



CASE STUDY

ESWATINI CHURCH FORUM



Eswatini Church Forum was founded in 1999 with the mission to contribute to the multi-sectoral response required to address the burgeoning HIV and AIDS health crisis.



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FOREWORD

The Eswatini Church Forum (ECF) stands as a beacon of hope and transformation in the Kingdom of Eswatini, embodying the faith-based organization's profound impact on public health and societal well-being. Since its inception in 1999, ECF has demonstrated an unwavering commitment to addressing critical health challenges, beginning with the HIV and AIDS crisis and expanding its focus to encompass a comprehensive approach to sexual and reproductive health and rights (SRHR), gender-based violence (GBV) and non-communicable diseases (NCDs).

As an implementing partner of UNFPA's 2gether 4 SRHR regional programme in East and Southern Africa, ECF's efforts are crucial in improving the SRHR of all individuals, particularly the most vulnerable populations such as adolescent girls, young people and key communities. The organization's roots in the ecclesiastical landscape of Eswatini enables it to leverage the extensive reach and influence of churches and faith-based organizations to deliver impactful health interventions.

ECF's journey from a coalition addressing the HIV and AIDS health crisis to a multifaceted organization tackling a wide array of health issues reflects a dynamic and responsive approach to the evolving needs of Eswatini's population. Today, ECF's initiatives are geared towards fostering holistic health, wellness and well-being among programme participants, with a vision of an Eswatini free from HIV and AIDS, GBV and other health challenges. In this vision, children and young people can realize their full potential. The success of ECF is rooted in its collaborative ethos, drawing on the strengths of its members, local and international partners and a dedicated network of volunteer peer educators. This case study sheds light on ECF's diverse and innovative programmes, ranging from Neighbourhood Care Points for early childhood development to capacity-building for church leaders and outreach initiatives promoting interfaith collaboration.

As you delve into this case study, you will gain insight into the strategies, interventions and outcomes that define ECF's work. You will also see the meticulous monitoring and evaluation (M&E) efforts that ensure accountability and continuous improvement in their initiatives. ECF's story is a testament to the power of faith, community and partnership in driving sustainable health and wellness outcomes.

The ECF remains a shining example of how faith-based organizations can address public health crises and foster resilient, healthy communities. We present this case study with great pride and admiration, showcasing ECF's impactful work in transforming lives and building a healthier future for Eswatini.

Margaret Thwala-Tembe
Head of Office
UNFPA, Eswatini



LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome	M&E	Monitoring and evaluation
ARV	Antiretroviral	NCD	Non-communicable disease
ASRHR	Adolescent sexual and reproductive health and rights	NCP	Neighbourhood Care Points
CSE	Comprehensive sexual education	NERCHA	National Emergency Response Council for HIV and AIDS
BfW	Bread for the World	NGO	Non-governmental organization
DIFÄM	German Institute for Medical Missions	PEPFAR	President's Emergency Plan for AIDS Relief
DPM	Office of the Deputy Prime Minister of Eswatini	SRHR	Sexual and reproductive health and rights
ECD	Early childhood development	SNL	Swazi Nation Land
ECF	Eswatini Church Forum	SWAGAA	Swatini Action Group Against Abuse
FCI	Faith Community Initiative	UNAIDS	The Joint United Nations Programme on HIV and AIDS
FLAS	Family Life Association of Eswatini	UNDP	United Nations Development Programme
FBNP	Center for Faith-Based Partnerships	UNESCO	United Nations Educational, Scientific and Cultural Organization
GBV	Gender-based violence	UNFPA	United Nations Population Fund
HIV	Human immunodeficiency virus	UNICEF	United Nations Children's Fund
IPPF	International Planned Parenthood Federation	USAID	United States Agency for International Development
LGBTQI+	Lesbian, gay, bisexual, trans, queer or intersex and other gender diverse people		
LSE	Life Skills Educational Manual for Out-of-School Youth		



ACKNOWLEDGEMENTS

UNFPA, the United Nations sexual and reproductive health agency, commissioned this report to document the work and record the lessons learned by the Eswatini Church Forum (ECF) so that these experiences might benefit other countries and organizations.

This report would not be possible without the valuable contributions and insights of numerous individuals and organizations, including:

- The Government of the Kingdom of Eswatini – we sincerely appreciate the governmental support of the Deputy Prime Minister’s Office – Gender and Family Issues, whose members provided invaluable information (Mpendulo Masuku, Monitoring and Evaluation Analyst).
- ECF staff – we acknowledge the ECF secretariat for their ongoing guidance and input. We are grateful to Colani Magongo, the Executive Director of ECF, who assisted with compiling the report and contributed his insights and learnings. Thanks go to Busi Gwebu, the Administrative Assistant ECF who organized interviews with key participants and contributed as an interviewee, Buyisile Shongwe in Advocacy and Communications and Phathizwe Lokothwako, ECF’s Monitoring and Evaluation Officer.
- Partner organizations – thank you to Bonginkhosi Ndlangamandla, the Programme Officer for Men Engage, for providing input from the umbrella church organization’s perspective.
- Umbrella bodies – we appreciate the time and insights shared by Bishop Zwanini Shabalala, (then) General Secretary of the Council of Swaziland Churches, Themba Ngozo, Chief Executive Officer of the Eswatini Conference of Churches, and Father Wandile Dlamini, who was running the Anglican Church in the Kwaluseni area of Eswatini.
- Peer educators – we are grateful to the peer educators whose insightful stories are found in the appendix that concludes this report: Bavukile Fakudze, Nokuphila Haji, Banele Matsenjwa, Senzo Mdluli, Junior Msibi and Thandokazi Nsibandze.
- Writing and editorial team – we extend our warm appreciation to James Hall who compiled the data and interviews in the report and acknowledge the work of Lungelo Bhembe, who first reviewed the document developed by James Hall.



BACKGROUND

The Eswatini Church Forum (ECF) is a non-governmental organization (NGO) dedicated to a faith-based approach to holistic health, wellness and well-being for programme participants in the Kingdom of Eswatini. It is an implementing partner of UNFPA, through the **2gether 4 SRHR** Programme, which aims to improve the sexual and reproductive health and rights (SRHR) of all people in East and Southern Africa¹.

ECF was founded in 1999 with the mission to contribute to the multi-sectoral response required to address the burgeoning HIV and AIDS health crisis. Churches and faith-based organizations are an important pillar in the prevention of the spread of HIV and AIDS in Eswatini due to their nationwide presence, following and influence. ECF operates as a coalition of three of the main ecumenical bodies in Eswatini, with which most churches are affiliated: the Council of Swaziland Churches, the League of African and Independent Churches, and the Eswatini Conference of Churches. The coalition includes two non-affiliated churches: the Eswatini Conference of the Seventh Day Adventist Church and the International Tabernacle Church. All churches in Eswatini are free to join the organization through affiliation or directly.

¹ <https://esaro.unfpa.org/en/2gether-4-srhr>

Over time, ECF's founding focus has expanded from issues related to the HIV and AIDS health crisis to include the promotion of an integrated approach to SRHR, addressing a broader range of health-related interventions, including non-communicable diseases (NCDs), tackling issues of gender-based violence (GBV), the inclusion of other faith-based organizations and to driving programme implementation among women, men, girls and boys. Today, ECF aims to coordinate health and wellness interventions focused on young people among faith communities through stakeholder collaboration. ECF's vision is for an

Eswatini free from HIV and AIDS, GBV and other health issues, and where men, women, children and young people may achieve their full potential. ECF operates from its administrative headquarters in Helemisi, Manzini. The eight-member secretariat includes six full-time team members, one intern and one volunteer. A team of volunteer peer educators supports project implementation.

A network of local and international partners and donors provides the bulk of ECF's funding and support. The umbrella church organizations pay membership subscriptions, which contribute to administrative costs.

Local partners include:

- The Government of Eswatini, through the Office of the Deputy Prime Minister (DPM). This department oversees social welfare programmes and provides governmental assistance across various populations and social needs, including elders and people with disabilities. They also shape policy around GBV, child-headed households and young people in need of care and protection.
- The National Emergency Response Council for HIV and AIDS (NERCHA) has offered ECF financial assistance since its inception.
- Several local NGOs also provide funding, assistance and technical support:
 - Men Engage – training of pastors and peer educators.
 - Swatini Action Group Against Abuse (SWAGAA) – GBV knowledge sharing, support and referrals.
 - The Family Life Association of Eswatini (FLAS) – a volunteer-based organization affiliated with the International Planned Parenthood Federation (IPPF) trained the first three cohorts of ECF peer educators.

International partners include:

- United Nations agencies
 - The UNFPA East and Southern Africa Regional Office is a key donor and the principal partner for programme implementation, providing technical and financial assistance. As the United Nations agency tasked with improving sexual and reproductive health worldwide, UNFPA pursues four primary aims in Eswatini – ending preventable maternal deaths, ending unmet need for family planning, ending GBV and harmful practices, and ending the sexual transmission of HIV.
- The United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF) support the project through financial and technical assistance.
- The Joint United Nations Programme on HIV and AIDS (UNAIDS) provides technical support.
- United Nations Educational, Scientific and Cultural Organization (UNESCO) helps develop training manuals following the Life Skills Education programme and organize and train religious leaders.

Other bilateral partners:

- Assistance from the United States Agency for International Development (USAID) comes via the PEPFAR programme (President's Emergency Plan for AIDS Relief) through the Center for Faith-Based Neighbourhood Partnerships (FBNP). PEPFAR engages in a range of HIV-related activities, including the distribution of condoms and providing technical support for ECF programmes, and supports the implementation of community-led initiatives in the Lubombo region.
- Bread for the World (BftW) supports the general health programme focusing on HIV and NCDs, GBV programmes and economic strengthening. It also sponsors community-driven marathons focused on raising awareness of NCDs.
- The German Institute for Medical Mission (DIFÄM) funded COVID-19 response during the pandemic.

DESCRIPTION OF PROGRAMME

ECF implements programmes that disseminate sexual health, health and well-being information. Guidance and support are provided to the churches through interventions that target a range of programme participants across intersecting issues. Pastors and church leaders are encouraged to coordinate these services through their churches. All ECF initiatives are instructional and aimed at promoting behaviour change to make the participants' lives healthier, safer, psychologically and spiritually stronger, while also contributing to the communities in which congregants live.

The interventions include:

- Neighbourhood Care Points (NCPs) offering early childhood development (ECD) services.
- Capacity-building and support of church leaders and congregants towards tackling HIV and AIDS, GBV and socio-economic challenges through advocacy, radio broadcasts, social media platforms, training and information dissemination.
- Providing adolescent sexual and reproductive health and rights (ASRHR) services for young people.
- Driving outreach with other faith groups to promote interfaith approaches to health and wellness.
- Community engagement through events and activities.

In addition, in 2022, ECF collaborated on a project with the Eswatini Faith and Community Initiative (FCI) to provide practical, psychosocial and spiritual support to church leaders and congregants on issues of HIV and AIDS and child protection.



MONITORING AND EVALUATION

ECF maintains a Monitoring and Evaluation (M&E) Department staffed by qualified personnel with systems in place to ensure continuous data quality assurance, assess progress towards expected results and address challenges. Data is stored in a database which is updated and backed up frequently. The organizational M&E plan is updated annually and project status reports are shared monthly, quarterly and annually to build sustainable partnerships with donors and partners. Projects are evaluated at the end to see if the expected results were achieved.



RESULTS

Neighbourhood Care Points

A network of 90 NCPs offering ECD services has been established nationwide to support Eswatini's large population of children without parental care and those living in vulnerable situations. NCPs provide care, nutritious meals, a safe meeting place, structured time, psychosocial support, early learning and special needs services for infants and young children. The NCPs also provide classroom instruction.

ECF conducted a community outreach exercise to ensure that children living with disabilities and special needs are included in programme implementation. A training manual on 'Early Childhood Development for Children with Special Needs and Disabilities' was developed and provided to the children's parents and caregivers for use at home. Parents and caregivers of hearing-impaired children are also taught sign language basics, while all parents and caregivers are informed about special needs education.

Repackaging sexual and reproductive health and rights for young people

Young congregants are enrolled as peer educators to disseminate HIV and AIDS information to their peers through individual interactions and small group settings on church premises. Peer educators are onboarded with formal training on the curriculum provided in the 'Life Skills Educational Manual for Out-of-School Youth' (LSE), a 144-page manual designed in 2020 to holistically address young school leavers' lives. The content in the manual was adapted from a resource developed by the Eswatini Ministry of Sports, Culture and Youth Affairs for school learners.

An instructional approach to learning combines medical, scientific and sociologically informed facts with biblical passages and teachings, to embed life skills within a spiritual context. The instruction methodology is interactive and engaging. Participants are invited to participate in discussions and debates around changing social issues, such as gender roles or GBV. Subject expert guest facilitators support the instructional classes and sessions.

The content is both theoretical and practical, covering topics that include values and rights, adolescent development, sexuality, gender roles and equality, planning for the future, relationships, consent and communication, pregnancy, sexually transmitted infections and HIV, prevention and risk reduction, child marriage, sexual violence and GBV.

The curriculum manual forms the heart of many of ECF's activities. It strives to make the information relatable to the country's young people. It is disseminated at community events and discussed on a weekly radio broadcast nationwide. Outreach has been initiated with other faith groups, including the Baha'i and Islamic faith communities.

Strengthening the Eswatini churches in the fight against HIV and AIDS, gender-based violence and socioeconomic strengthening

ECF's mission is to provide life skills education with an emphasis on protection against sexually transmitted diseases and gender rights, which, if observed by individuals and society, will reduce incidents of GBV. Church leaders and their congregations are equipped to promote the understanding, prevention and mitigation of several health-related issues. In addition to HIV and AIDS messaging, the initiative promotes ASRHR, GBV and maternal health information.

Churches are also enlisted to address various socioeconomic issues facing congregations through the implementation of training programmes and practical projects, including savings groups and credit schemes for men. Support interventions on masculinities are conducted for men, promoting shared parenting and a more impactful role for fathers in children's lives.

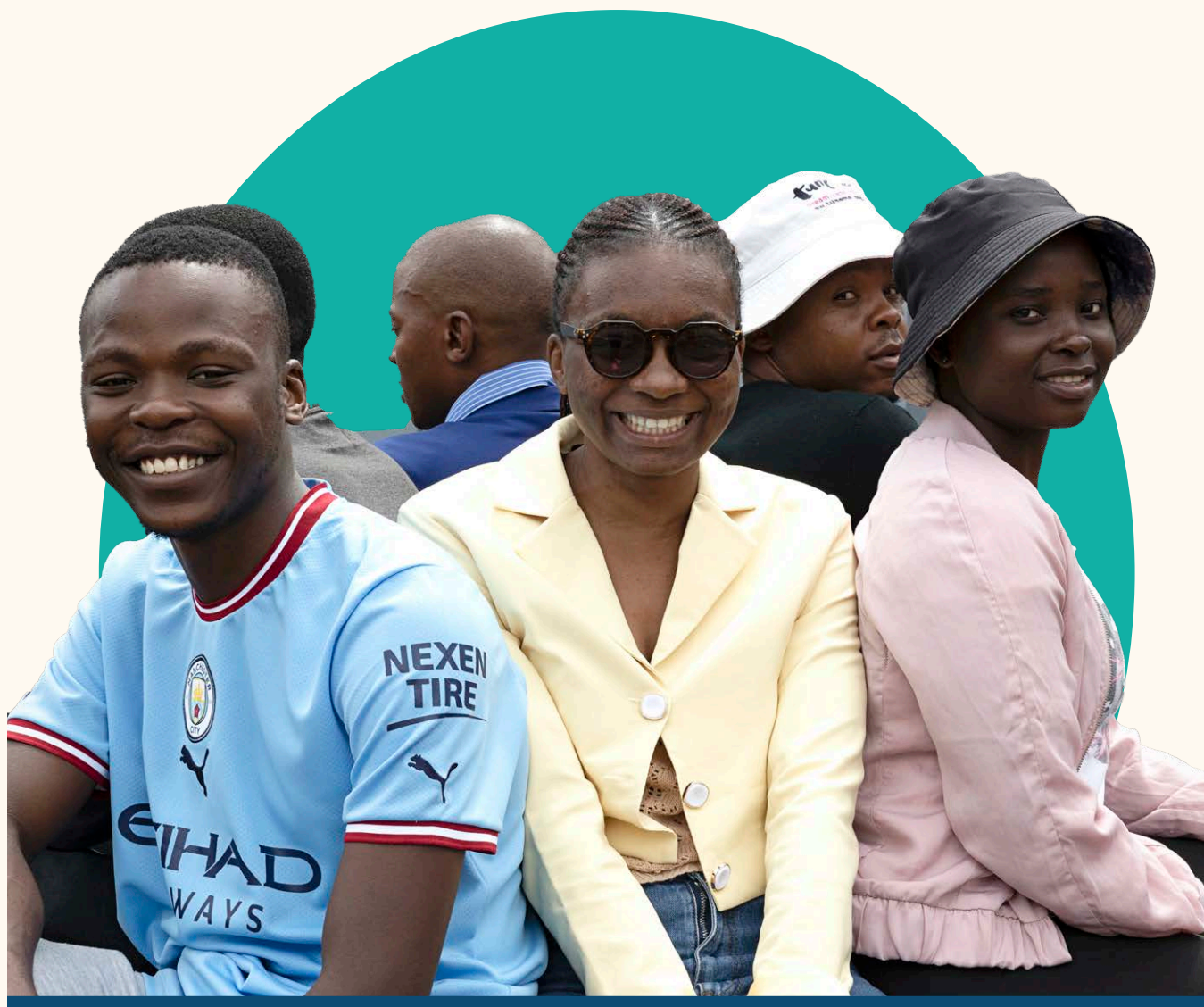
Other activities

- ECF hosts regional community events in partnership with traditional authorities. In urban areas, reproductive health information is made available at one-day sporting events and family days that bring together members of different churches for fun activities.
- ECF reaches its programme participants through a weekly 30-minute radio show broadcast nationally on a Christian radio station, Voice of the Church (also called Trans World Radio Eswatini), and addresses issues such as discrimination against HIV-positive individuals.

Faith Community Initiative

The second HIV and AIDS-related programme, conducted during 2020-2022, revolved around drafting “Messages of Hope”, which are sermons leveraged by church leaders to raise awareness in their congregations of the need to know one’s HIV status. The programme was tied to a voluntary testing project that provides congregants with HIV self-test kits and psychosocial and spiritual support. Practical knowledge about accessing and beginning an antiretroviral (ARV) drug treatment programme was shared. The project implementation also included a faith and community initiative that equipped churches with child justice and protection services.





CHALLENGES AND LESSONS LEARNED

Eswatini is an impoverished lower-middle-income country where food shortages and food insecurity are endemic and exacerbated by climate change. While sponsoring the NCP initiative, UNICEF recognized the need to feed the large population of children living without parental care and in vulnerable situations, who otherwise might not have a nourishing hot meal on the day they attend a care point. Evidence suggests that on weekends, when the NCPs are not operating, the food supply for these children is interrupted, bringing about further hardship.

Financial constraints prevent ECF from implementing ASRHR interventions nationwide. As a result, most of the programmes are only implemented in urban areas. Implementing partners typically provide contractual support tailored to their organization's goals. This poses a challenge for developing and scaling up sustained, nationwide project implementation, as the interventions require long-term planning, commitment from partners and consistent financial support.

In addition to partner, governmental and umbrella body support, the project's success is rooted in the dedication and enthusiasm of its youthful staff and volunteer peer educators. Recruitment of young people for the learning sessions has been most successful when conducted by self-motivated peer educators. Church leaders announce the ASRHR project to their congregations during services, and peer educators then recruit programme participants. Peer educators share a high degree of enthusiasm for the programme, and this characteristic is usually ranked as one of ECF's greatest assets. They are in the same age range as participants and embody an energy and idealism that encourages peer participation. The peer educators' age affinity also provides insight into how participants respond to the project, allowing instructional adaptation to reflect participants' interests and needs more closely. However, despite being integral to the programme, peer educators are volunteers and receive no pay. This results in a higher turnover of volunteers, disrupting programme implementation.

It was noted that the peer educators and participants often struggled to engage meaningfully in learning sessions held on church premises after lengthy church services. Some peer educators reported telltale signs of hunger, with attendees nodding off during the lessons and struggling to pay attention.

Many church leaders initially raised objections and concerns about the comprehensive sexual education (CSE) approach of the youth-focused learning curriculum, favouring traditional, abstinence-only teachings. Their support and commitment were eventually won by adopting an inclusive approach to the curriculum design, presenting content as factual and informational, emphasizing responsible behaviour and framing it within a human rights grounding.

However, some of the concerns raised by stakeholders in the LSE manual design process resulted in important CSE teachings being omitted from the training manual, including issues such as positive self-stimulation. There is also no mention of young people who identify as lesbian, gay, bisexual, trans, queer or intersex (LGBTQI+).

Meaningful youth engagement requires that the LSE curriculum be adjusted to include and elevate the voices of young people who belong to LGBTQI+ communities and the topic of safe and positive self-exploration.

"If you're gay, you can't talk to your parents about that. I raise the point of being gay at the sessions. Some youth will come to me after a session. They say, 'You know what you were talking about, well, I'm that somebody.' Their main concern is they feel a need to tell their parents. Sometimes, in our culture, parents will link you to a girl. But they expect you to have children by the time you are in your twenties. And there are lots of abusive words in SiSwati that people call gay people. It would really hurt to have your parents call you that. I refer them to the gay people's NGO at Matsapha, the Gender and Sexual Minorities organization."

– Senzo Mdluli, ECF Peer Educator



The current curriculum used by ECF, updated in 2022, encompasses great knowledge. One of the challenges reported by the first generation of peer educators is that when sharing the texts in the manual verbatim, they ran out of material after three learning sessions.

A noticeable learning gap identified in the training process revealed that in some cases, church leaders who participated in the training sessions did not share their knowledge with congregants, hindering health instruction at the community level.

Interviewees for this report also related the discouragement felt by participants when powerful and well-known individuals go unpunished for crimes like rape or other sexual misconduct. ECF has responded by creating a network of referrals and providing counselling for survivors of sexual violence, while continuing to carry out the learning sessions. The spiritual foundation of the programme continues to ground both ECF and its service users as they deal with these ongoing social injustices.

Traditional and new media platforms are used to broaden engagement with the programme, including through weekly national radio broadcasts and social media. Innovative engagement with participants via chat messaging platforms, such as WhatsApp has proven impactful and effective for participants who cannot attend in-person sessions.

Community engagement through events and activities has had mixed results for project implementation. Attendance varies according to factors, such as the venue's location. Participants may find it challenging to attend due to conflicting priorities, such as work, studies or other commitments on weekends, when learning sessions are typically scheduled. Event planners noted a lack of unity and support from church leaders when advertising an event in an urban area, which resulted in poor attendance from the respective congregations. This underscored the co-dependence of ECF and the member churches within its umbrella organizations. ECF exists to better the health and lives of church members, and church support is critical for a successful programme roll-out.

While ECF is a Christian undertaking, outreach has been conducted to encourage the participation of congregants from other faiths. While a synagogue has not yet been established for Eswatini's Jewish community, the Muslim community reported offering life skills and religious instruction. Communication between ECF and Islamic authorities in Eswatini remains open. Another group that has a notable presence is the Baha'i community, who have expressed an interest in ECF's programme and activities.

"We saw attendance go down. We started with 30 youths coming to the sessions. Then it sometimes dropped to 10 people or less. They have busy schedules, jobs or they are away from home for school or some other thing. So we thought about how to reach these youths. We came up with the idea of doing an online session using WhatsApp. These sessions can be from 15 to 30 minutes. The youth participate."

— Banele Matsenjwa, ECF Peer Educator





RECOMMENDATIONS

Overall

ECF deserves great credit for administering the NGO and working with only six permanent staff members, a volunteer and an intern. However, staffing needs to be increased to implement the programme nationwide. Additionally, support is needed to expand the curriculum beyond health and social welfare to include projects that assist young congregants in establishing and maintaining livelihoods. Securing long-term funding commitment and financing would enable more sustained and impactful programme implementation.

Neighbourhood Care Points

Packed meals can be sent home with the children on the weekends to extend the provision of meals throughout the week.

Peer educators

The payment of a stipend to encourage the long-term commitment of peer educators is strongly recommended. This would assist with mobility challenges and ease some socioeconomic barriers impacting their dedication and participation. Donors should be informed of the risk to programme continuity of not providing stipends going forward and the positive impact stipends would provide to the enthusiastic young instructors. An investment in branded clothing for the peer educators is encouraged, and their inclusion in the design of future versions of the curriculum and lesson planning is encouraged. The six peer educators interviewed for this report revealed a great capacity to learn as they teach, offering the possibility of acting as on-the-ground M&E agents, identifying real-world insights that will make for more meaningful and impactful programme implementation.

Additional inspiring peer educators could be identified and recruited who are energized and committed to keeping the sessions interesting and the participants engaged in the curriculum. The LSE lessons can be expanded and deepened by revising the instructional approach to make them more relevant to the attendees' lives rather than presented as generic health issues. Personalizing lessons by leveraging the shared experiences of attendees offers an immediacy and deeper connection to the learnings on offer.

Considering the poor food security situation impacting young people in Eswatini, refreshments should be provided at learning sessions to encourage attendance and more active participation.

Church leaders

Research can be conducted to understand the gap between church leader training and communication of the lessons with congregants at the community level and to find more effective communication and training methodologies.

It is important to ensure that the curriculum design continues to engage the church leaders towards ensuring a more robust and inclusive

“Some of the things we need, we fear the donors will think are unimportant. We must provide food for the young people who come for the peer educators’ instructions. They always ask, ‘What are you going to give us.’ Some of them haven’t eaten that day. They want (Church Forum branded) T-shirts, and those would be important for their spirits (morale) and it would increase attendance. Attendance can be a problem.”

— Busi Gwebu, ECF Administration Assistant



CSE curriculum. It is proposed to educate church leaders about the importance of encouraging self-exploration and its inclusion as a topic within the future curriculum. As societal opinion shifts from the point of strict intolerance to the acceptance of LGBTQTI+ individuals in churches, the need to consider the inclusion of LGBTQTI+ youth participants in the revised curriculum can be addressed. However, it is suggested that in the short term, ECF peer educators and others signal to LGBTQTI+ individuals that while not specifically mentioned in the curriculum, they are worthy of all the human rights listed in the LSE – dignity, safety, control over their bodies and privacy.

Congregants

Involving more church members could develop a shared sense of responsibility for assisting young people in the community. This could be done through encouraging the participation of congregants with work experience and knowledge of health and GBV issues at the core of the curriculum. Nurses, doctors, police personnel and other health and community workers could be invited to the learning sessions as guest facilitators. In addition, ECF hopes to expand the LSE curriculum to include ways for young programme participants to earn livelihoods. Congregation members with business expertise could be invited to share their experiences.

Engagement of young participants

ECF's new media initiatives offer the potential to connect in real-time with the demographic the project aims to mentor – young, sexually active Emaswati.

ECF peer educators and administrative staff have the advantage of understanding their audience's interests and needs. The use of the internet and social media projects to disseminate curriculum-focused content and enlist programme participants should be expanded. Further research and planning are encouraged to extend the use of content design and chat messaging services as extended learning platforms for the curriculum. The exploration of entertainment and music as a

means of communication and tool of instruction to enhance the ECF learning experience and drive engagement of young people participating in the programme is recommended.

Events

Improved event planning to encourage larger attendance and participation is proposed. More events should be held outside urban centres to extend the reach to more youth. Church leaders should be supported in promoting event information and attendance to congregants in their community more regularly.

Interfaith

Continued engagement to encourage collaboration with diverse faith-based organizations, such as the Baha'i and Muslim faiths, should continue to be explored.

"When the Church Forum came along, a lot of people at our church saw an opportunity. I did, too. I wanted to learn. I took the instructions, and I set things up at our church. We have sessions on Saturday. I teach them about life and about the social and economic problems that youth faces."

– Bavukile Fakudze, ECF Peer





CONCLUSION

ECF is a significant development in ecumenicalism in Eswatini. It successfully unifies disparate church organizations, and its inclusive approach continues to be a valuable asset to the project.

ECF derives legitimacy from its umbrella church organizations and is trusted and accepted by those Christian groups. Originally devoted solely to the HIV and AIDS emergency, ECF has evolved to include tackling issues around GBV and taking a more holistic approach to the welfare of its service users.

“Eswatini has produced the first-ever national LSE (Life Skills Education curriculum) for the Religious Sector.”

– UNFPA



The new LSE learning programme results from continuous consultation and completing the manual is an ECF curricular success. While the curriculum will require periodic updating, given the wide array of sensitivities and opinions that had to be accommodated during the drafting and publishing process, and a generic resistance in Swazi society to sex education, the manual is nonetheless an accomplishment.

The evolution of HIV and AIDS to a manageable illness in Eswatini through the provision of ARVs, public health and community interventions did not end the need for the role of ECF, but rather allowed ECF to evolve to pursue areas vital to the health and well-being of the Christian community.

ECF aims to assist and comfort the most vulnerable and uplift humanity. Time spent with ECF personnel affirms this missionary spirit is pervasive and will be an asset during the next phases of its growth.

With ECF leading the way, Eswatini's Christian organizations, representing the religious interests of nine out of 10 Eswatini residents, will also make these causes part of their social welfare agenda. Therefore, despite its current limits in terms of staffing and capacity, ECF currently has a much greater influence than its size.

“We always said that the impact of HIV will last for years. We thought so in 1999, and we know so today. People are on drugs, so they don't die, but kids are born with the virus. They are part of a population that is very angry. They don't understand why they are HIV-positive and have to suffer stigmatization that continues still. So, the Church Forum will never end, but will adapt.”

— Bishop Zwanini Shabalala, the former General Secretary of the Council of Swaziland Churches and former Director of ECF



“Church Forum has really advanced health education by introducing controversial subjects in a non-controversial way. Our approach to our church partners and the traditionalists has always been, ‘We all have the same goal – stopping AIDS.’ Now we are assisting the DPM's office to get everyone together against gender-based violence, which can be controversial because it deals with gender rights. The Church Forum does believe in abstinence before marriage as a means to stop HIV, and also faithfulness in marriage. But we know the reality that condoms also stop HIV, and we've succeeded in having pastors stop condemning condoms from the pulpit.”

— Bishop Zwanini Shabalala, the former General Secretary of the Council of Swaziland Churches and former Director of ECF



APPENDIX: ECF PARTICIPANT STORIES

NOKUPHILA HAJI, 22, Moneni

I belong to the Church International Mission Centre in Moneni. My favourite subject of the Church Forum lessons, because I'm a woman, would be pregnancy: HIV and pregnancy, how to avoid pregnancy, wearing a condom and the morning-after pills. Those are sold at pharmacies and you can get them at hospitals. The problem with the pills is money if you buy them at pharmacies, and at the hospitals you can't get them in time because the government has problems ordering medicines. That means you have to negotiate with your partner to wear a condom. If you are younger than the boy, it's hard to get him to wear a condom. Some girls think he'll be upset if you ask because he thinks you think he's got HIV.

I attended Church Forum lessons in 2020. In 2022, I came back to learn more so I can answer the questions of the students I now teach. I want to teach our people. The people I go to church with don't have information because they're not comfortable talking about sex in church. It is important to make them at ease. When I give instructions, the pastor is not there. That makes it easier for the students to open up. They feel no one is judging them.

Officially, the church says we must abstain [from sex], but we are realistic in our [instruction] sessions. At first, there were people in the church who disapproved. It was a challenge because they thought we'd encourage the youth to have sex. We said, no, we see people who stop going to church because they are pregnant. What we teach is how to prevent that from happening.

A girl came to me who was raped. She came to me because I told them to open up when they are abused. I couldn't counsel her properly. We went to the police station, and to RFM Hospital for a pregnancy test. The Church Forum has partners for referrals so people can get help. Why do girls get pregnant? Some hungry girls have sex for money. We need more time for our instructions, more sessions, so we can discuss such things. We can discuss the reality of young people's lives.

At our sessions, we have about 20 students. They are from 14 years old to 24. In our church, we are taught no sex before marriage. But in society, most youth have sex before age 18.

I live in Moneni with my mother and my three siblings. I am the oldest, and I have to look after the three younger ones. My mother doesn't have a decent job, so we have to make a lot of compromises. At Moneni, a lot of things happen there. It is a poor community, and it's survival of the fittest. There's drug abuse, and the youth face a lot of peer pressure. If that person has something, I must have it – it doesn't matter how. The conditions lead to abuse, and sexual violence. For as little as E5 (US 28 cents) they'll have sex if a man comes along. They think everything is fine because with E5 you can get something to eat. They don't think about what comes next. But hunger can do that to you.

BAVUKILE FAKUDZE, 22, Ntondozi

I belong to the Qolo Free Evangelical Assemblies Church. It's near my home. I live with my parents, and my brother and sister.

I first learned about Church Forum in 2020, during COVID-19. Last year, I was nominated to be a peer educator. Our pastor nominated me. At that time, I was the youth chairperson of my church. When Church Forum came along, a lot of people at our church saw an opportunity. I did, too. I wanted to learn. I took the instructions, and I set things up at our church. We have sessions on Saturday. I teach them about life, and about the social and economic problems that youth face.

During school holidays we have 30 and up to 40 youth at our sessions. During the school year, it is 20 because many students are away at boarding school. Sometimes, schools have sessions on Saturday when we have our instructions, so even if the youth are at home, they are not with us. Sometimes, there is a dip in attendance, and we go out into the community and engage the youth to see what is keeping them from attending. If we learn there is a sporting event that will keep the youth away, we may change instructions to Sunday.

I do counselling. The youth come to me with problems at home or at school. There is some educational counselling that I do. I am a practicing teacher in my final year. So I can help the young people at our sessions with their education counselling. But also morals – I advise on how youth should conduct themselves. At their age, they tend to make a lot of mistakes. If you have a criminal record, no matter how bright you are, society writes you off. I tell the boys and girls that they must remember that.

Gender-based violence – I have counselled people about that – and HIV and AIDS. Some girls and boys experience gender-based violence at home. Sometimes, it is the parents who are harmed, and sometimes it is the boys and girls themselves. We have a counsellor who is experienced in this, and for [survivors] of gender-based violence I get them together with the counsellor.

JUNIOR MSIBI, 24, Kwaluseni

In Mbabane, I stay with my grandmother and uncles. My mother teaches at the University. I stay with her a lot also.

When I heard about Church Forum, I was a student in 2019. I went because they said they teach about empowering youth – life skills, taking care of yourself, avoiding drugs, managing sex. I wanted to learn for myself, but after I did, I wanted to share what I learned. I saw the youth of my community were very disturbed. HIV is high at Kwaluseni.

I became a peer educator, so I could share what I learned. This is at the University Anglican church. I started calling meetings for Saturday. But the youth were very busy, so I had the meetings after church ended on Sunday. More than 40 youth showed up, so it was effective. But we need a budget for refreshments. They say, “You make us come on Sunday, but you starve us!” I give lessons. I take questions, and I give answers. Sometimes, other motivators show up, from other NGOs, and help.

I go to Embhuleni. It’s a slum, but there’s a soccer field there. I come early. I know the players are boys very active in the community. I introduce myself, “I’m from Church Forum and I wish to share with you health information.” I talk to them about condoms and circumcision. When I’m talking, I see some boys drift away. They think I’m going to quote scripture, and I’m there to recruit from the church. “You’re going to preach to us,” a boy said to me. So I tell the others later, “Call them back.” They learn that I’m not there to preach. I don’t want the sessions with the Embhuleni boys to be at a church, so I asked the principal at the elementary school if I can use a room. He let me have it for free. During the (COVID-19) pandemic, Church Forum gave us a five-litre bottle of hand sanitizer and a box of masks, so we could still meet.

The youth come to me now. They see me walking and they stop me. “I’m 20 years old. I want to stop smoking marijuana. How can you help me?” It says, it’s all about motivation. He has to believe he can stop. I help him to believe he can.

I am religious. I do emphasize when I’m talking about HIV prevention that they should abstain [from sex]. The boys grumble. They agree to try to abstain from sex, but we still have prevention measures like condoms to share because I know it’s hard.

BANELE MATSENJWA, 27, Siteki

I have two sisters and one brother. I am a final-year student at the Eswatini College of Technology in Mbabane. I am getting my degree in Hospitality and Tourism Management. My church is the Siteki Free Evangelical Assemblies. In 2021, I went to Church Forum sessions. I went because I thought it was important information that they were teaching. I thought it was not just important for me, but I wanted to share.

I am a peer educator part-time. I do sessions in church in Siteki. Usually it's Saturday. The sessions are usually two hours, at 12 noon or 1 pm. We follow the curriculum that Church Forum gives us. After the presentation of a topic, we [I and the other peer educator] get questions. There are lots of questions about HIV testing. We make referrals. Also, they ask about STIs. We encourage everyone to look for signs, and to go to clinics.

We saw attendance go down. We started with 30 youth coming to the sessions. Then it dropped sometimes to 10 people or less. They have busy schedules, they have jobs or they are away from home for school or some other thing. So we thought about how to reach these youth. We came up with the idea of doing an online session using WhatsApp. These sessions can be from 15 to 30 minutes. The youth participate.

People ask me for personal advice. I try my level best to help, but I may need to do referrals to the specialists. We have nurses at our church who have told Church Forum that they will help us with referrals. I encourage everyone at the sessions to go home and teach their families. Teach their sisters and brothers and teach their friends. That's how information spreads, like the Gospel.

THANDOKWAZI NSIBANDZE, 30, Mbabane

I belong to the Methodist Church in Mbabane. I have an older sister and a younger brother. I live in Mbabane with my mother. My father lives in Nhlanguano. He is retired. I see him every other weekend. I'm in tertiary at Ngwane College. I'm training to be a teacher.

In 2020, Church Forum invited us from Mbabane. There were youth from different churches. We had a session at Alcon House, and we learned all the subjects [of the curriculum]. At the time of COVID-19 there was not much for youth to do. I felt empowered by what I learned, and I wanted to empower the youth of my church. We formed a health club. We were encouraged to do this by the Church Forum lessons we learned. The health clubs were to encourage youth to go to clinics, to test [for HIV].

As I said, during COVID, youth had nothing to do. A lot of youth passed the time having sex, and there was a lot of alcohol abuse. Our church is very big; it was formed from two churches, in Mbabane and Siteki. We set up a Church Forum chapter at both places. There's not much difference in youth in Mbabane or Siteki. There's teenage pregnancy, poverty, drugs and alcohol abuse. The townships are the same, and the same kind of behaviour. This behaviour can be very selfish, so I encourage the youth, "Be your brother's keeper."

We have our meetings at churches. We organize sports events and braais (picnics). These help attendance. At Mbabane, we started with 15 [people], and it grew and is now 30. They come from different backgrounds and households. The session lengths depend – an hour, an hour and a half – and we usually have activities after that. Sports, bible study, empowerment sessions – those are so we know what each person is facing and how we can help each other. In our church, we also encourage community development work. One project was school shoes for kids. I suggested this to the other peer educators, as a way to go out and empower other young people.

I get questions from the youth at the sessions. They are many and different: Where can I get condoms? Where can I get access to contraception? At my church we always try to provide refreshments. This is very important. I wish we could do more – incentives like T-shirts and caps.

Gender-based violence is a very touchy subject, but it affects everybody, from children to adults. Everywhere you go in Eswatini, it's there. It's always in the news. It helps to talk about it, particularly with our sisters. They are dependent on men for taking care of them, and we tell the boys that they must not abuse that dependency. Gender-based violence is spread because of dependency because some girls cannot walk out of a relationship. They think they have nowhere to go. One thing we need to teach more is survival skills.

The youth come to me for personal advice, and other people do too. I'm a very social person. I always put out that they can come to me for help. Fortunately, in our church, we have counsellors. These are people who studied psychology. We do not have to go far to get someone's help.

The most important thing is to keep communication channels open. If you need anything, we are here. Sometimes people get victimized because they think they have no one to turn to. Slowly but surely, we are getting through to people.

SENZO MDLULI, 33, Matsapha

I am a member of the Free Gospel Church in Matsapha. In 2013, I began as a counsellor with a project called Engage in Youth. It was about HIV and AIDS. We taught young men how to grow up and be a man in their community. In 2018, I began with Church Forum. I attended a one-week workshop for people like me who had a background in counselling. This was at Caritas in Manzini, and there were 20 of us. They trained us to be soldiers to go out to the communities. I go to a church and mobilize the youth. I ask for a time slot after the service on a Sunday. The pastor gives me the time. At our church in Matsapha, we have 15 girls and seven boys. There is another session I hold on Saturday at the church for members of the choir after choir practice. There are 11 youth attending.

There is not much difference between the boys and the girls. They are both shy. They lack information from their parents. They can't talk to their parents about sex. Their parents will think they're already having sex. They can't talk to their pastors, who think they're being demonic wanting to know about sex. Our lessons are the same for boys and girls, and the main message is the same: protection. What we teach that's important is where to get health services. But the youth have different needs. Some girls don't know anything about menstruation. They are afraid to tell their parents about what is happening to them because they fear they'll be accused of having started sex. So they don't get money for sanitary pads. The boys also fear talking to their parents, but they have a need to know things. They are told by their friends that if they wake up with an erection, it means they must have sex. In our culture, you can't talk to parents about such things.

If you're gay, you can't talk to your parents about that. For now, I raise the point of being gay at the sessions. Some youth will come to me after a session. They say, "Senzo, you know what you were talking about, well, I'm that somebody." Their main concern is they feel a need to tell their parents. Sometimes in our culture, parents will link you to a girl. But they expect you to have children by the time you are in your twenties. And there are lots of abusive words in SiSwati that people call gay people. It would really hurt to have your parents call you that. I refer them to the gay people's NGO at Matsapha, the Gender and Sexual Minorities organization.

We do encounter youth who have suicidal thoughts. We also work with SWAGAA (the Swaziland Action Group Against Abuse). The police will mock you if you are a male who is abused by your girlfriend. "You're a weak man," they say. These guys want to commit suicide after that, so referrals are very important, seeing that they get the help they need.

I am an artist. I drew the Church Forum posters. I encourage using social media to reach youth. I do animations to tell information. People respond to pictures. They read the words, but if they laugh at a drawing, they will remember the lessons better.

**United Nations Population Fund
East and Southern Africa
9 Simba Road / P.O. Box 2980, Sunninghill,
Johannesburg, 2191 / 2157, South Africa.**

Tel: +27 11 603 5300

Website: esaro.unfpa.org

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