestic Violence Act 2018, the enactment of the Sexual Offences and Domestic Violence Regulations 2021, and the development and endorsement of the National Guidelines for the Shelters of GBV Survivors 2021, amongst other key frameworks.

The office recognizes that a strategic and systematic multisector response to violence is central to the eradication of violence in Eswatini. The outgoing strategy to end violence (2017-2022) has proved that with sufficient resources from all fronts, the deliberate implementation of a well-thought-out strategy and action plan will yield the expected results. This has thus led to the review and recrafting of the National Strategy to End violence 2023-2027 to employ deliberate and strategic actions towards the eradication of violence. The overall goal for this framework is to reduce by half the incidence of violence in all its forms in our society by 2027 just before the realisation of Agenda 2023 on Sustainable development.

This strategy aligns too, to many regional and international frameworks on GBV prevention and response including the SADC Regional Strategy and Framework for Action for Addressing GBV 2018, the SADC GBV Prevention Handbook 2022. Furthermore, instrumental commitments that have set the tone of the global response to GBV include the UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW, 1981); the Convention on the Rights of Children (CRC, 1990); the Beijing Declaration and Platform for Action (BPfA, 1995).

I believe that this framework will be instrumental in guiding the national BVC/VAC response in Eswatini with a strong focus on Prevention as well as structured and comprehensive response systems to serve all groups in our society.

SENATOR THEMBA N. MASUKU
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II. ACKNOWLEDGEMENTS

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III.   ACRONYMS AND ABBREVIATIONS

ADR	Alternative Dispute Resolution
ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immune Deficiency Syndrome
BE	Business Eswatini
CBO	Community-Based Organisation
CBT	Cognitive behavioral therapy
CFC	Child-Friendly Courts
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CHV	Community Health Volunteers
CSO	Civil Society Organisations
CP	Child Protection
CPWA	Children's Protection and Welfare Act of 2012
CRC	Convention on the Rights of the Child
CSTL	Care and Support for Teaching and Learning Framework
DCS	Domestic Violence, Child Protection and Sexual Offenses
DGFI	Department of Gender and Family Affairs Unit
DPMO	Deputy Prime Minister's Office
DSW	Department of Social Welfare
EAP	Employee Assistance Programs
FGD	Focus Group Discussion
GBV	Gender Based Violence
HIV	Human Immuno Virus
IPV	Intimate Partner Violence
HMCS	His Majesty's Correctional Services
HLTFV	High-level Task Force on violence
MoET	Ministry of Education and Training

MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoJ	Ministry of Justice
MTAD	Ministry of Tinkhundla, Administration and Development
MTTV	Multi-Sectoral Technical Team on Violence
NATTIC	Nhlangano AIDS Testing Treatment, Information and Counselling Centre
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	Non-Governmental Organization
NSSV	National Surveillance System on Violence
OVC	Orphaned and Vulnerable Children
PSS	Psychosocial Support
REPS	Royal Eswatini Police Services
SADC	Southern African Development Community
SGBV	Sexual and Gender-Based Violence
SODV	Sexual Offences and Domestic Violence
SRH	Sexual Reproductive Health
SWAGAA	Swaziland Action Group Against Abuse
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UCJC	Umphakatsi Child Justice Committees
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNFPA	United National Population Fund
VAC	Violence Against Children
WHO	World Health Organization
WILSA	Women and Law Southern Africa

IV. DEFINITION OF KEY TERMS USED IN THE DOCUMENT

Violence	The intentional use of physical force or power, threatened or actual towards a person that either result in or have a high likelihood of resulting in injury, death, physical harm, or deprivation
Cultural Violence	When an individual is harmed as a result of practices that are part of her or his culture, religion or tradition.
Cognitive behavioral therapy (CBT)	Cognitive behavioral therapy (CBT) is a structured, goal-oriented type of psychotherapy (talk therapy) that is used to treat or manage mental health conditions and emotional concerns
Emotional violence	A pattern of degrading or humiliating conduct through repeated insults and threats, and/or repeated exhibition of obsessive possessiveness or jealousy, which is such as to constitute a serious invasion of the privacy, liberty, integrity, or security of the aggrieved;
Verbal violence	A pattern of repeated insults, ridicule or name-calling in order to humiliate another and cause emotional hurt.
Economic abuse	Unauthorized and improper use of funds, property, or any resources of a vulnerable person (source). It involves, stealing money, not allowing the aggrieved to take part in any financial decisions, or preventing the aggrieved from having a job.
Financial abuse	Tactics to limit the victim's access to assets, or reduce accessibility to the family finances and/or neglect responsibilities for maintenance of minors and spouse.
Gender-based violence	Any harmful act that is perpetrated against a person's will which is based on socially ascribed (gender) differences between males and females" (IASC, 2005).
Neglect	When someone who has the responsibility to provide care or assistance for an individual but does not. This is frequently defined as the failure of a parent or other person with responsibility to provide food, clothing, shelter, medical care, or supervision to the degree that the victims' health, safety, and well-being is threatened.
Patriarchy	A social system in which men hold primary power and dominate roles of political leadership, moral authority, social privilege and control of assets.
Physical violence	Any threat or use of physical violence towards another person or persons, to cause harm, injury, disability or death.
Psychological Violence	Any threats used with the intent to harm another person mentally or emotionally, or to exert control over another person. This is also called emotional abuse.

Restorative Justice	A system of social and criminal justice that focuses on the rehabilitation of offenders to take responsibility for their actions and repair harm to the victim and their families and make amends to the community at large.
Sexual violence	All sexual conduct that abuses, humiliates, degrades or otherwise violates the sexual integrity of the complainant. Sexual Violence occurs when a person who has not freely given consent is forced to take part in sexual activity. Coercing a person to engage in sexual acts with a third party (sex trafficking) also qualifies as sexual violence.

V. EXECUTIVE SUMMARY

The National Strategy to End Violence 2023- 2027 is a multi-pronged and multisectoral approach for the elimination of violence in Eswatini. Violence is a concern for social development and a major barrier to self-determination for many people who are affected, either as victims/survivors, their families and perpetrators. In Eswatini, violence affects all population spectrums at all levels - individual, relationship and societal/community- and can occur anywhere, within homes, in communities and workplaces. Despite the enactment of several responsive laws and policies, such as the Sexual and Domestic Violence Act (2018) and Child protection and Welfare Act (2012), women and children continue to be victims in over 80% gender based violence (GBV) incidences. According to the Eswatini Violence Against Children and Youth Survey (2022), an estimated one out of four females and nearly one out of three males in the ages 13-24 years will experience any type of violence in their lifetime. While sexual violence is more commonly experienced by females, males are disproportionately affected by physical violence. Experience of physical violence by a peer is about five times more common in males than females. Ten percent of young people aged 18-24 have experienced childhood emotional by a parent, adult relative or other adult caregiver, an intimate partner, and/or a childhood peer. According to the Police Report (2021) suicide incidences are most likely to occur among men who represent 75% of all cases. Since June 2021, the country has witnessed an alarming spike in acts of collective violence displayed through destruction of properties and taking of lives of citizens.

The Goal of this Strategy is to reduce all forms of violence in Eswatini by 50 percent by 2027. This is premised on the belief that it can be possible to research the motivators for violence and as such, develop appropriate strategies to prevent and respond to violence. The National Strategy to End Violence 2023- 2027 prioritizes renewed commitment to strategies in five (5) key Pillars.

Pillar 1: Prevent all forms of violence by creating an environment for non-tolerance of violence in order to have homesteads, communities, social and workspaces that are free of violence and build communities that are responsive to individual and collective trauma. This will be done by addressing negative cultural practices that fuel violence, investing in socio-development at the individual and family/community levels, identifying and preventing violence among underserved populations, enhancing the capacity for women and men participation and promoting restorative justice to strengthen the rehabilitation and re-integration of perpetrators.

Pillar 2: Support survivors and their Families by creating strong and coordinated community, health and legal systems that provide victim -centred services that protect the dignity of survivors, provide healthcare and physical safety to persons who experience violence and their families. This will activate a synchronized response that covers all consequential outcomes through effective collaboration with law enforcement, civil society, health system, social welfare and child protection systems. Statutory service providers and duty bearers will in turn, provide a

comprehensive package of services that combines medical and psychosocial support (PSS), as well as places of safety for those in need.

Pillar 3: Promote responsive legal and justice systems by providing a responsive legal and justice system that offers protection, safety and justice for victims and effectively holds perpetrators accountable for their actions. This will also prioritize the rehabilitation of alleged and confirmed offenders for successful integration to communities.

Pillar 4: Promote partnerships and coordination for effective violence prevention and response through effective and efficient inter-agency and intra-agency coordination of stakeholders to ensure that all strategies to end violence are operationalized and for joint mobilization of resources for interventions. This requires government, civil society, communities, social movements, the private sector, development partners and all stakeholders to work together to push the agenda forward.

Pillar 5: Sustain a violence knowledge centre (Monitoring, Evaluation and Research) by creating a system that produces evidence on a regular basis to enable decision making in planning, implementation and accountability. This will enable joint accountability for meeting the outcomes and targets that are included in this strategy.

Institutional arrangements and implementation modalities for implementing the strategy will flow through a coordinated multi-sector response that is arranged in a hierarchical format which uses both top-down and bottom up correspondence, at policy, planning and implementation levels that takes place at national, regional and community levels. National guidelines for the Multisectoral response to gender based violence in Eswatini will be enhanced to address all forms of violence.

The estimated cost for full implementation of the strategy is E46, 808, 200.00 (US$ 2, 753, 423.53) over its five-year term.

CHAPTER 1: STRATEGIC CONTEXT AND RATIONALE FOR STRATEGY TO END VIOLENCE

1.1. Country Context

The Kingdom of Eswatini is situated in the Southern African region and has a total land area of 17,364 square kilometres. The total population is 1.1 million people, with females constituting 51.4% of the population. The country is divided into four administrative regions, namely Hhohho, Manzini, Lubombo and Shiselweni. The population distribution varies across the regions with Manzini having the highest proportion (32.6%) followed by Hhohho (29.3%), Lubombo (19.4%) and Shiselweni (18.7%). Eswatini has a youthful population where 73% of the population is under the age 35, adolescents and young people aged 15-24 constitute 20.7% and 39.6% are under 15 years. (Eswatini Population and Housing Census, 2017).

Eswatini is classified as a lower middle-income country (LMIC) with real Gross Domestic Product (GDP) per capita of USD 3,962 in 2021. Despite the classification, Eswatini's economy is experiencing its weakest performance due to a persistent recession that is attributed to slow economic growth, rising and high unemployment, and a weak fiscal position due to increasing public expenditures against a few volatile sources of revenue. The emergence of COVID-19 in 2020 and the unprecedented civil unrest of 2021 threaten prospects for higher growth. Eswatini's Human Development Index (HDI)[1] which had slightly decreased from 0.548 to 0.541 between the years 1990 and 2015, has increased to 0.597 in 2021. This is due to increases in all three indicators, with life expectancy to 57 years, mean years of schooling by 2.0 years and the Gross National Income (GNI) by 13.2%.

According to the Household Income and Expenditure Survey (2016/17), the poverty rate is 58.9% and much higher in rural areas (70.1%) than urban areas (19.6%). An estimated 39.7% of the population is living below the international poverty line of $1.90 per day. According to the Labour force survey (2021), national unemployment rate is 25.8% and worse (50.9 %) for youth aged 18-24. Persons living with disability make up only 5.4% of the working population, which is only 28.8% of the total population PWD. Eswatini has the highest prevalence of HIV in the world with 27.3% of adults living with HIV. Its emergence in the late 1980s left devastating effects which have disintegrated the family unit as more children became orphaned or vulnerable (OVC), and elderly persons and children became heads of households with little income to care for rearranged families.

The Country operates a dual and parallel legal system based on modern and traditional systems. The modern system is based on common law using the Roman Dutch law while the traditional

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[1] Human Development Index (HDI) is a summary measure of average achievement in three dimensions of human development: life expectancy at birth, being knowledgeable and standard of living as measured by gross national income per capita.

system is based on customary law. These are governed in two distinct court systems, namely traditional 'Swazi' courts and modern common law courts.

1.2. Understanding violence

There is no one standard definition for violence. The 2002 World Report on Violence and Health (WRVH) defines violence as "*the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.*" Violence can be also defined as "*a behaviour that is intentional, unwanted, nonessential and harmful*" (Hamby, 2017, p.168). To qualify as an act of violence, there must be intent or deliberate effort to cause harm – also called "coercive control".

The World Health Organization (WHO) presents a "typology of violence" shown in figure 1 below, which depicts violence in three broad categories, namely self-directed, interpersonal and collective. Self-directed violence is directed at oneself. Interpersonal violence among known and unknown persons – family, intimate partners, strangers or acquaintances. Collective violence is committed by groups of individuals who share similar views that are often based on political, economic or social objectives. The scope of violence can range from self-harm, intimate partner violence (IPV), physical aggression, sexual coercion, psychological abuse and controlling behaviour, rape and sexual assault, sexual coercion and harassment, child marriage, neglect, financial abuse, dispossession of assets, discrimination based on gender, economic deprivation, collective or group violence and human trafficking and sexual exploitation.

Figure 1: Typology of violence
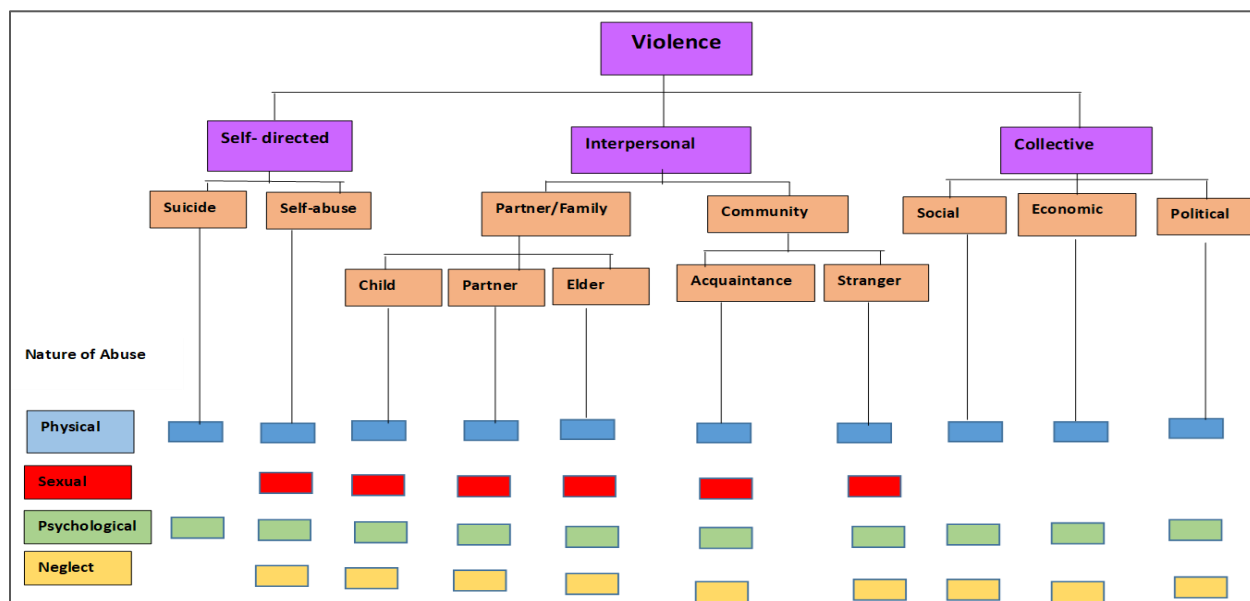
Source: World Report on Violence and Health 4, 2002

The impact of violence on victims and survivors is wide and far-reaching. Some victims do not survive, while survivors can experience health effects such as physical injuries, sexually transmitted illness, HIV infection, unwanted pregnancies and a range of mental disorders. This is aggravated by feelings of worthlessness, fear, powerlessness, shame, disgust, humiliation or guilt. Violence can also lead to the isolation and ostracism of survivors, which can extend to their families who become secondary victims. Violence is also a 'gateway experience' to alcohol and drug abuse, sexual disorientation and sex work.

The impact of violence goes beyond individual injury to the economy, affecting gross domestic product (GDP) through loss of productivity for the victim and perpetrator, and the opportunity cost of not preventing it.

1.3.   International, Regional and National Instruments on Violence

The country is signatory to many conventions and treaties on ending violence including; The United Nation's Universal Declaration on Human Rights (1948), The 2000 UN Millennium Goals that have been succeeded by the United Nations Sustainable Development Goals (SDGs) with Goal 5 to achieve gender equality and end all GBV by 2030, the ratification of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 2004, International Conference on Population and Development (ICPD) in 1994, the UN convention on the Right s of a Child, UN Convention of the rights of people with disabilities in 2006, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), and SADC Protocol of Gender and Development.

The Government of Eswatini has prioritised the eradication of violence at all levels for the full protection and welfare of all Emaswati. The National Constitution (2005) makes provision for equality and non-discrimination through guarantees of fundamental human rights and freedoms of the individual as articulated in Section 20 and the Bill of Rights. In 2016, the DPM's Office developed a five-year comprehensive multi-sector National Strategy and Action Plan to end violence in Swaziland (2017-2022). Through its implementation, the country has enacted the following laws;

A. The Sexual Offences and Domestic Violence Act (SODV) in 2018, which broadens the legal definition of rape to make the offence gender neutral, establishes the age of consent to 18, criminalizes sexual harassment and assault and makes provisions to protect children from sexual exploitation. The Act also establishes a national register for sexual offenders.
B. Regulation of the Sexual Offences and Domestic Violence Act, 2020, these regulations are aimed at operationalizing the SODV act of 2018.
C. Persons with Disability Act 2018, which promotes and protects the rights of Persons with disability (PWD).

D. Correctional Services Act of 2017, which prioritizes the rights of detained persons and defines enforcement to be rehabilitative than punitive.
E. Witness Protection Act of 2018 to protect survivors and witnesses while a case is being determined.
F. Computer Crime and Cyber Crime Act of 2022, which criminalizes offences committed through usage of computer systems and electronic communication networks. The Act further prohibits the production and distribution of child pornography for oneself or another person.
G. Review of the Marriages Act of 1964, which will align law with Constitution and improve the rights of married women.
H. Draft Legal Aid Bill, which will establish a system to provide 'free' - *pro bono* and *pro deo* - services for those who cannot afford an attorney. The areas of priority are child welfare, GBV, violation of sexual and reproductive rights, land and property rights amongst many others.
I. Review of the Employment Act of 1980 as amended which has provisions for preventing the employment of children and promotes equality in employment.
J. Review of the Industrial Relations Act of 2000, which will include the requirements of the SODV Act.
K. Election of Women into the house of Assembly Act of 2018 to fulfil the constitutional requirement of representation quotas for women and marginalized groups in parliament.

CHAPTER 2: VIOLENCE IN ESWATINI

In Eswatini, violence affects all population spectrums and can occur anywhere, within homes, in communities and workplaces. The situation analysis of sexual and gender-based violence in Eswatini (2021) found that violence occurs at all three levels, namely, individual, relationship and societal/community. While everyone is at risk of violence, girls and women, and underserved groups remain most vulnerable. According to the Eswatini Violence Against Children and Youth Survey (2022), an estimated 25.5% and 31.7 % of females and males in the ages 13-24 years will have experienced any type of violence in their lifetime. More females than males (8.1% versus 3.3%) experienced any lifetime sexual violence. From those, 5.5% of females and 2.1% of males had experienced it during their childhood. While more females commonly experienced sexual violence, males are disproportionately affected by physical violence (23.2% vs 10.5%). Experience of physical violence by a peer is about five times more common in males than females.

Table 1 below shows the type of violence that is experienced by different sub-populations in Eswatini. These are the priority populations for all interventions to end violence.

Table 1: Type of violence for sub-populations in Eswatini

SUB-POPULATION	PREVALENT NATURE OF VIOLENCE
Women	Intimate partner violence (IPV), physical, sexual, economic/financial, psychological/mental and structural (uneven opportunities) and cyber bullying
Children	Psychological abuse, physical abuse, economic exploitation, and maltreatment, neglect & bullying including cyber bullying,
Orphaned and Vulnerable Children (OVC)	Physical, sexual, psychological/mental and dispossession of assets
Men	Psychological/mental, self-directed, Men-on-men
Elderly	Economic deprivation
Persons with disability (PWD)	Neglect, uneven opportunities, concealment of violence, access to services
Asylum seekers, refugees, persons on the move & stateless persons and widows	Physical, sexual, psychological/mental and access to services

Source: numerous state reports

2.1.Current trends in violence

A) Self-directed violence

Suicide

According to annual police statistics and shown in figure 2 below, suicide incidents have increased over the years from 115 (88 males and 27 females) in 2015 to 154 (119 M and 35 F) in 2021. On average during 2017-2021, males account for 75% of suicide victims. Seventy-three percent of victims are older than 24 years.

Figure 2: Suicide incidents in Eswatini, 2015-2021

	2015	2016	2017	2018	2019	2020	2021
FEMALE	27	23	35	35	34	33	35
MALE	88	102	75	80	100	109	119
TOTAL	115	125	110	115	134	142	154
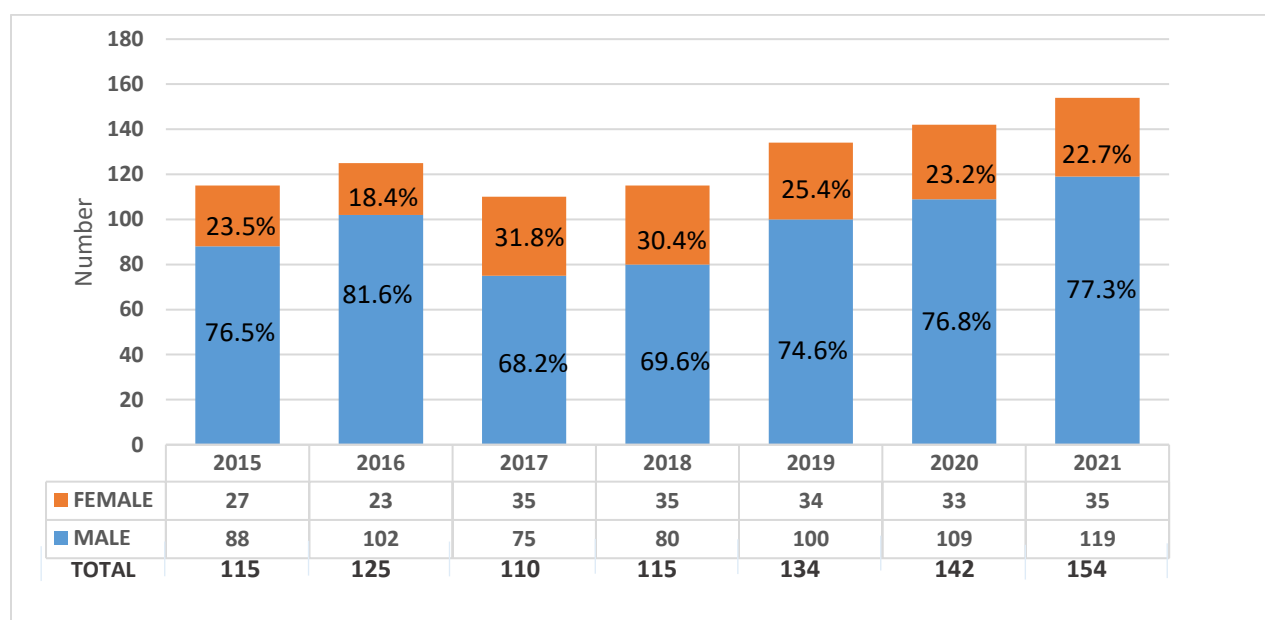
Source: Annual Police statistics 2017-2021

More than half of people who commit suicide, do so by hanging, followed by ingesting poisonous substance.

The study on drivers of violence found that more young people who suffer from depression, anxiety and conduct disorder have a higher chance of committing suicide than those without these disorders.

Self-abuse

The country's economic climate has resulted in more young women going into transactional sex work.

B) Interpersonal violence

Interpersonal violence by intimate partner violence, stranger or acquaintance is the most common and most documented form of violence in Eswatini. The National Surveillance System on Violence (NSSV) 2021 confirmed that interpersonal violence was prevalent among people who are known to each other, with current or ex- partners as main perpetrators of violence, followed by family members who made up 31% and 23% of all cases reported, respectively.

The report revealed an increasing trend in the number of reported cases over the last five years (2017-2021). As shown in figure 4, violent cases have almost doubled from 9,102 in 2017 to 15,987 in 2021, which occurred among 14,987 survivors. The increase cannot be solely attributed to a rise in violence as it can indicate more awareness and reporting, it is however indicative of big problem.

Figure 3: Method of suicide, average of incidences
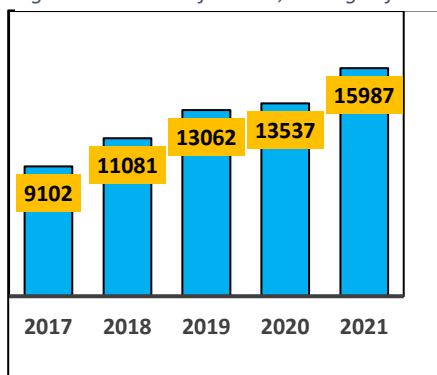
Source: National Surveillance System on Violence (NSSV), 2021

Most survivors were female making up 69% of cases, while men and boys make up 31%. More than half of GBV cases occurred among those who were over 25 years. Most incidences occurred in the home "location" accounting for 63.9% of all cases.

Figure 4: Number of interpersonal violence cases in Eswatini, 2017-2021
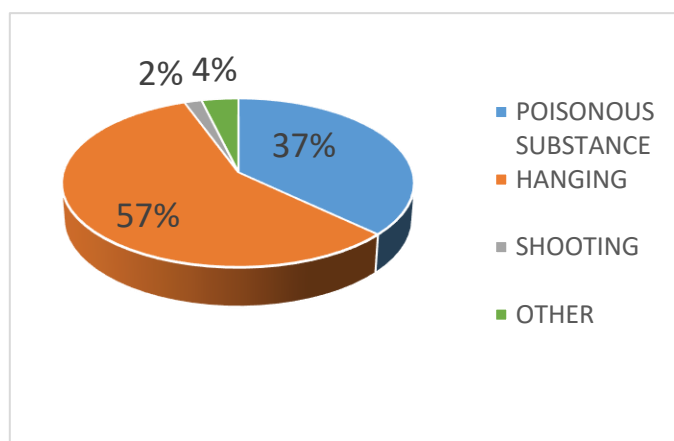
Source: Annual Police statistics 2017-2021

Physical and emotional abuse makes up 33% and 32% of cases, respectively. These are closely followed by sexual abuse (17%).

Figure 5: Nature of violence, 2021
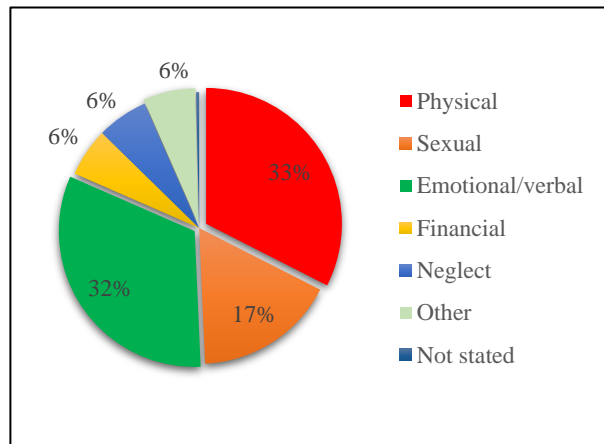
Source: Annual Police statistics 2017-2021

According to the NSSV, children under 18 years make up 27% of all violence cases. Psychological abuse and neglect are the most prominent forms followed by sexual violence, from which a third of acts occurs within in a child's own home (UNICEF 2016). Often times, these are perpetrated by parents or caregivers, peers, romantic partners, or strangers. Children also experience physical abuse, economic exploitation, and maltreatment. Children also suffer violence from peers in the form of bullying which occurs in schools, homes or communities.
Source: Annual Police statistics 2017-2021

C) Collective violence

Collective violence is in the form of mob justice, where communities gather own 'justice' to suspects of crime or other social issues. Collective violence is also manifested in uneven access, opportunities and distribution of wealth. This is sustained through` practices that segregate or promote one group at the expense of another. This is prevalent in the leadership and employment spheres.

2.2. Drivers of violence in Eswatini

The factors that influence the spread of violence include;
Socialization- Eswatini is patriarchal society, where gender norms and expectations have assigned gender roles along cultural norms to create a power imbalance that favour males and expectation of behaviour for "how men/women should behave". The perception of women as subordinate is an enabler for violence and is often used to sanction violence in certain circumstances. The Multiple Indicator Cluster Survey MICS (2014) found that more women than men (32.6% vs

29.4%) shared the view that wife beating was justified in certain circumstances. This was highest among those aged 15-19 at 47.2% and among those who are not married (37.1%). This indicates that this norm will continue as the normalcy of violence is inculcated to younger generations.

Exposure and experience to abuse and maltreatment - exposure to violence in the home, community or through media can create a tolerance for violent actions as normal and creates a "cycle of violence" that ripples through generations. According to the VAC 2022, some 8.8% females and 14.6% males aged 18-24 had witnessed physical violence at home in childhood. More youth comprised of 13.8% females and 21.9% males, reported to have witnessed violence in the community. Children who grow up in families where domestic and family violence frequently occurs are more likely to tolerate violence and/or become abusive when they are older. Aggressive behaviour can also be a form of retaliation, as a means to even the score for a survivor of past abuse. Violence can also offer a 'gateway experience' to self- abuse through alcohol and drug abuse, sexual disorientation and sex work.

Poverty, unemployment and income-inequality– the high rates of unemployment, poverty and income inequality has led many people to suffer from poverty-induced stress. This can increase the likelihood of arguments over resource priorities. For men, the failure to fulfil household expectations can result in feelings of emasculation, and despondency which can aggravate their tendency to resort to either self-inflicted or exerted violence. On the other hand, victims of violence may choose to remain in abusive relationships due to economic dependence and limited negotiation power.

Substance abuse - According to the World Health Organization, alcohol use is more closely associated with aggressive behavior than any other type of psychotropic substance. This is because drugs and alcohol disrupt the normal brain function and can affect a person's reasoning ability, which can increase their likelihood to become argumentative and abusive. The MICS 2014 revealed that 52.9% of males, aged 15-49 had ever had an alcoholic drink and 25.5% were active drinkers. This includes 9.8% of teen males aged 15-19.

Mental health challenges – In any society, a lot people will have underlying mental health challenges. The source is often due to external factors such as trauma, unemployment and substance abuse, which leads to internalized feelings of inferiority or superiority. This can manifest in poor anger management, hopelessness, depression, dejection and a loss of identify. This leads to disregard of human rights, victim-blaming and sense of power, control, and entitlement, that can make an individual to use violence as a medium of expression.

The institutional factors that influence the spread of violence include;

Lack of protection systems- The cultural and patriarchal influences in the home and community have created a barrier to reporting and managing violence. This leads to underreporting, lack of follow-up of violence incidents and a generally weak protection system.

The existing *systems, practices, policies, or norms* that are adopted by institutions, structures, organizations, or groups can enable violence by creating unequal opportunities or exclude a certain group.

2.3. Review of the current response to ending violence in Eswatini

The country's efforts to prevent violence have been largely through laws, and advocacy to create awareness and mobilize communities. The DPMO's DFGI has rolled out a program to address the disintegration of the family structure through capacitating families to provide comprehensive care and support for OVC. Public advocacy is provided in communities and young people in cultural events targeting women and men including girls and boys, respectively. The Ministry of Education and Training (MoET) has developed a strategy to prevent and respond to violence in schools, realigned the School Rules and Regulations and developed Positive Discipline Guidelines. The life skills education program, which provides comprehensive sexuality education, is also designed to empower learners be assertive. Civil society organisations provide programs to empower women and promote the greater involvement of men and boys in preventing violence and advancing gender equality. Over the years, the community and voluntary sectors have played a powerful role in bringing these issues into public consciousness leading to changes in the law and practice.

To respond to violence, the country developed expansive response systems at the community, health and justice sectors to enable victims and survivors to access services and receive justice, including punitive measures for offenders. Through collaboration with the health sector and Royal Eswatini Police Service (REPS), existing community structures and CSO's, victims and survivors have access to medical and justice services. Several toll free help lines have been established at the DPMO, MoET, REPS, SWAGAA and Bantwana civil society organisations for quick reporting and response.

The Ministry of Health provides a comprehensive package of services through One Stop Centers in three hospitals in Mbabane, Manzini, and Siteki. The package which includes psychological First Aid, post-exposure prophylaxis (PEP) to prevent HIV, sexually transmitted infections (STI) treatment pregnancy prevention and forensic examination, is designed for victims and survivors of physical and sexual violence.

The DPMO developed National Shelter Guidelines (2020) to provide temporal housing and a package of care that includes psychological support services for survivors of violence, exploitation, abuse, neglect and other vulnerable groups. Three safe houses (all privately operated) were established since 2021. The DPMO has developed a foster care program as an alternative

care program that allows families to adopt children in need of care and protection, and designated Residential Child Care Facilities (RCCF) for child victims.

A clinic is available at the Malindza Refugee Reception Centre to offers a basic violence response package to Asylum seekers and Refugees. The state also provides protection and shelter to victims of human trafficking, a majority of whom are foreign. This includes a national referral mechanism to ensure support the social integration of asylum seekers and refugees and victims/survivors of human trafficking, including repatriation to country of origin.

The Royal Eswatini Police Service (REPS) has rolled out Domestic Violence, Child Protection and Sexual Offenses (DCS) Units with specially trained law enforcers to all police stations, from 24 police stations in 2016. The DCS in Mbabane has allocated a police officer who is skilled in sign language to communicate with PWD victims of violence. However, the gap in accessible communication for PWD is still vast. The REPS has also developed a case conferencing system to track progress of reported cases.

The judiciary established domestic violence courts at the magistrate level and rolled out child-friendly courts (CFC's) with specialized personnel in five courts, from three in 2016. As per the provisions of the Child Protection and Welfare Act (CPWA) of 2012, Umphakatsi Child Justice Committees (UCJC) must be established in all communities for local administration of justice in cases of petty crimes that have been committed by children.

His Majesty's Correctional Services (HMCS) developed the victims' identification guidelines, regulations for rehabilitation and reintegration of children in conflict with the law and a national referral mechanism that prioritizes rehabilitation as opposed to punitive justice for offenders.

The Ministry of Justice (MoJ) has established a Law Reform Unit and Legal Aid Unit, which spearheaded the review of several laws that have implications for ending violence, amongst others. These include the SODV Act (2018), the Marriages Act (under review) and Legal Aid Bill (under validation).

The country's efforts to create awareness on violence and trust in the justice system including the SODV Act 2018, has led to increased reporting of violence. The coordination of partners has led to the creation of the GBV data Stakeholders network, which supplies data to the surveillance system that is managed at the DGFU. This has enabled the aggregated of statistics on GBV and production on annual reports. The country has conducted research, surveys and studies on violence, including the SODV Implementation report (2021), Study on Intimate partner violence (2021), Study on Drivers of Violence against Children (2016), A Situation Analysis of Sexual and Gender-Based Violence in Eswatini (2020), Empowering girls on improving health and wellbeing (2019), Study on LGBI: Risk and Vulnerability (2021).

CHAPTER 3: THE NATIONAL STRATEGY TO END VIOLENCE IN ESWATINI 2023-2027

The vision of the National Strategy to End violence in Eswatini 2023-2027 is to attain;

> *A safe Eswatini, where every LiSwati and persons residing in it are free to pursue their self-determination in a violent free environment.*

The overall goal of the strategy is:

> *To reduce all forms of violence in Eswatini by 50 percent by 2027.*

Strategy Objectives:

➢ To promote prevention and early identification of gender based violence through increased understanding of gender based violence and addressing associated social, cultural and or traditional, religious, political and economic factors.

➢ To strengthen delivery of effective, accessible and responsive protection, care and support services to those affected by Gender Based Violence.

➢ To strengthen national GBV prevention and response.

➢ To ensure efficient and effective management, coordination and partnerships building for the national response on violence, mainly GBV.

The strategy premises that by carefully analyzing each form of violence, it can be possible to research the possible motivators and as such, develop appropriate strategies to prevent and respond to violence.

To do that, the strategy has prioritized five strategic pillars;

a) **Pillar 1: Prevent All Forms of Violence**- by changing societal attitudes to activate communities that have zero tolerance for violence, as well to rehabilitate and reintegrate perpetrators to end the cycle of violence.

b) **Pillar 2: Support Survivors and Their Families**, by improving the quality of current support to victims and survivors, and to include their families.

c) **Pillar 3: Promote Responsive Legal and Justice Systems** to provide justice to victim/survivors and hold perpetrators to account and invest in their rehabilitation.

d) **Pillar 4: Promote Partnerships and Coordination for Violence Prevention and Response Management** to attain efficient and effective delivery of programs and services, and joint accountability for meeting the outcomes and targets in this strategy.

e) **Pillar 5: Sustain a Violence Knowledge Centre** by creating systems for monitoring, evaluation and research to produce evidence on a regular basis for use in planning, implementation and accountability

The implementation of the strategy will achieve the following impact level results;

Table 2: Impact level indicators for the strategy to end violence in Eswatini

1) Violent injuries and death per 100,000 population are reduced to less than 50/100,000 in 2027
2) Percentage of women aged 15-49 who are subjected to physical and/or sexual violence is reduced to less than 10% in 2027
3) Percentage of men aged 25 and older who commit suicide reduced to 0.1% in 2027
4) Percentage of children under 14 years who experience neglect is reduced to less than 5% in 2027
5) Proportion of seats held by women in parliament from 20.2% (21/104) in 2018 to (40%) 41/99 in 2027

The implementation of this strategy will be guided by the following fundamental principles:

1) Human rights based approach: To acknowledge that violence is a violation of human rights and respond to national obligations under relevant human rights treaties.

2) Non-discrimination: To acknowledge that violence is a form of discrimination and a manifestation of historically unequal power relations. In that, the strategy aims to support all populations, victims, their families and perpetrators.

3) Inclusivity: To embrace diversity and acknowledge risk by sex, age, poverty status, disability, and sexual orientation or identity.

4) Community Engagement and Participation: To activate communities and strengthen community systems to lead interventions at community level.

5) Multisectoral: To adopt a multisectoral approach which leverages on the comparative advantage and roles of different partners across government, civil society, the private sector

movements, youth constituency, faith-based structures, traditional structures, the media, academia, development partners and other stakeholders.

6) Evidence-based programming: To promote the use of evidence for decision making in planning, implementation and accountability.

PILLAR 1: PREVENT ALL FORMS OF VIOLENCE

The prevention of violence is set upon a premise that violence is a choice and is preventable. The primary objective is to create an environment for non-tolerance of violence in order to have homesteads, communities, social and workspaces that are free of violence and build communities that are responsive to individual and collective trauma. This will be done by addressing negative cultural practices that fuel violence, investing in socio-development at the individual and family/community levels, identifying and preventing violence among underserved populations, enhancing the capacity for women and men participation, and strengthening the rehabilitation and re-integration of perpetrators. This is in recognition that the country has not intentionally invested in the prevention of violence as an utmost priority for ending violence. The country has also not prioritized interventions that focus on the reconciliation and re-integration of perpetrators in communities but focused on the criminal justice system to ensure their incarceration. This risk enabling a cycle of violence and repeat offending.

Objective 1.1. - Develop societal attitudes that support a reduction in violence

The objective is to mobilize communities to attain attitudes that promote gender equality, restore human dignity, build caring communities and enable communities to respond to individual and collective trauma. This will be done through coordinated community response strategies that engage communities to develop a common understanding of violence and change social norms and attitudes that contribute to violence against women.

Challenges:
1) Lack of gender transformative and family centered violence prevention interventions. Common socialization has led some people to believe that there are circumstances where a man is justified to beat a woman. More women than men (32.6% vs 29.4%) shared that view. In both sexes, this view was highest among those aged 15-19 at 47.2% and among those who were not married (37.1%).

2) There is insufficient male involvement in violence prevention interventions, yet men can be used as agents of change through their leadership role in homes, communities and workplaces. The general inclination to view men as perpetrators. Toxic masculinity is promoted through nuances that accept male on male violent activities (fighting), boys must not show emotion, and assumption that men must always be providers of families. This

and several other factors have resulted in a despondent male, who shows their frustration through violence including suicide.

3) High rate of underage marriage. The MICS 2014 under covered that 5.3% of married women aged 20-24 entered marriage before they were 18 years old. Some (0.8%) were married before the age of 15.

4) There are very few programs targeting the religious sector, yet it is estimated that over 80% of Emaswati self-identify as religious with the Christian faith being the more prominent.

5) Few programs targeting traditional sectors have confronted the issues that propel violence which are concealed under culture, such as labeling family level violence as private matters '*tibi tendlu*' and overlooking early marriage under customary law.

6) Limited advocacy about online violence/ cyber bullying perpetrated against women and girls.

7) There are high and rising incidences of cyber bullying through social media. This is often meted by bitter ex partners or for political reasons. These platforms, which are accessed by many people globally, are not able to screen for correctness of information and can keep the information forever, leading to lasting violation.

Strategies:

   I. Develop and implement gender transformative and family centered violence prevention interventions.

  II. Create a national violence prevention program that engages men and boys as agents of change and allies for ending violence.

 III. Develop and strengthen comprehensive interventions for using popular opinion leaders as allies for ending violence and promote gender equitable relationships.

 IV. Roll out advocacy for a nation-wide evidence based response for mental health.

  V. Operationalize the Computer Crime and Cyber Crime of 2020 to prevent cyber violence and promote sensitive reporting.

 VI. Engage men and boys in GBV prevention and response programs.

The strategies will lead to the achievement of the following outcomes.

Table 3: Change in societal attitudes outcome results

Indicator	Baseline (Source, year)	Targets for 2027

% of people age 15-49 years who state that a husband is justified in hitting or beating his wife for any reason	Female: 32.6% Male: 29.4% (MICS, 2014)	Female: 10% Male: 10%
% of women aged 20-24 who were first married or entered into a marital union before 18 years	5.3% (MICS, 2014)	0%
% of young people age 15-24 years who had sexual intercourse before age 15	3%- F 2.8%- M (MICS, 2014)	0.5% for both

Objective 1.2. – Prevent violence on children and young people

Youth violence can have serious and lasting effects on the physiological and health status of victims, leads to poor development of social cognitive disabilities, learning challenges, trouble coping with stress which in turn affects their relationships up to adulthood and impaired decision-making. Violence on youth is also linked to negative health and well-being outcomes. Youth with depression, anxiety disorder, and conduct disorder have a higher chance of self-violence, including suicide, than those without these disorders. The objective is to create safe and supportive environments in homes, schools and communities by addressing disintegrated family structures, preventing all forms of violence in home, schools and communities, providing drug and substance abuse programmes and creating access to mental health services for young people.

Challenges:
1) While schools have developed regulations to prevent violence in schools, these have not been implemented in all schools.
2) Current efforts for violence have not addressed the common act of violence among peers, which is bullying. According to the Global status report on preventing violence against children (2020), in Eswatini 33% and 31% of boys and girls aged 11–15 years, respectively, had experienced bullying in the past 30 days preceding the study.
3) There is a rise in suicides among college and university students.
4) There is a rise in violence against children with autism spectrum.
5) More young people abuse alcohol. Given the relationship between substance abuse and violence, this can lead to violent behaviour. The MICS 2014 revealed that 1.5% and 5.9% of women and men aged 15-24 had at least one alcoholic drink before age 15. Ten percent of teen males aged 15-19 had ever had an alcoholic drink.
6) Many children and young people suffer from toxic stress due to experiencing violence and exposure to violence and conflict in their families and communities.

Strategies:
I. Promote family environments that support positive parenting and family relations.
II. Implement Care and Support for Teaching and Learning Framework (CSTL) programs at all levels in all schools around the country.

III. Integrate online violence prevention and response in national programmes targeting the young people including children.

IV. Develop empowerment programs for girls and boys in schools and communities.
V. Integrate peer-to-peer violence in all prevention programs targeting young people.
VI. Develop and roll out drug and substance abuse prevention programmes targeting young people.
VII. Provide cognitive behavioral therapy to children and young people who suffer trauma from being victims of violence or observing violence.
VIII. Create GBV awareness within the faith based community, including their roles in GBV prevention and response.

The strategies will lead to the achievement of the following outcomes.

Table 4: Prevention of violence on children and young people

Indicator	Baseline (Source, year)	Targets for 2027
% of learners who experienced violence in schools	Not established	Bullying- 5% for both sexes Sexual –5% for both sexes Psychological-5% for both sexes Physical – 5% for both sexes
% of children aged 5-14 who experienced neglect within homesteads	Not established	1%
% of young people aged 15-24 who experienced physical and sexual violence	Not established	F= 5% M=3%

Objective 1.3. – Prevent violence among underserved populations (PWD, OVC, asylum seekers and refugees and persons on the move)

Violence occurs among the populations of Persons with disabilities, Orphaned and Vulnerable Children, asylum seekers and refugees, yet they are underserved in prevention efforts. These populations face emotional abuse, stigma, name-calling, and deprivation of services (services not being sensitive). Widows and OVC are often subjected to land grabbing, dispossession of assets and wealth and denial of rightful inheritance. The objective is to recognize that different types of violence occur among these populations and to enforce the provision of targeted responses using constituency-sensitize methods.

Challenges:

1) The country has not conducted research on the magnitude and nature of violence that occurs among PWD, OVC, widows, asylum seekers and refugees.
2) Existing programs to prevent violence have targeted the general and local populations only and in doing so, exclude sub populations who are disproportionately vulnerable.

Strategies:

I. Conduct research on the prevalence, magnitude and nature of violence among PWD, OVC, asylum seekers and refugees.
II. Design and implement tailor make programmes for the targeted populations.
III. Increase awereness raising on violence prevention and response targeting PWD, OVC, widows, asylum seekers and refugees.
IV. Advocate for access to basic human rights for these groups (PWD, OVC, widows, asylum seekers and refugees.
V. Provide structured integration of asylum seekers and refugees into the community.

The strategies will lead to the achievement of the following outcomes.

Table 5: Prevention of violence among underserved populations' outcome results

Indicator	Baseline (Source, year)	Targets for 2027
% of underserved populations who experience violence	No baseline	PWD=5% for both sexes OVC= 5% for both sexes Asylum seekers and Refugees=5% for both sexes =5% for both sexes

Objective 1.4. - Create equal, safe and inclusive work places that are free of violence

Violence in the workplace can occur through recruitment discrimination based on gender, bullying/harassment, transactional sex, sexual harassment, sexual coercion and rape, physical violence, stigmatization, exclusion, and forced labour. Some workplaces have adopted cultures that do not encourage female advancement to leadership positions. The objective is to create safe and inclusive work places that prevent, respond to violence and promote equal growth opportunities.

Challenges:

1) The SODV Act recognizes that violence occurs within the workplace, however its magnitude and predominant types have not been researched, as well as its impact on productivity.
2) No clear guidelines and reporting structures for cases of violence eg: sexual harassment in the workplace, both in public and private structures.
3) A significant number of incidents go unreported, and if reported the victim is not supported.
4) Many workplaces have not aligned their policies to the SODV Act but focused on physical violence and discrimination.

Strategies:

I.   Undertake research on the magnitude of violence and type of violence in the workplace.
II. Develop effective workplace policies to prevent physical, sexual, psychological and economic violence, support victims and outline stringent consequences for offenders.
III. Develop nuances of gender around recruitment to avail equal growth opportunities for women.
IV. Strengthen the prevention of physical, sexual, psychological and economic violence in the workplace through effective robust trainings and awareness raising, development of women friendly environments.
V.   Integrate violence prevention and response in wellness programs within the workplace.

The strategies will lead to the achievement of the following outcome.

Table 6: Creating safe and inclusive work places outcome results

Indicator	Baseline (Source, year)	Targets for 2027
% of companies with workplace policies to prevent and respond to all types of violence	Not established	90%

Objective 1.5. – Restorative justice and rehabilitation of perpetrators in communities

Restorative justice accepts that the harm caused by violence cannot only be redressed through the traditional justice system. Restorative justice promotes retributive justice for victims, their families and communities, by creating a consensus for accountability on the offender and rebuilding relationships. A 2007 study found that restorative justice had a higher rate of victim satisfaction and offender accountability than traditional methods of justice delivery.[2] The objective is to promote victim-offender mediation, rehabilitation and reintegration of perpetrators to communities

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[2] Lawrence W Sherman & Heather Strang (2007). "Restorative Justice: The Evidence" (PDF). University of Pennsylvania

to prevent a cycle of violence based on rejection of the offender and/or retaliation of survivors. This will also encourage perpetrators to become partners in action against violence.

Challenges:
1) According to the NSSV, 63.9% of gender-based violence occurs within homesteads among family members or known persons, yet there are no formal programs on restorative justice.
2) There is no community catchment strategy to rehabilitate and reintegrate perpetrators in communities after serving sentences.
3) Drug and substance abuse is common in most incidences of violence. Perpetrators can resort to substance abuse to cope for their failure and identification as criminals.

Strategies:
I.   Develop effective strategies for restorative justice and reintegration of perpetrators to communities.
II. Conduct continuous engagement with traditional leaders on GBV prevention and response in communities.
III. Strengthen the imiphakatsi child justice committees to address violence against children.
IV. Implement a mandatory community service for all perpetrators (Correctional Act of 2017, section 95 for extra mural penal employment)
V.   Develop substance abuse rehabilitation programs to target perpetrators.

The strategies will lead to the achievement of the following outcome.

Table 7: Restorative justice and rehabilitation of perpetrators outcome result

Indicator	Baseline (Source, year)	Targets for 2027
% of perpetrators who are enrolled in community rehabilitation program	No baseline	50%

PILLAR 2: SUPPORT VICTIMS/SURVIVORS AND THEIR FAMILIES

Once violence has occurred it is important that appropriate response structures and services are in place to support victims/survivors and their families. This requires coordinated community, health and legal systems that provide victim -centred services that protect the dignity of survivors, provide healthcare and physical safety to persons who experience violence and their families. The objective is to build capacity to respond though a synchronized and holistic response that covers all consequential outcomes through effective collaboration of civil society, health system, social welfare and child protection systems and law enforcement. Statutory service providers and duty bearers will in turn, provide a comprehensive package of services that combines medical and psychosocial support (PSS), as well as places of safety for those in need.

Objective 2.1. - Community Systems Strengthening (CSS) to respond to violence

For a majority of victims the first responders are community cadres (Luhlombhe Lokukhalela, bandlancane and Community police) and Community Based Organisations/ Non-Governmental Organizations. The objective is to ensure that all communities respond to violence in a consistent way by empowering first responders to comprehend all natures of violence, promote victim safety and speedily refer cases to statutory service providers and duty bearers.

Challenges:
1) Few community carers and leaders are capacitated to respond to violence in a consistent manner. This is made worse by the cultural tolerance and concealment of violence, which compromises their interpretation of violence.
2) There is weak referral system between the community system and statutory service providers and duty bearers. According to the Eswatini Violence Against Children and Youth Survey 2022, nearly two-thirds of females aged 13-24 who experienced sexual violence told someone. Only half of those knew where to seek professional services, and only one-quarter sought out professional services.
3) Survivors of violence can experience secondary victimization as they relive their traumatic experience throughout the referral system.
4) Generally weak social protection systems for victims/survivors. The slow roll out of the National Shelter program means that many victims will continue to share spaces with (alleged) perpetrators.
5) Community justice structures are not capacitated to deal with all forms of violence.

Strategies
I. Build capacity for first-line support by community cadres for effective case management, from case identification to referral to statutory service providers and duty bearers.
II. Strengthen the Department of Social Welfare to build the capacity of social workers and community volunteer networks.

III. Operationalize the national coordination mechanism on GBV response as a guiding mechanism that links community networks on violence to national level.
IV. Develop and implement case referral between schools and statutory service providers.
V. Strengthen community responses to provide integrated care and support to families of survivors.
VI. Strengthen capacity of social welfare to build strong child protection systems.
VII. Develop social protection systems for victims/survivors, including shelter and safe houses.
VIII. Develop strategies to reduce unintended consequences and secondary victimization of victims.

The strategies will lead to the achievement of the following outcomes.

Table 8: Community System Strengthening Outcome Results

Indicator	Baseline (Source, year)	Targets for 2027
% of victims/survivors who are need and are placed in shelter and safe houses	No baseline	50%
% of cases that are speedily referred to statutory service providers and duty bearers	No baseline	80%

Objective 2.2. – Health Systems strengthening to respond to violence

The health system plays a crucial role in responding to violence as the majority of victims will require medical services. Health systems have a role to identify victims, provide health care services and facilitate access to supportive services in other sectors including the justice system. The objective is to strengthen the health system to provide a comprehensive package of services to victims, including underserved populations and facilitate collaborative referral to the justice and social welfare systems.

Challenges:
1) Limited human resources (GBV specialists, forensic, interpreters for different languages including sign language, psychologists and counsellors for disabled etc.) to respond to cases of violence.
2) Some populations including PWD, asylum seekers and refugees, face several access barriers including (self-perceived) stigma.
3) Low capacity for forensic investigation due to low capacity of health care workers and absence of a forensic lab. This affects the criminal justice process.
4) The comprehensive GBV package of services is only provided at secondary and tertiary levels of care.
5) Post-violence services including the GBV one stop centres are offered in only three hospitals in Mbabane, Manzini, and Siteki. These operate for only 8 hours, yet violence

occurs all hours. The Shiselweni region, which has most GBV / IPV incidences, does not have a one-stop centre.

6) Weak prioritization of psychological and psychosocial support services.
7) Weak cross-referral with the social welfare system.

Strategies

I. Strengthen the health sector response to be responsive to underserved populations.
II. Build capacity for specialization in violence response among heath cadres and incorporate psychological and psychosocial support services.
III. Promote GBV and SRH and HIV linkages.
IV. Decentralize the comprehensive GBV package of services to all levels of care i.e. primary/secondary and tertiary level of care and cater for incidences that occur after hours.
V. Integrate screening for violence in other entry points such as STI, maternity and out patient departments.
VI. Strengthen referral and linkages between MoH and the DSW.

The strategies will lead to the achievement of the following outcome.

Table 9: Health care package for survivors' outcome result

Indicator	Baseline (Source, year)	Targets for 2027
% of health facilities that provide a comprehensive package of services to survivors, including marginalized populations	No data	Female: 90% Male: 90%
% of survivors of violence who received timely and appropriate medical care based on agreed medical protocol	Not established	Female: 95% Male: 95%

PILLAR 3: PROMOTE RESPONSIVE LEGAL AND JUSTICE SYSTEMS

A responsive legal and justice system is pertinent for containing violence as it serves as both a deterrent and corrective measure for perpetrators, and offers relief to victims in the form of justice. The objective of this pillar is to provide a responsive legal and justice system that offers protection, safety and justice for victims and effectively holds perpetrators accountable for their actions. This will also prioritize the rehabilitation of alleged and confirmed offenders for successful integration to communities.

Objective 3.1. - Strengthen and review Laws and Policies governing the response to Violence

A supportive legal environment is one where violence is prohibited by Law. The objective is to provide promote law reform and operationalize laws that conform to the National Constitution (2005) and support the prevention of violence, promote human rights and provides justice to victims.

Challenges:
1) Some laws continue to be inconsistent with the Constitution, SODV Act and other recent laws including being not inharmony with another. For example: the age of consent in the SODV act of 2018 is 18 whereas in the CPWA of 2012 is at 16.
2) Laws protecting women and children are not clear against economic or financial abuse.
3) Customary marriage instills a subordinate and minority status for wives. This also affects inheritance after death of spouses where a wife is given a child's share. While it is expected that the amendment of the Marriage Act will address this, the situation prevailed at the time of drafting the strategy.
4) The lack of codified Customary Law results in the disguise of violence as culture and affects the administration of justice. This includes child marriage, ownership of assets by married women and rights of OVC.
5) Following the enactment of the SODV act of 2018, there courts are experiencing a backlog on GBV and VAC cases.
6) Absence of Cases Management System to track violence cases already in court, prosecuted, withdrawn and pending.

Strategies
  I.   Harmonize the laws and policies to successfully respond to all forms of violence.
 II.   Promote civil, family and administrative law procedures among statutory service providers and community cadres.
III.   Ensure that constitutional protections against discrimination in marriage are codified in statutory law to ensure effective protection of women and girls.
IV.   Enact pending family laws to address discrimination and abuse of women especially widows.
 V.   Codify Customary Law to standardize its interpretation.
VI.   Expedite the establishment of the office of the Registra for Sex Offenders.

VII.   Continuously capacitate law enforcers on the existing laws and regulations

VIII.   Capacitate the law enforcers and judiciary on the SODV regulation.

The strategies will result to the achievement of the following outcomes.

Table 10: Strengthen and review laws outcome result

Indicator	Baseline (Source, year)	Targets for 2027
Amendments done in property and land ownership laws, citizenship laws, inheritance laws, family laws, marriage laws, adoption, and employment laws	reviewed Marriage Bill, Employment Act and IRA Act need parliament approval	6 laws a) IRA Act b) Employment Act c) Marriage Act, d) Matrimonial and Property Rights law
Office of the Registrar for sex offenders in place	0	(f) full operation of the Office of the Registrar for sex offenders

Objective 3.2. -Promote equity and fairness in the Justice System

The justice system is tasked with the determination of violence as well as pronouncement of punitive measures for offenders. The objective is to promote equity and fairness is the justice system to prioritize the rights of suvivors and ensure quick administration of justice for all forms of violence or threats thereof. The system must also recognize and discern the primary aggressor in claims of self-defense to provide suitable sentencing.

Challenges:
1) Limited access to justice for populations, survivors and suspects and perpetrators due to lack of resources to get legal representation. This affects victims of non-criminal violence in civil cases and can negatively affect the outcome of cases for suspects that have no representation.
2) Limited human resources and financial resources (cars and sexual offences kits, interpreters for different languages including sign language (legal), counsellors for disabled etc.) to respond to cases of violence.

3) Limited conducive infrastructure (specialized courts, child friendly courts, one stop centres, victim friendly interviewing rooms, child friendly cells at police stations and prisons, safe houses for victims of GBV and human trafficking).

4) Due to an overburden and slow justice system, there is a backlog of cases which hampers the speedy determination of both criminal and civil trails. In some cases when the trail begins, the witnesses are untraceable, deceased and or have hard time recalling events.

5) The justice system does not fully respond to the complexities of children in conflict with the law and cases of self-defense, which are as culpable homicide and treated as criminal cases until proven innocent.

6) Low practice in administering alternative forms of justice, such a community service for offenders of lesser crimes and self-defense/culpable homicide.

7) Survivors of violence can experience secondary victimization as they relive their traumatic experiences while presenting to the stringent justice system that seeks evidence for successful determination of court cases.

Strategies

I. Promote access to legal services for all populations (victims and alleged offenders) including legal aid for those in need.

II. Fully operationalize the Legal Aid Unit including finalization of the legal aid bill.

III. Build capacity and specialization of violence response services (REPS, courts, correctional services).

IV. Strengthen the justice system to understand the complexities of children in conflict with the Law and cases of self-defense.

V. Build capacity for economic justice to ensure that courts can address issues of maintenance, alimony, child support and inheritance.

VI. Upgrade and decentralize the existing in-fracture to meet the special needs of the vulnerable population eg: PWD, elderlies, etc

VII. Establish and strengthen Umphakatsi Child Justice Committees per CPWA

VIII. Build capacity of legal and justice system to prevent the secondary victimization of survivors.

The strategies will lead to the achievement of the following outcomes.

Table 11: Equity and fairness in the Justice System outcome results

Indicator	Baseline (Source, year)	Targets for 2027
No# of child friendly courts	4	12
% of violence cases that are successfully completed within 24 months of registration of case	No data	80%

% of Umphakatsi Child Justice Committees that are fully capacitated	0	80%
% of child offenders who are sentenced to alternative justice	No data	50%
% of offenders of lesser crimes and self-defense/culpable homicide who are sentenced to alternative justice	No data	70%

Objective 3.3. – Strengthen the rehabilitation of offenders

While incarceration is a form of justice to victims, it is also an opportunity to rehabilitate offenders in order to reduce their likelihood of reoffending and manage their risk of harm. The objective is to rehabilitate offenders for their return to society and functioning as members of the community.

Challenges:
1) Limited focus on the rehabilitation and reintegration of adults and children in conflict with the law.
2) Limited involvement of men and boys in GBV prevention and response.
3) Lack of coordination among relevant stakeholders when initiating restorative justice and reintegration programmes.
4) Stiffer sentences for children in conflict with law can affect their future.
5) Low focus on restorative justice.

Strategies

I. Establish provisions for administering alternative justice for children in conflict with law and offenders of lesser crime, including self-defense.

II. Operationalize the policy on reintegration process for all convicted perpetrators, including restorative justice.

III. Adopt the re-modelling approach through the engagement of ex-convict on GBV in creating awareness especially to the youth and young men.

The strategies will lead to the achievement of the following outcomes

Table 12: rehabilitation and reintegration of children in conflict with the law outcome result

Indicator	Baseline (Source, year)	Targets for 2027
% of offenders who are enrolled in offenders registry and participate in rehabilitation program	0	25%

PILLAR 4: PROMOTE PARTNERSHIPS AND COORDINATION FOR EEFECTIVE VIOLENCE PREVENTION AND RESPONSE

Promoting partnerships, and effective coordination and management for violence prevention and response prioritizes the alignment of partners and harmonization of interventions to ensure equitable provision of services to all populations that in need. This includes ensuring effective and efficient inter-agency and intra-agency coordination of stakeholders, ensuring that all strategies to end violence are operationalized and mobilize resources for interventions. This requires government, civil society, communities, social movements, the private sector, development partners and all stakeholders to work together to push the agenda forward.

Objective 4.1. - Multisectoral Coordination of the response to end violence

The coordination of partners is a central element for the management of the response to ending violence. This is for the effective use of available resources to ensure equitable coverage of interventions to all populations, to achieve strategic outcomes for ending violence in Eswatini. The objective of multisectoral coordination is to foster deliberate collaboration among stakeholders in government, civil society, and private sector and sectors (community, health and justice systems) to promote joint planning, resource mobilization and accountability.

Challenges:
1) Weak coordination mechanisms for programmatic coordination.
2) Weak and unstructured mechanisms for resource mobilization resulting in inadequate funds.
3) Absence of a coordination mechanism for development partners and private sector.
4) Absence of a holistic violence prevention program.
5) Weak focus on providing targeted response to underserved and marginalized populations (PWD, asylum seekers and refugees including people on the move.
6) There is weak coordination of information, advocacy and communication about the response. The absence of standards for information and communication has resulted in partners having to produce material in varying ways, including definitions.

Strategies
I. Create effective coordination platforms to operationalize the Guiding Document on Coordination Mechanism for Violence Response (Inter-agency and Intra-agency Coordination).
II. Establish public- private partnerships mechanisms for resource mobilization.
III. Strengthen relations and integration with organizations representing PWD across all coordination mechanisms.
IV. Establish and operationalize an accountability framework for all stakeholders involved in ending violence.

V. Provide standardized advocacy and communication for the prevention and response to violence.

The strategies will lead to the achievement of the following outcomes.

Table 13: Multisectoral coordination of the response to end violence outcome results

Indicator	Baseline (Source, year)	Targets for 2027
% of partners that have the capacity to deliver effective programs for ending violence	No data	90%
% of ending violence targets that are have been met	no data	90%

Objective 4.2. –Promote Mental Health Wellness for first responders, statutory service providers and duty bearers

The stressors of dealing with violence creates mental, physical, and emotional stress for first responders, statutory service providers and duty bearers, who are at times victims of violence themselves. Providers who are not well are less likely to help others. The objective is to strengthen the mental health wellness and resilience of all personnel that deals with violence.

Challenges:
1) Few programs for trauma management for first responders, statutory service providers and duty bearers to cope with the stresses of the job.
2) Few wellness and recreational programs for personnel working as statutory service providers.
3) First responders often resort to substance abuse as a coping mechanism.
4) Trauma experienced by responders affects their other relationships with friends and families.

Strategies

I. Promote the establishment of employee assistance programs (EAP).
II. Strengthen wellness and recreational programs for first responders, statutory service providers, duty bearers and their families.

The strategies will lead to the achievement of the following outcome.

Indicator	Baseline (Source, year)	Targets for 2027
% of first responders, statutory service providers, duty bearers who receive cognitive behavioral therapy for trauma counselling at least once every two years	No data	80%

PILLAR 5: SUSTAIN A VIOLENCE KNOWLEDGE CENTRE (MONITORING, EVALUATION AND RESEARCH)

Promoting and sustaining a knowledge center for violence aims to create a system that produces evidence on a regular basis to enable decision making in planning, implementation and accountability. This will enable joint accountability for meeting the outcomes and targets that are included in this strategy.

Objective 5.1. - Promote the generation, collection, and use of data and research to enhance violence prevention and response efforts

The production of regular data for evidence- based programming is an important function. The objective is to provide timely reliable information to support planning and policy development.

Challenges:
1) Weak and unstructured mechanisms for coordination of strategic information including research.
2) Lack of a digital system for collection, analysis and management of GBV data. The currently used method of data management enables duplication of cases, misinformation and delays in consolidation of timely and readily available GBV reports.
3) The NSSV has focused on GBV/IPV and not self-directed or collective violence.
4) Limited capacity of local institutions in M&E and research.
5) Absence of a research agenda to understand motivators for violence.
6) Inadequate research coordination at all levels and no up-to-date inventory of research that has been conducted.
7) No budget for research funding in the DGFI.

Strategies
I. Digitalize the National Surveillance system on violence.
II. Improve NSSV portal for all violence-related information.
III. Set up a digital information sharing portal available for use to all stakeholders.
IV. Promote usage of local data/evidence to inform prevention and response programmes/initiatives.
V. Develop national GBV Indicators.
VI. Promote a multi-disciplinary research and analysis on the structural and underlying causes cost and risk factors of GBV including types and prevalence.
VII. Improve M&E coordination and engagement of all stakeholders to assess policies and programmes, including GBV prevention and response strategies in both public and private sector.

The strategies will lead to the achievement of the following outcome.

Indicator	Baseline (Source, year)	Targets for 2027
% of indicators in this strategy that are tracked by the NSSV	No data	95%

Objective 5.2. - Strengthen monitoring, surveillance and surveys on violence

The objective is to provide reliable information to support planning and policy development.

Challenges:
1) Weak mainstreaming of violence indicators in national surveys and surveillances.
2) Absence of research focused on the perpetrator side (perpetrator profiling, drivers).

Strategies
I. Develop national GBV indicators.
II. Develop and operationalize an Information Management system for violence data.
III. Ensure the integration of violence-related indicators in national surveys.
IV. Develop a prioritized research agenda.
V. Disseminate GBV data on regular basis disaggregated by sex, age at national and local level.

The strategies will lead to the achievement of the following outcome.

Table 16: Strengthen monitoring, surveillance and surveys outcome result

Indicator	Baseline (Source, year)	Targets for 2027
No# of researches conducted to understand drivers of violence	1	10
% of household based surveys that integrate violence-related modules	No data	95%

Objective 5.3. -Identify and Share Promising Practices and Lessons Learned

The objective is to create platforms for sharing best practices and lessons learnt to prioritize them in futures interventions.

Strategies
I. Promote platforms for sharing of promising practices and lessons learned across the violence response network.

II.   Document and disseminate promising practices and lessons learned in violence response.

Objective 5.4. – Report on the Strategy's progress and results

The objective is to promote regular reporting on progress and to meet the obligations for reporting on treaties that Eswatini is signatory to.

Strategies

I.   Reporting to national, regional and international obligations/conventions.

II.   Report on results on annual basis to inform programmes and interventions to ending violence.

CHAPTER 4: OPERATONAL PLAN FOR STRATEGY TO END VIOLENCE IN ESWATINI

The operational plan, which details the key activities for implementing strategies that are presented in the document, is described in table 17 below.

Table 17: Costed action plan for ending violence

PILLAR 1- PREVENTION OF VIOLENCE					
STRATEGIC INTERVENTIONS	**KEY ACTIVITIES**	**INDICATORS**	**TARGET**	**LEAD INSTITUTION /S**	**ESTIMATED COST**
Objective 1.1. - Develop societal attitudes that support a reduction in violence	Develop violence prevention plan	Two-year rolling plan for violence prevention in place	3 national plans	DGFI	E735,000.00
	Develop and strengthen comprehensive interventions for Traditional and Religious Leaders	No# of traditional and religious leaders reached with violence prevention programmes	All Chiefs	DGFI/MTAD	E1,585,000.00
	Roll out social and behavioral change programmes to engage men and boys as allies in ending violence	No# of men older than 25 years that received SBC programs	25% of men in all communities	DGFI ENYC Khulisa Umntfwana	E2,110,000.00
		No# of young men under 25 years that received SBC programs	40% of young men is all communities		

		Guidelines to operationalize the Computer Crime and Cyber Crime of 2020 in place	Guidelines in place	MoICT REPS	E480,000.00
	Develop and enforce social media accountability Framework				
	Create awareness on Computer Crime and Cyber Crime of 2020 for stakeholdres	No# of media personnel trained on sensitive reporting on violence	50		
	Create awareness and demand creation for mental health services	National campaigns conducted	1 per year	MoH DGFI	E380,000.00
	Rebrand and capacitate National Psychiatric Centre to be accessible to all persons	National Psychiatric Centre rebranded	National Psychiatric Centre rebranded	MoH	E450,000.00
	Develop civil education programs for political and social tolerance	No# of civil education programs	1 for 2023 national elections

3 for social tolerance | CANGO MTAD | E750,000.00 |
| Objective 1.2. – Prevent violence on children and young people | Develop and roll out positive socialization curriculum in communities .i.e. parenting programs | No# of programs designed to target OVC headed, elderly headed, female-head & male-headed households | 4 curricula | DPMO-DSW Khulisa Umntfwana CANGO | E1,150,000.00 |

		No# of home visitations conducted to households with children at risk	2 per year		
	Roll out violence prevention campaigns for children and young people in and out of school	Social media violence prevention campaign

Schools based campaigns

% of Youth centre that provide violence prevention information | 1 campaign per year

80% | MoET DGFI ENYC | E1,540,000.00 |
	Develop drug and substance abuse and rehabilitation programmes	National drug and substance abuse prevention and rehabilitation programme developed	1 national programme in place and operationalized	DSW MoH	E930,000.00
	Provide cognitive Behavioral Therapy to victims of trauma	% of children and young people who are victims of trauma that receive psychotherapy for trauma	80%	DSW MoH- National Psychiatric Centre	E500,000.00
Objective 1.3. – Prevent violence among underserved populations (PWD, OVC, asylum seekers and refugees, persons on the move & key populations)	Conduct research on the prevalence, magnitude and nature of violence among PWD, OVC, asylum seekers and refugees, and persons on the move	No# of researches / studies conducted	5 researches conducted	MoHA FODSWA Human trafficking & people Smuggling unit Rock of Hope	E800,000.00

Objective 1.4. - Create equal, safe and inclusive work places that are free of violence	Develop and roll out violence prevention and response policies in the workplace	% of workplaces that with workplace policies that align to the SODV Act, promote equal opportunities for women	80%	MoLSS Business Eswatini FESBEC	E480,000.00
Objective 1.5. – Restorative justice and rehabilitation of perpetrators in communities	Develop and roll out restorative justice and rehabilitation program	% of perpetrators who are enrolled in community rehabilitation program	50%	MTAD Community cadres CANGO HMCS DSW	E1,750,000.00
	Develop drug and substance abuse rehabilitation programmes	% of perpetrators who are enrolled in drug and substance abuse rehabilitation programmes	70%	MoH Community cadres HMCS DSW CANGO	E750,000.00
				TOTAL ESTIMATED COST FOR PILLAR 1	**E14,390,000.00**

PILLAR 2: SUPPORT SURVIVORS AND THEIR FAMILIES					
STRATEGIC INTERVENTIONS	**KEY ACTIVITIES**	**INDICATORS**	**TARGET**	**LEAD INSTITUTION /S**	**ESTIMATED COST**
Objective 2.1. - Community Systems	Build capacity for community cadres, CBOs/NGOs and social	% of community cadres and CBOs/NGOs who are	80%	MTAD DSW	E828,000.00

Strengthening (CSS) to respond to violence	workers for effective case management and referral	capacitated on effective case management and referral incl. reduction of secondary victimization		DGFI	
		Number of social workers per 100,000 population	1,000 per 100,000 population		E1,000,000.00
	Develop a standardized two-way referral system from the community	Guidelines for two-way referral system in place	Guidelines in place	DGFI	E200,000.00
		% of eligible survivors of violence who are referred to other services outside psychosocial support services			
	Roll out safe houses and shelters to all regions	Procedures for residential Child Care Facilities in place	Procedures in place	DSW	E2,070,000.00
		No# of safe houses that are accessible for victims/survivors	8 (2 per region)	DSW	
		% of eligible victims/survivors referred to social services or shelter/safe house	30%	DSW MoJ	
Objective 2.2. – Health Systems	Build capacity for forensic examination and collection of evidence	No# of health workers trained on forensic	Primary level= 300	MoH MoJ	E1,150,000.00

strengthening to respond to violence		examination and collection of forensic evidence	Secondary level= 150 Tertiary level= 50		
		Forensic laboratory established in national referral hospital	Lab in place		
		% of cases where evidence is collected	80%		
	Roll out comprehensive GBV package to all levels of care	No# of facilities that provide one-stop services	Primary level= 80 Secondary level=60 Tertiary level= 4	MoH	E600,000.00
		% of emergency departments that provide one stop centre services	50%		
	Build capacity of health sector to provide inclusive GBV to marginalized populations (PWD, asylum seekers , refugees and people on the move, stateless persons and key populations)	GBV guidelines developed	GBV guidelines reviewed	MoH	E350,000.00
		No# of health workers trained on providing services to marginalized populations	Primary level= 300 Secondary level= 150 Tertiary level= 50		

	Develop a standardized two-way referral system with the social welfare system	Guidelines for two-way referral system developed	Guidelines in place	MoH DSW	E331,200.00
			% of eligible survivors of violence who were referred to other services outside of health sector		
			TOTAL ESTIMATED COST FOR PILLAR 2		**E6,529,200.00**

PILLAR 3: PROMOTE RESPONSIVE LEGAL AND JUSTICE SYSTEMS

STRATEGIC INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	LEAD INSTITUTION /S	ESTIMATED COST
Objective 3.1. - Strengthen and review Laws and Policies governing the response to Violence	Review critical Laws to align with the Constitution, SODV Act	No# of laws reviewed or enacted property and land ownership laws	7 laws a) IRA Act b) Employment Act c) Marriage Act, d)Inheritance Law e) Property and land ownership law f)Adoption and Foster Care law	MoJ	E2,100,000.00

		g) Juvenile Justice (Care and Protection of Children) Act			
	Codify Customary Law	Customary Law codified	Customary Law enacted	MoJ	E850,000.00
	Develop Bill to regulate the sale of agricultural products/pesticides that are commonly used for suicide	Bill to regulate the sale of agricultural products/pesticides is in place	Bill in place	MoAC	E300,000.00
Objective 3.2. - Promote equity and fairness in the Justice System	Finalize and operationalize Legal Aid Bill	Legal Aid Bill in place	Bill in place	MoJ	E4,000,000.00
		% of victims/survivors in need who are assisted with legal aid	40%		
		% of alleged perpetrators in need who receive legal aid services	90%		
	Build capacity and expand specialized courts to cover all regions and service all populations	% of courts with personnel with skills to accommodate population with special needs	50%	MoJ	E1,050,000.00
		No# of specialized courts to cover all regions	at least 1 in each region		

	Develop guidelines and procedures for juvenile justice and alternative justice for self-defense cases and build capacity for implementation	Guidelines and procedures for juvenile justice and alternative justice for self-defense cases developed	Guidelines and procedures in place	MoJ DPP Judiciary REPS	E250,000.00
		Training for Judges, Magistrates, court registrars, DPP and REPS DCS Units	80% of judicial officers, DPP staff and		E150,000.00
	Establish and strengthen capacity Umphakatsi Child Justice Committees	% of communities with Umphakatsi Child Justice Committees	80%	MTAD DGFI	E1,164,000.00
		No# of Umphakatsi Child Justice Committees that are capacitated and operational	295		
		Guidelines and procedures for community justice developed	Guidelines and procedures in place		
	Develop guidelines and procedures for reduction of secondary victimization in the criminal justice system	Guidelines and procedures for reduction of secondary victimization in the criminal justice system developed	Guidelines and procedures in place	MoJ	E315,000.00
		% of survivors who received appropriate legal guidance and procedures	Children and young people 5-19= 95%		

			during court preparation and trial			
			Adults 20 years and older= 75%			
Objective 3.3. – Strengthen the rehabilitation of offenders	Establish probation hostels for juvenile offenders and children at risk of offending	% of juvenile offenders and children at risk of offending who are enrolled in probation hostels	60%	MoJ HMCS	E1,700,000.00
	Promote alternative juvenile for offenders of lesser crimes and self-defense cases	No# of juvenile offenders and self-defense offenders who are sentenced to community service	50%	MoJ	E270,000.00
	Strengthen the rehabilitation and reintegration for all offenders (on bail and incarcerated)	Guidelines and procedures for restorative justice developed	Guidelines and procedures in place	MoJ HMCS	E4,300,000.00
		% of child offenders and children at risk of offending who are enrolled in rehabilitation and reintegration program	90%		
		% of offenders aged 18 and older who participate in restorative justice and reintegration programmes	90%		
	Establish offenders registry	Offenders Registry developed	Registry developed and operationalized	MoJ HMCS	E400,000.00

				TOTAL ESTIMATED COST FOR PILLAR 3	E 16,849,000.00

PILLAR 4: PROMOTE PARTNERSHIPS AND COORDINATION FOR EEFECTIVE VIOLENCE PREVENTION AND RESPONSE

STRATEGIC INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	LEAD INSTITUTION /S	ESTIMATED COST
Objective 4.1. - Multisectoral Coordination of the response to end violence	Develop and maintain a directory of implementing partners and service providers	Directory of Implementers and service providers	Directory in place and updated every 2 years	DGFI	E240,000.00
	Promote joint planning among IPs and service providers	2-year rolling Joint plan developed % of structures with representation of underserved persons	Costed Joint plan is produced 50%	DGFI	E250,000.00
	Develop guidelines for mainstreaming ending violence in all projects and programmes	Mainstreaming guidelines with accountability framework developed % of sectors who have mainstreamed violence throughout their programming	Guidelines and in place 80%	DGFI	E210,000.00
	Build capacity of IPs to deliver comprehensive programs that target beneficiaries using equity criterion	Guidelines , SOPs and reporting tools for all programs developed	Guidelines and procedures in place 80%	DGFI	E495,000.00

		% of IPs cadres trained effective programs			
		% community cadres trained effective programs	90%		
	Streamline advocacy and communication	Create clearing & vetting committee for advocacy and communication materials	Clearing & vetting committee in place	DGFI	E400,000.00
	Streamline resource mobilization efforts	Priority list for resource mobilization developed every year Annual partners meeting for fundraising is held	Priority list is produced Annual fundraising meeting is held	DGFI	E390,000.00
Objective 4.2. – Promote Mental Health Wellness for first responders of violence	Design wellness and mental health programs to support duty bearers with vicarious trauma	% of first responders, statutory service providers, duty bearers who receive services for trauma management	60%	DGFI MTAD MoH MoJ	E1,480,000.00
			TOTAL ESTIMATED COST FOR PILLAR 4		*E3,465,000.00*

PILLAR 5: SUSTAINING A VIOLENCE KNOWLEDGE CENTRE (MONITORING, EVALUATION AND RESEARCH)

STRATEGIC INTERVENTIONS	KEY ACTIVITIES	INDICATORS	TARGET	LEAD INSTITUTION /S	ESTIMATED COST
Objective 5.1. - Promote the generation,	Expand NSSV to track all forms of violence	Types of violence tracked by NSSV	NSSV tracks of forms of violence	DGFI	E250,000.00

collection, and use of data and research to enhance violence prevention and response efforts	Build capacity of IPs and service providers on M&E and research	# of IPs trained	100	DGFI	E350,000.00
	Sustain the M&E group including partners with data systems	M&E TWG in place	M&E TWG in place and meets at least twice a year	DGFI	E600,000.00
Objective 5.2. - Strengthen monitoring, surveillance and surveys on violence	Develop a research agenda	Research agenda in place	Research agenda in place	DGFI	E280,000.00
	Conduct priority research	No# of researches conducted on a) drivers of violence b) nature and extent of secondary victimization c) violence among underserved populations	10, two each year	DGFI	E1,200,000.00
	Integrate violence-related modules in population based surveys	% of population based surveys that integrate violence-related modules	100%	DGFI	E750,000.00
Objective 5.3. - Identify and Share Promising Practices and Lessons Learned	Host annual stakeholders meeting	Annual stakeholders meeting held	Annual stakeholders meeting held where at least one best practice is shared	DGFI	E225,000.00
Objective 5.4. – Report on the Strategy's progress and results.	Produce reports for national, regional and international obligations/conventions	Annual report is produced	Annual report is produced	DGFI	E1,920,000.00

		CEDAW report is produced	CEDAW report is produced		
		SADC report is produced	SADC report is produced		
		ICPD report is produced	ICPD report is produced		
			TOTAL ESTIMATED COST FOR PILLAR 5		*E5,575,000.00*
			TOTAL COST OF IMPLEMENTING STRATEGY		*E46,808,200.00*
			1 US$: E17		*US$2,753,423.53*

CHAPTER 5: INSTITUTIONAL ARRANGEMENTS & IMPLEMENTATION MODALITIES

Institutional arrangements for implementing the strategy to End violence will flow through a coordinated multi-sector response that is arranged in a hierarchical format, from policy level, planning level and implementation which will take place at national, regional and community levels.

At the policy level, there is the High- Level Task Force on Violence (HLTFV), which is comprised of Principal Secretaries from relevant Ministries and chaired by the PS DPMO, which provides oversight on strategy and policy. A Multisectoral Technical Team on Violence (MTTV) is in place to provide technical guidance on violence. Four sector Technical Working Group (TWGs) for Legal, Health, Psychosocial and coordination have been set up to develop standard operational plans for thematic programming. At the regional level, Regional Referral Networks have been created in each region to comprise of implementers of programs for ending violence.

National guidelines for the Multisectoral response to gender based violence in Eswatini have been developed to assign terms of reference for all coordination structures and present a registry of all implementers for GBV prevention and response. These will be enhanced to address all forms of violence that are described in this strategy.

Key implementers for the strategy will include Government ministries (DPMO, MTAD, MoH, MoET, MoHA, MoJ, REPS, HMCS and all ministries threw mainstreaming), civil society organisations, community based organisations (CBO) and non-governmental organisations (NGOs), the private sector, development partners and technical partners. Communities will be strengthened to become vectors for all prevention and response interventions.

Figure 6 shows the organogram for violence coordination.

Figure 6: National Violence Coordination Organogram
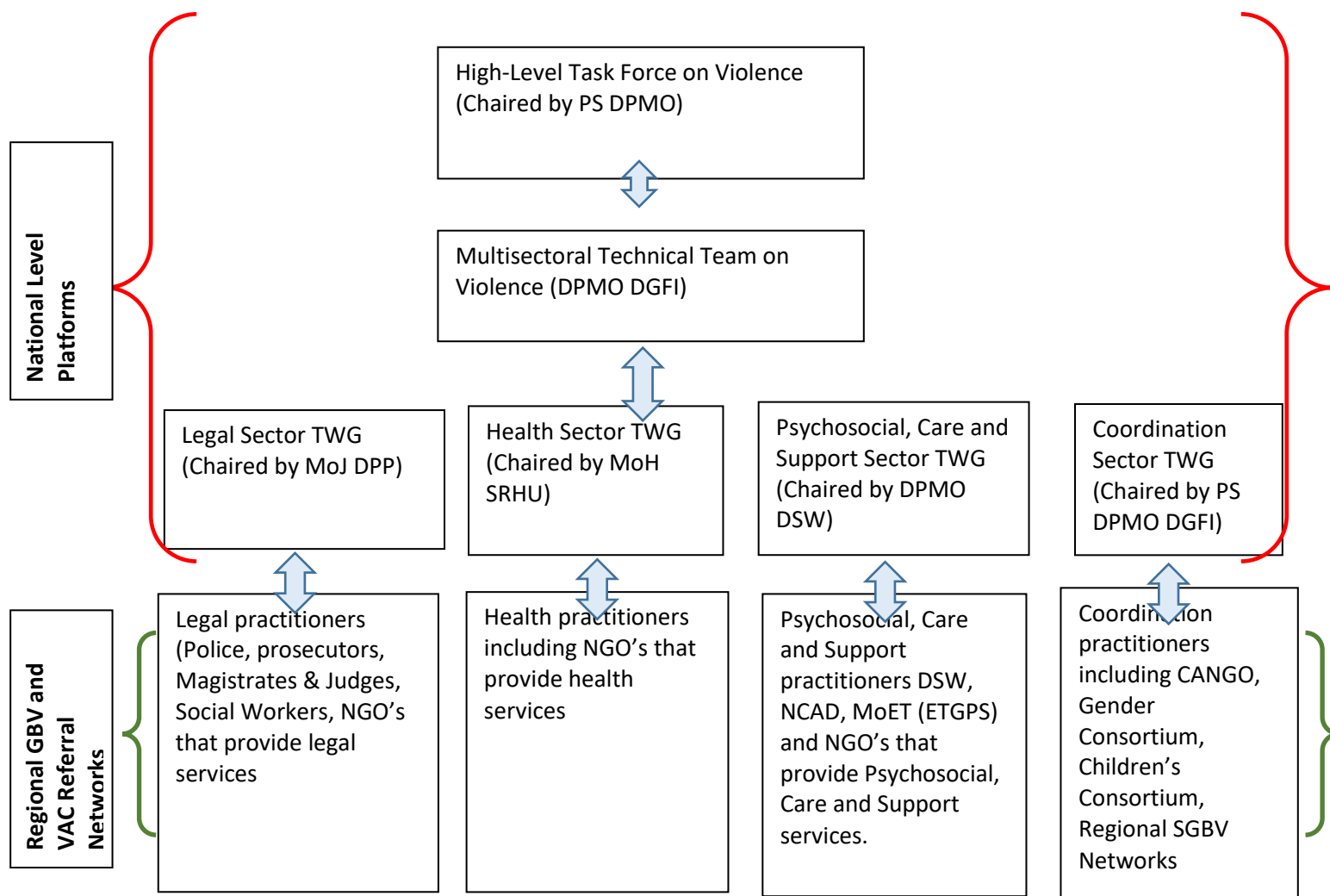
ANNEX 1: RESULTS FRAMEWORK FOR NATIONAL STRATEGY TO END VIOLENCE IN ESWATINI

Table 18: Results Framework for Strategy to End Violence in Eswatini 2023-2027

PILLAR	Results (Output)	Specific Objectives (Outcome)	Overall Objective (Impact)
PILLAR 1: PREVENT ALL FORMS OF VIOLENCE	Two-year rolling plan for violence prevention in place No# of traditional and religious leaders reached with violence prevention programmes No# of men older than 25 years that received SBC programs No# of young men under 25 years that receive SBC programs Guidelines to operationalize the Computer Crime and Cyber Crime of 2020 in place No# of media personnel trained on sensitive reporting on violence National campaigns conducted National Psychiatric Centre rebranded	**Objective 1.1. - Develop societal attitudes that support a reduction in violence** % of people age 15-49 years who state that a husband is justified in hitting or beating his wife for any reason is reduced to 10% for both females and males % of women aged 20-24 who were first married or entered into a marital union before 18 years is reduced to zero % of young people age 15-24 years who had sexual intercourse before age 15 is reduced to 0.5% for both females and males **Objective 1.2. – Prevent violence on children and young people** % of learners who experienced violence in schools is reduced to 5% for both females and males	**To reduce all forms of violence in Eswatini by 50 percent by 2027** Violent injuries and death per 100,000 population are reduced to less than 50/100,000 in 2027 Percentage of women aged 15-49 who are subjected to physical and/or sexual violence is reduced to less than 10% in 2027 Percentage of men aged 25 and older who commit suicide reduced to 0.1% in 2027 Percentage of children under 14 years who experience neglect is reduced to less than 5% in 2027

	% of children aged 5-14 who experienced neglect within homesteads is reduced to 1% for both females and males	Proportion of seats held by women in parliament from 20.2% (21/104) in 2018 to (40%) 41/99 in 2027
No# of civil education programs No# of programs designed to target OVC headed, elderly headed, female-head & male-headed households	% of young people aged 15-24 who experienced physical and sexual violence is reduced to 5% for females and 3% for males	
No# of home visitations conducted to households with children at risk Social media violence prevention campaign conducted	**Objective 1.3. – Prevent violence among underserved populations** % of underserved populations who experience violence is reduced to 5% for both females and males	
Schools based campaigns conducted % of Youth centre that provide violence prevention information National drug and substance abuse prevention and rehabilitation programme developed	**Objective 1.4. - Create equal, safe and inclusive work places that are free of violence** % of companies with workplace policies to prevent and respond to all types of violence is increased to 90%	
% of children and young people who are victims of trauma that receive psychotherapy for trauma No# of researches conducted % of workplaces that with workplace policies that align to the	**Objective 1.5. – Restorative justice and rehabilitation of perpetrators in communities** % of perpetrators who are enrolled in community rehabilitation program is increased to 50%	

	SODV Act, promote equal opportunities for women % of perpetrators who are enrolled in community rehabilitation program % of perpetrators who are enrolled in drug and substance abuse rehabilitation programmes		
PILLAR 2: SUPPORT VICTIMS/SURVIVORS AND THEIR FAMILIES	% of community cadres who are capacitated on effective case management and referral incl. reduction of secondary victimization Guidelines for two-way referral system in place % of eligible survivors of violence who are referred to other services outside psychosocial support services Procedures for residential Child Care Facilities in place No# of functioning safe houses that are accessible for victims/survivors	**Objective 2.1. - Community Systems Strengthening (CSS) to respond to violence** % of victims/survivors who are need and are placed in shelter and safe houses is increased to 70% % of cases that are speedily referred to statutory service providers and duty bearers is increased to 85% **Objective 2.2. – Health Systems strengthening to respond to violence** % of health facilities that provide a comprehensive package of services to survivors, including marginalized populations is increased to 90% % of survivors of violence who received timely and appropriate medical care based on agreed medical protocol is increased to 95%	

	% of eligible victims/survivors referred to social services or shelter/safe house		
	No# of health workers trained on forensic examination and collection of forensic evidence		
	Forensic laboratory established in national referral hospital		
	% of cases where evidence is collected		
	No# of facilities that provide one-stop services		
	% of emergency departments that provide one stop centre services GBV guidelines developed		
	No# of health workers trained on providing services to marginalized populations		
	Guidelines for two-way referral between health and social welfare systems developed		
PILLAR 3: PROMOTE RESPONSIVE LEGAL		**Objective 3.1. - Strengthen and review Laws and Policies governing the response to Violence**	

AND JUSTICE SYSTEMS	No# of GBV laws reviewed	10 Laws in place a) Employment Act b) Marriage Act	
	% of victims/survivors in need who are assisted with legal aid	c) Matrimonial and Property Rights Bill d) Property and land ownership law	
	% of alleged perpetrators in need who receive legal aid services	e) Adoption and Foster Care law f) Juvenile Justice (Care and Protection of Children) Act	
	% of courts with personnel with skills to accommodate population with special needs	g) Legal aid bill h) Customary Law codified	
		Objective 3.2. -Promote equity and fairness in the Justice System	
	No# of specialized courts to cover all regions	No# of child friendly courts is increased to 12	
	Guidelines and procedures for juvenile justice and alternative justice for self-defense cases developed	% of violence cases that are successfully completed within 24 months of registration of case is increased to 80%	
	% of communities with Umphakatsi child justice committees	% of Umphakatsi Child Justice Committees that have the capacity to administer justice in cases of violence is increased to 50%	
	No# of Umphakatsi Child Justice Committees that are capacitated and operational	% of child offenders who are sentenced to alternative justice is increased to 50%	
	Guidelines and procedures for community justice developed	% of offenders of lesser crimes and self-defense/culpable homicide who are sentenced to alternative justice to 70%	

	Guidelines and procedures for reduction of secondary victimization in the criminal justice system developed % of survivors who received appropriate legal guidance and procedures during court preparation and trial % of juvenile offenders and children at risk of offending who are enrolled in probation hostels No# of juvenile offenders and self-defense offenders who are sentenced to community service Guidelines and procedures for restorative justice developed % of child offenders and children at risk of offending who are enrolled in rehabilitation and reintegration program % of offenders aged 18 and older who participate in restorative justice and reintegration programmes Offenders Registry developed	**Objective 3.3. – Strengthen the rehabilitation of offenders** % of offenders who are enrolled in offenders registry and participate in rehabilitation program	

| PILLAR 4: PROMOTE PARTNERSHIPS AND COORDINATION FOR EEFECTIVE VIOLENCE PREVENTION AND RESPONSE | Directory of Implementers and service providers

2-year rolling Joint plan developed

% of structures with representation of underserved persons

Mainstreaming guidelines with accountability framework developed

% of sectors who have mainstreamed violence throughout their programming

Guidelines , SOPs and reporting tools for all programs developed

% of IPs cadres trained effective programs

% community cadres trained effective programs

Create clearing & vetting committee for advocacy and communication materials

Priority list for resource mobilization developed every year | **Objective 4.1. - Multisectoral Coordination of the response to end violence**
% of partners that have the capacity to deliver effective programs for ending violence is increased to 90%

% of ending violence targets that are have been met 90%

Objective 4.2. –Promote Mental Health Wellness for first responders, statutory service providers and duty bearers
% of first responders, statutory service providers, duty bearers who receive cognitive behavioral therapy for trauma counselling at least once every two years | |

	Annual partners meeting for fundraising is held % of first responders, statutory service providers, duty bearers who receive services for trauma management		
PILLAR 5: SUSTAIN A VIOLENCE KNOWLEDGE CENTRE (MONITORING, EVALUATION AND RESEARCH)	Expand NSSV to track all forms of violence Build capacity of IPs and service providers on M&E and research Sustain the M&E group including partners with data systems Develop a research agenda Conduct priority research Integrate violence-related modules in population based surveys Host annual stakeholders meeting Produce reports for national, regional and international obligations/conventions	**Objective 5.1. - Promote the generation, collection, and use of data and research to enhance violence prevention and response efforts** % of indicators in this strategy that are tracked by the NSSV is increased to 95% **Objective 5.2. - Strengthen monitoring, surveillance and surveys on violence** 10 researches conducted on the drivers and magnitude of violence (4 for underserved populations, 2 for men, 2 for children and 2 for women) % of household based surveys that integrate violence-related modules is increased to 95%	

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