



# A case study of Kwakha Indvodza “Building a Man”

Eswatini’s Male Mentoring  
Programme on Sexual and  
Reproductive Health and  
Entrepreneurship

*Bongmenzi from the Lobamba community chapter of KI showing the art he has produced. Photo: Iga Figula/UNFPA*

# Contents

<b>Acknowledgements</b>	<b>03</b>
<b>Abbreviations</b>	<b>04</b>
<b>Foreword</b>	<b>05</b>
<b>Background</b>	<b>06</b>
<b>Why focus on men and boys?</b>	<b>07</b>
<b>Description of the programme</b>	<b>08</b>
<b>Monitoring and evaluating the programme</b>	<b>10</b>
<b>Results</b>	<b>11</b>
Overall programme participation	11
Shifts in social and gender norms	11
The impact of the Litfuba Ngelakho Programme	13
Learning	14
<b>Conclusion</b>	<b>15</b>

*A group of young men making an order placed by the local church at the Kwakha Indvodza workshop. Photo: Iga Figula/UNFPA*





# Acknowledgements

This case study of the Kwakha Indvodza Programme in Eswatini is intended to showcase emerging practices that can inform the development of regional and country interventions to strengthen sexual and reproductive health and rights (SRHR) programming for men and boys in East and Southern Africa.

This case study was conceptualized by United Nations Population Fund (UNFPA), the United Nations sexual and reproductive health agency, under the 2gether 4 SRHR Programme, a Joint United Nations regional programme that aims to improve the SRHR of all people in East and Southern Africa.

It was developed under the leadership of UNFPA East and Southern Africa Regional Office (ESARO) Regional Director, Lydia Zigomo and Deputy Regional Director, Chinwe Ogbonna. The 2gether 4 SRHR Programme Manager, Richard Delate provided technical guidance and input into its design and review. James Hall conducted the case study. UNFPA ESARO staff contributed to its publication, including Regional Communications Adviser Daisy Diamante Leoncio, UNFPA Media Specialist Lindsay Barnes, and Communications Consultant Sara Chitambo, who contributed to UNFPA publication compliance.

UNFPA ESARO staff Pumla Golimpi and Miriam Mphuthi provided administrative support.

Thamary Silindza, Program Specialist – SRH/HIV for UNFPA Eswatini, also contributed to its publication.

Special mention must be made of the Kwakha Indvodza staff in the Manzini office who facilitated the case study. In particular, the author wishes to acknowledge Founder and Executive Director Tom Churchyard, Programme Manager Gift Dlamini and Chapter Coordinator for the Lobamba Community Centre, Kenneth “K.O.” Oporoza. Mpendulo Masuku, Monitoring and Evaluation Coordinator at the Gender and Family Issues Unit in the Eswatini Deputy Prime Minister’s Office provided helpful information on the Government of Eswatini’s partnership with Kwakha Indvodza.

Thanks must also go to the Programme Officer for the Eswatini Manzini chapter of MenEngage, Bonginkhosi Ndlangamandla; the Swaziland Action Group Against Abuse; the Family Life Association of Eswatini; PSI Eswatini; the Inkhundla Secretary at Lobamba, Monica Zwane; Sergeant Nomphumelelo Tfwala of the Eswatini Royal Police Service at

Lobamba; HTS Counselor at the Lobamba Clinic, Vuyisile Lukhele-Dlamini; and the Bucopho (community leader) at Lobamba, Phumaphi Dlamini.

Five young men who volunteered to share their life stories, bringing a human face to this report, are cited

for special commendation – **Menzi Dlamini, Nkosikhona Fakudze, Sizwe Fakudze, Khayelihle Langwenya and Sifiso Maqawe Mavumbela**. Thanks also to Nompumelelo Nxumalo, who shared her family life and the story of her 12-year-old son Sanziso.

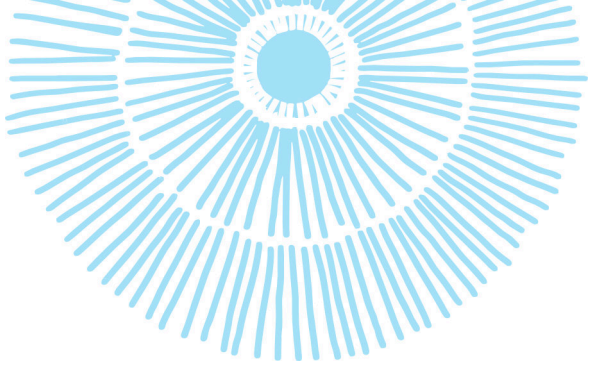
This publication was made possible with the generous financial support of the Swedish International Development Cooperation Agency (Sida), through the Regional SRHR Team of Sweden, and the Swiss Development Cooperation. The publication was edited by Elizabeth Pick.

# Abbreviations

AMICAALL	Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa
ART	Antiretroviral Therapy
ESARO	East and Southern Africa Regional Office
GBV	Gender-Based Violence
GEM	Gender Equitable Men
HTS	HIV Testing Services
KI	Kwakha Indvodza
M&E	Monitoring and Evaluation
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	Non-Governmental Organization
PREP	Pre-exposure Prophylaxis
Sida	The Swedish International Development Cooperation Agency
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWAGAA	Swatini Action Group Against Abuse
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VMMC	Voluntary Male Medical Circumcision



A group of young men stand together after attending a gender norms session in Lobamba. Photo: Iga Figula/UNFPA



# Foreword

In a world where health and well-being are often discussed regarding statistics and generalities, there is a profound need for targeted interventions that address the specific challenges diverse populations face. Since its inception in 2012, Kwakha Indvodza (KI) has been at the forefront of such initiatives, carving out a unique space for empowering and uplifting men and boys in the Kingdom of Eswatini.

Grounded in the ethos of “Building a Man” (the meaning of *Kwakha Indvodza* in Siswati), KI has consistently demonstrated its commitment to fostering healthier, more resilient and gender-equal men and boys. Recognizing the critical role that men and boys play as both beneficiaries and agents of change, KI has tailored its programmes to address the pressing issues of HIV and violence prevention and holistic well-being within the male population.

UNFPA in Eswatini, with support from the 2gether 4 SRHR Programme, partnered with KI from 2019 to 2023 and employed a holistic approach, which goes beyond mere awareness-raising to actively engage men and boys in meaningful dialogue and skill-building activities. By integrating social and behaviour change strategies with entrepreneurship and income generation, KI empowers young men to actively participate in their health and well-being.

Perhaps most importantly, KI recognizes that progress cannot be achieved in isolation. By fostering collaboration with women’s organizations, schools, government agencies and international partners, KI creates synergies that amplify the impact of its interventions and promotes a more inclusive approach to gender equality, ensuring that its interventions are effective and sustainable in the long term.

As we embark on this journey of discovery and transformation, let us draw inspiration from KI’s remarkable work. May their tireless efforts serve as a beacon of hope and a catalyst for positive change in the lives of men and boys in Eswatini and across the globe.

Margaret Thwala-Tembe

Head of Office

UNFPA in Eswatini



# Background

Established in 2012, Kwakha Indvodza (KI) (which means “Building a Man” in Siswati) is a non-profit organization specializing in community-led health and behaviour change interventions with men and boys. Founded in response to fundamental gaps in HIV and violence prevention programming in Eswatini, KI provides a unique and interactive space to nurture healthy, resilient and gender-equal males. KI implements a wide range of health, social and financial strengthening programmes for men and boys, working across all four regions of Eswatini, with a larger footprint in the Hhohho and Manzini regions and a presence in the Lubombo and Shiselweni regions.

*Maseko proudly shows off the tools he uses in his work.  
Photo: Iga Figula/UNFPA*



All KI programmes are aligned with the Government of the Kingdom of Eswatini's national policies and frameworks, including the National HIV Strategic Framework, Gender Policy, Prevention of Sexual Exploitation and Harassment Strategy, Positive Parenting Strategy, Education Policy and Health Policy. KI works closely with the Deputy Prime Minister's office under the Department of Gender and Family Issues and the National Children's Coordination Unit. It collaborates with the Ministry of Health SRHR Unit, the National AIDS Programme and the National Emergency Response Council on HIV and AIDS (NERCHA). It works with the Department of Correctional Services to implement programmes with adolescent boys and young men in correctional facilities and a post-release programme to integrate juvenile ex-offenders back into communities. The Royal Eswatini Police Service supports community-based interventions to sensitize men and boys on crime and gender-based violence

(GBV) and also provides security during community activities and campaigns.

KI partners with the United States Agency for International Development (USAID) and Global Fund local implementing partners to address the needs of men and boys in communities already working with adolescent girls and young women. Partners include the Swatini Action Group Against Abuse (SWAGAA), Women Unlimited, Women in Law in Southern Africa, Young Heroes, Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa (AMICAALL), Pact and Promundo. KI is a member of the Men Engage Consortium in Eswatini and the African Region.

KI has received funding from the European Union and the Government of Sweden through the 2gether 4 SRHR Programme implemented by UNAIDS, UNFPA, UNICEF, and WHO, Crossroads International and Kingdom not Life.

## Why focus on men and boys?

Most sexual and reproductive health and rights (SRHR), GBV prevention and empowerment activities target adolescent girls and young women, creating a risk that young men and boys will be left behind.

Young men and boys have an essential role in securing their health and well-being and that of their partners. Both young men and women are subjected to societal, cultural and socioeconomic challenges in Eswatini, including gender, sociocultural norms and values that reinforce patriarchy, traditional gender roles, gender inequality, violence and a decline in the strength of family structures. Youth poverty and unemployment rates are high, resulting in crime and drug and alcohol abuse. Limited uptake by adolescent boys and young men of health information and services, especially sexual and reproductive health services, is contributing to high levels of HIV, sexually transmitted infections (STI), unintended pregnancies, unsafe abortions and maternal deaths.

GBV is a persistent problem; approximately one in every three women have experienced some form of sexual abuse by the age of 18 years, and 48 per cent of women report having experienced some form of sexual violence in their lifetime. Moreover, 26 per cent of girls and 32 per cent of boys aged 13–24 years report having experienced some form of violence in their lives. Girls are more likely than boys to experience sexual violence, while boys are more likely than girls to experience physical violence. About one in five survivors receive professional services for any sexual violence they encounter, and most violent acts take place at the home.

# Description of the programme

KI's **Litfuba Ngelakho** programme ("The Chance is Yours") works through Community Chapters identified in consultation with the community and beneficiaries. Community Chapters provide a safe and convenient space where adolescent boys and young men can participate in the programme. Chapters each have two community members who support and monitor programme implementation by recruiting participants, facilitating sessions, managing referrals to health facilities, overseeing community mobilization activities and developing linkages with partners and the community.

The Litfuba Ngelakho programme aims to improve the health and well-being of at-risk male youth aged 15–29 years in peri-urban communities and two youth correctional facilities through social and behaviour change and social entrepreneurship and income generation activities.

The social and behaviour change programme is implemented through three 'Cat Groups' (Leopards, Cheetahs and Lions). Participants (called "emajaha")

follow a structured curriculum comprising three modules of five sessions each. Participants graduate from one 'Cat Group' to the next as they progressively complete the modules.

The courses build knowledge and transfer skills on crime prevention, social and behaviour change, redefining harmful gender norms, GBV prevention, HIV prevention, condom use, VMMC (Voluntary Medical Male Circumcision), psychosocial support, financial literacy and the creation of community service platforms. Pre- and post-testing enables the programme to track changes in participants' knowledge and skills as they progress.

Litfuba Ngelakho works through the Ministry of Education and Training to engage local schools which refer high-risk or vulnerable young men to participate in the social and behaviour change programme. This complements the life skills education and other in-school interventions offered by the Ministry of Education and Training.

## Core topics of programme



### LEOPARDS

1. Introduction to gender, gender sensitivity and gender-transformative attitudes.
2. HIV basic facts, transmission, myths and misconceptions, condom use, VMMC and other prevention services.
3. Money Matters! Earning, saving and spending income.
4. Networking and effective communication skills.
5. Community-initiated community service project in surrounding communities.



### CHEETAHS

1. GBV sensitization, prevention and bi-stander awareness.
2. Redefining masculinity and positive fatherhood.
3. Behavioural drivers of HIV/STIs.
4. Knowing your strengths and career guidance.
5. Youth-led advocacy campaign, based on burning social community issues and emajaha interests.



### LIONS

1. Sexual consent, Human Rights and the law.
2. Alcohol and substance abuse.
3. Family planning methods, available products and referrals.
4. Introduction to entrepreneurship and business planning.
5. Community Health Day and Graduation ceremony (including HIV testing and other community-based health services) (recruitment for future in-take of leopards).



With the support of women's organizations implementing programmes for adolescent girls in local communities, joint dialogues and campaigns are organized between the emajaha and adolescent girls. These dialogues encourage open communication, foster inclusive involvement and engage adolescents in gender equality, women's rights and girls' empowerment using youth-friendly approaches such as poetry, sport, drama and art.

The Ministry of Health provides support throughout all aspects of programme implementation. Nurses from local communities engage participants in their health and well-being. Mobile outreach services are provided at the Chapter when the emajaha participates in the joint dialogue sessions; participants who require services not offered are referred to their closest health facility. KI follows the participants to encourage service uptake. Referrals are managed through a facility referral book, where the information and services provided are recorded. The health-care provider then completes a referral slip verifying that the client has taken up the service.

Participants who have graduated from the social and behavioural change programme can be selected to participate in the social entrepreneurship and income-generating programme at KI. Participants must be over 18 years old, out of school and unemployed. Selected participants attend a week-long

vocational and skills-building training (Learn2Earn) that transfers knowledge, equipping them with skills and tools to generate a sustainable income through starting a small business or formal employment.

A KI social worker provides psychosocial and mental health support to people in communities and perpetrators of violence. KI attends community sessions with men at the invitation of communities or workplaces and shares information through the radio on mental health and the available services. KI also provides one-on-one counselling, couples counselling and home visits to vulnerable adolescent boys and young men through their helpline, referrals from employers and other non-governmental organizations (NGO).

During the COVID-19 pandemic, the programme pivoted to remote working modalities with sessions provided through WhatsApp groups and online social mobilization techniques. Facilitators trained by the Ministry of Health incorporated COVID-19 awareness into participant engagement. As lockdown restrictions were lifted, community engagements commenced with restrictions placed on the number of participants, social distancing, wearing masks, sanitizing and enforcement of national and KI-specific guidelines to ensure the safety of staff and participants. No COVID-19 case was reported at KI or in beneficiaries linked to the project.

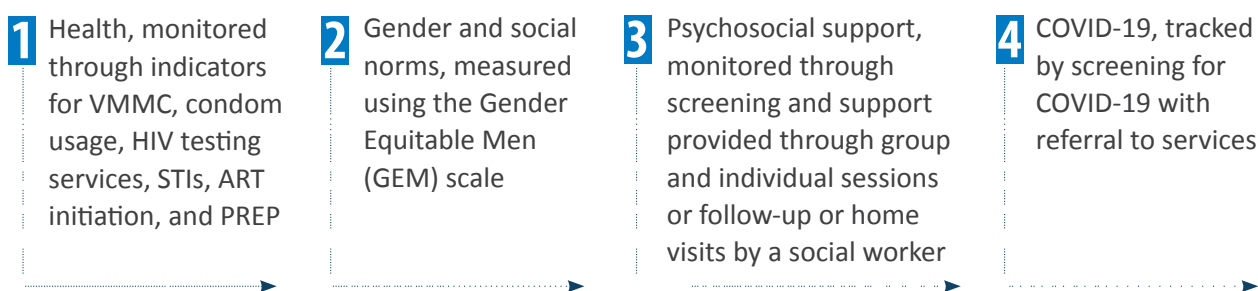


(L - R) Bandile Lukhele – KI Communications Officer, Tom Churchyard – KI Founder and Executive Director, Sara Chitambo – Communications Consultant 2gether 4 SRHR, Thamary Silindza – UNFPA Eswatini Programme Specialist – SRHR/HIV, Gift Dlamini – KI Programmes Manager and Lungelo Bhembe – UNFPA Program Specialist stand in front of Kwakha Indvodza. Photo: Iga Figula/UNFPA

# Monitoring and evaluating the programme

The programme is monitored through a Monitoring, Evaluation, Research and Learning Framework consisting of social and behaviour change indicators that track knowledge, attitudes, and social and gender norms.

The master register disaggregates participants by age, income, geographic area, education level, orphans, in-school or out-of-school. Data gathered at the correctional facilities is collected separately. In addition to the demographic data, the register includes data on:



All emajaha enrolled in the programme undertake a pre-test and a post-test upon completion to assess shifts in knowledge, attitudes and norms relating to GBV, HIV prevention, health, sexual offences, domestic violence, crime prevention and entrepreneurship.

For example, changes in participants' understandings of gender and masculinity were measured using a Likert-type scale based on the following seven questions:

1. Having regular sex with more than one woman makes me a real man.
2. It is the man who decides when and how to have sex.
3. There is no problem in cooking, washing dishes or cleaning the house while my sister/s rest.
4. It is a woman's responsibility to avoid getting pregnant.
5. It is solely a man's responsibility to provide for the family.
6. Crying is a sign of weakness; a real man does not cry he faces his problems head on.
7. Women and men should be afforded the same opportunities in life.

Participation is tracked through paper-based participant registers. Sample evaluations are undertaken periodically to test the quality of the sessions. Programme evaluations are conducted regularly, testing samples of past and current participants on the extent to which they have benefitted from the programme, any subsequent changes that have occurred, and whether any programmatic adjustments are required. Interviews are conducted with parents and guardians to check whether they have noticed any changes in the participants. Success stories are collected and disseminated.

Results are shared monthly, quarterly and biannually with the Chapters and reported via the Ministry of Health's monitoring and evaluation (M&E) platform. Lessons learned are shared through the National Technical Working Groups. Learning is distilled through monthly, quarterly and biannual review sessions between the M&E project team and the Chapters to highlight accomplishments, raise concerns, and implement strategies to address lagging indicators.

# Results

## Overall programme participation

In five years (2018–2022), more than 4,100 adolescent boys and young men were enrolled in the Litfuba Ngelakho programme, of whom 3,579 graduated as Lions, completing all three modules. The number of participants who did not complete all three modules was 524, representing 23 per cent of those enrolled.

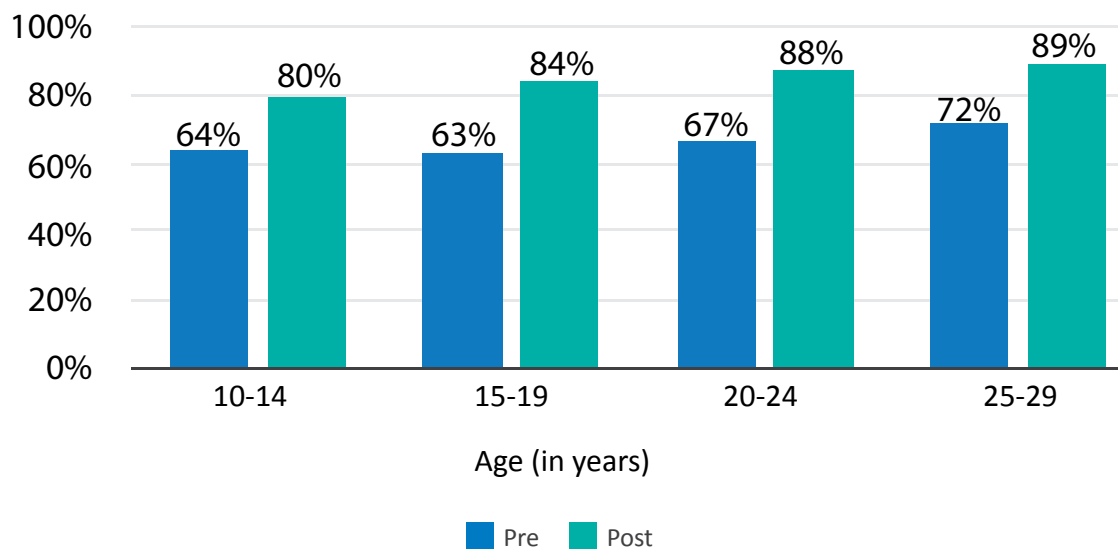
Participants aged 15–19 years comprised 48 per cent of all participants; 33 per cent were aged 20–24 years, and 18 per cent were aged 25–29 years. In-school participants comprised 48 per cent, and out-of-school participants comprised 52 per cent. There were high levels of unemployment

among out-of-school participants, with 90 per cent neither employed nor self-employed; just 5 per cent of participants were formally employed or self-employed.

## Shifts in social and gender norms

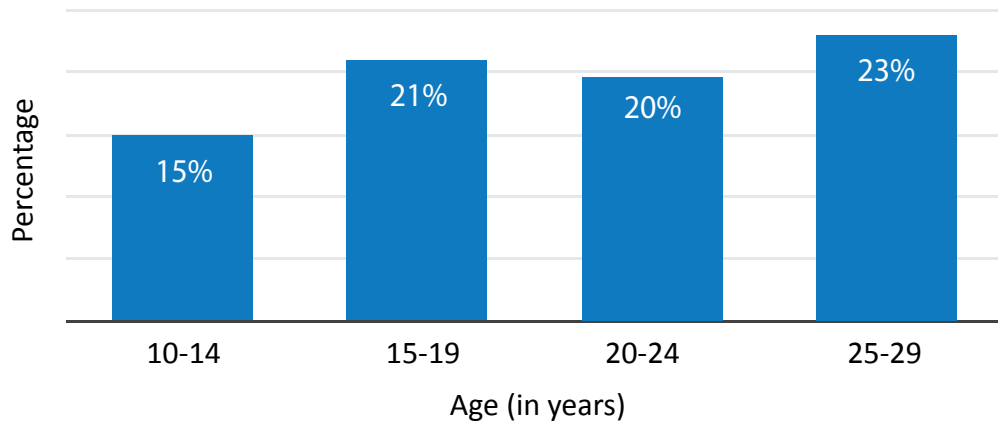
The graph below demonstrates a considerable shift in knowledge before and after participating in the programme. The extent to which the programme contributed to new knowledge declines with age, which is attributed to the fact that the knowledge gained by the participants builds upon prior learning and exposure, such as school-based programmes.

Figure 1: Pre-post tests averages for “Gender” topic



However, despite this, the programme does reflect a significant shift in knowledge. The difference in the shifts in knowledge between the different age cohorts is statistically insignificant. Even among those aged 25–29 years, there is a 17 per cent increase in knowledge and skills acquired.

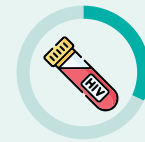
Figure 2: Average % difference for “Gender” topic, in ages



The referral slips received from **health services** to which the participants were referred show an uptake of health services, including condoms distributed in communities.

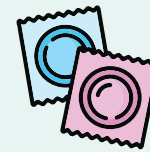
**32%**

of eligible emajaha tested for HIV. Eligibility criteria included participants who had not tested before and who did not test in the previous 3 months



**310,148**

condoms and lubricants provided by the Ministry of Health and PSI were distributed through mobilization efforts (sports activities), local shops, pop-up stalls and Community Chapters



**121**

men took up VMMC services that relied on self-reporting or clinics



Offering the services either as part of the Chapters' activities or as part of outreach activities facilitated the participants' uptake of the services. Some reported that during COVID-19, they were asked to pay for services, which limited their uptake of the services.

Thirty per cent of participants reported that the programme equipped them with knowledge and skills, enabling them to become self-sufficient and employable.





## The impact of the Litfuba Ngelakho programme

---

An accurate benchmark of the programme's impact is the extent to which the knowledge and skills gained are sustained following its implementation.

A small follow-up study with 96 participants found that 96 per cent of participants used the knowledge and skills gained after completing the programme. Some reported that due to their participation in the programme, they were earning between E1,000 and E2,500 (US\$54 to \$132) per month, drawing on the carpentry and building skills gained through the workshops.

Sixty-five per cent of participants indicated that they had accessed one of the following health services: VMMC, HIV testing services (HTS), counselling, tuberculosis (TB), COVID-19 screening, condom usage and referrals to hospitals for STIs.

All adolescent boys and young men who participated in the programme attested to receiving information on the Sexual Offences and Domestic Violence Act, reporting they learned about GBV and are now agents of change in their communities for the rights of women and girls and that they would not want to perpetuate some socially irresponsible/illegal behaviours, such as taunting or abusing women.

## Learning

---

A robust data monitoring service to collect, store and analyse information is needed. Advances in digital technologies can strengthen programme monitoring. Monitoring data should be used to improve programme implementation further. Programme evaluations, including longitudinal cohort studies, should be implemented to measure the programme's impact over time.

Contextualizing the curriculum to be relevant to the different age cohorts is essential and allows for age-appropriate messaging and approaches. How content is provided to participants aged 15–19 years is very different to working with participants aged 25–29 years.

Proximity to services is a key determinant of uptake. Two districts (Mahwalala and Siphofaneni) recorded higher uptake of HTS and VMMC services as programme implementation took place close to a service delivery site. However, stockouts of commodities, such as testing kits, did undermine the provision of services.

Referral slips allow the tracking of services. However, a limitation is that participants may not return the referral slip for various reasons, such as misplacement. To address this, KI has invited local clinics or President's Emergency Plan for AIDS Relief (PEPFAR) testing partners to provide services at the session or event.

Some reported that due to their participation in the programme, they were earning between **E1,000 and E2,500 (US\$54 to \$132) per month**, drawing on the carpentry and building skills gained through the workshops.

# Conclusion

This case study demonstrates that programmes working with men and boys hold promise in shifting social norms, attitudes and behaviours. However, programmes need to have a clear theory of change and build a learning agenda from the onset, with data systems (qualitative and quantitative) used to track these learnings. Investments should be made in forming partnerships with academic institutions that can assist with the design of robust data systems that

can be used for longitudinal studies. KI has developed and demonstrated results in programmes that engage men and boys in health, social protection, behaviour change and empowerment interventions. A case study on the programme is currently being developed so that other countries can learn from and draw on the experiences of the KI programme in Eswatini.

