



GLOBAL GRANTS COMMUNITY ASSESSMENT RESULTS

Use this form to report community assessment findings to The Rotary Foundation when you apply for a global grant.

Assessing the strengths, weaknesses, needs, and assets of the community you plan to help is an essential first step in designing an effective and sustainable global grant project. See [Community Assessment Tools](#) for full instructions and helpful tips.

This form will help you report the results of your community assessment, and it's required when you apply for any humanitarian or vocational training team grant. Complete a separate form for each beneficiary community (e.g., school, health care system, or village), using information that is both current and specific to each community. Remember, you can't use global grant funds to cover the cost of doing an assessment, but you can use district grant funds.

COMMUNITY OVERVIEW

Describe the characteristics (such as geographic information, main sources of income, population size, and access to education and health services) of the specific community where this project will take place.

Eswatini formally the **Kingdom of Eswatini** is a landlocked country in Southern Africa (17,364 km² 6,704 sq mi),. It is bordered by Mozambique to its northeast and South Africa to its north, west, south, and southeast.. Eswatini is one of the smallest countries in Africa with no more than 200 km (120 mi) north to south and 130 km (81 mi) east to west. Its climate and topography are diverse, ranging from a cool and mountainous highland to a hot and dry lowland. Eswatini is separated into four geographical regions Hhoho, Manzini, Lubombo, and Shiseweni.

The population is composed primarily of ethnic Swazis. The prevalent language is Swazi (*siSwati* in native form).

The government is an absolute monarchy, the last of its kind in Africa, and has been ruled by King Mswati III since 1986. Elections are held every five years to determine the House of Assembly and the Senate majority. Its constitution was adopted in 2005.

Since the country is small and fairly homogeneous, DfG Eswatini serves the whole country and the Global Grant is covering the whole country.

Economy

Eswatini is a developing country and is classified as a lower-middle income economy. It is a member of the Southern African Customs Union, the Common Market for Eastern and Southern Africa, the Southern African Development Community, the African Union, the Commonwealth of Nations, and the United Nations. Its main local trading partner is South Africa. To ensure economic stability, Eswatini's currency, the lilangeni, is pegged to the South African rand. Eswatini's major overseas trading partners are the United States and the European Union.

The economy of Eswatini is diversified

- Agriculture, forestry, and mining account for about 13 percent of GDP
- Manufacturing (textiles and sugar-related processing) represents 37% of GDP
- Services – with government services in the lead – constitute the other 50 percent of GDP.

Most of the country's employment is provided by its agricultural and manufacturing sectors.

Eswatini is highly dependent on imports to feed its people, as national production is constrained by frequent droughts, erratic rainfall, prolonged dry spells, inadequate farming technologies, low investment in seeds, fertilizers and equipment, and structural barriers preventing access to formal markets.

There has been stagnant economic growth and Eswatini has been unable to provide the necessary job opportunities. This has resulted in a rising unemployment rate. The current unemployment rate is 33 per cent. Youth unemployment increased from 47.4 per cent in 2019 to 58.2 per cent in 2021. The HIV high prevalence rate and the great number of new entrants into the labor force have also aggravated this situation.

According to the definition from the International Monetary Fund (IMF), Eswatini is a developing country because of its lower economic performance. With an average annual income of 3,800 USD, Eswatini is one of the lower middle-income countries. The average monthly income in Eswatini is 317 US Dollar per capita.

Population & Rural vs Urban Poverty

Eswatini has a population of 1.2 million. The population of Eswatini is young. As of 2018, people aged 14 years or younger constituted 35% of the country's population. The median age is 22 years of which 43 per cent are children below 17 years. Adolescents represent one quarter of the population.

Eswatini is predominantly rural and only 25% of the population live in urban areas. Approximately 59 per cent of the population live below the national poverty line and 20.1% are in extreme poverty. The rural population have higher rates at 63.3 % than the urban population at 36.7 %. The poverty gap in rural and urban areas is estimated at 30.3 and 5.9 percent, respectively. 35 per cent of households in rural areas have poor food consumption patterns while 11 per cent reported to have faced severe hunger in past 30 days.

Health

The Swazi population faces major health issues. HIV/AIDS and (to a lesser extent) tuberculosis are widespread. Diabetes and non-communicable diseases are on the rise with road accidents now sharing a significant share of deaths. As of 2019, Eswatini has the highest prevalence of HIV among people ages 15 to 49 in the world (27.1%). As a result, there are many orphans or children living with grandparents. (During our last visit to Eswatini, in 2022, The Luke Commission, a major health-care NGO, observed that COVID killed many of these grandparents.) Maternal mortality rate is high with 389/100,000 births due to HIV, poverty, and poor health care. As of 2018, Eswatini has one of the lowest life expectancies at 58 years, the 12th lowest in the world.

Although primary health care is free, health care is poor. Despite significant international aid, the government fails to adequately fund the health sector. (We attended the Rotary Club of Manzini's meeting on mental health where we learned that there only 6 mental professionals for a country of 1.2 million.)

Education

Education in Eswatini starts with preschool ages 3. There are 830 public schools including primary, secondary, and high schools. The students can attend the government schools for free; however, they must purchase a uniform and shoes, which many cannot afford. There are also 34 recognized private schools with an additional 14 unrecognized private schools. The largest number of schools is in the Hhohho region, the main business region. Education is free at primary level, mainly first through the fourth grade and free for orphaned and vulnerable children, but not compulsory. In 1996, the net primary school enrollment rate was 90.8%, with gender parity at the primary level. In 1998, 80.5% of children reached grade five.

The DfG Eswatini works in the rural and poorer schools where there are fewer resources. Except for teachers' salaries, principals were responsible for all costs including maintenance of the buildings, providing water and sanitation, security of the building, food, and kitchen help. The government, according to the principals we met during our two visits, gets only \$30 per student. Government has not increased this amount in 12 years!

COLLECTING COMMUNITY ASSESSMENT DATA

When you conducted the assessment, who in the community did you speak to? At least two different community representatives

and beneficiaries who are not involved in Rotary (such as teachers, doctors, or community leaders) should be included in the discussions.

School Committees who are parents' representatives in the local schools, and Bagcugcuteli (Community Health Motivators).

The Community Assessment report was done on the work accomplished by the Days for Girls Eswatini: Menstrual Health program for the Global Grant 198600 sponsored by the Lynnwood Rotary Club and Mbuluzi -Mbabane Rotary Club.

- This is a qualitative assessment in 12 schools and 6 communities that were beneficiaries of the program and schools and communities who will be part of the new Rotary Global Grant.
- The data tools used to collect that data were Focus Group Discussions (FGD) and Interviews and testimonies from recipients of the DfG kits. The tools were designed using questions from the Rotary WASH Menstrual Health (MH) Assessment guidelines and the Days for Girls Monitoring, Evaluation and Learning (MEL) (pre and post-test questions).

- The field data collection was done by the Days for Girls Ambassadors, and they had a 1-day training on the data collection process and on recording testimonies. The Data collection took 2 weeks and was planned and managed by the DfG Eswatini office (Director).
- Analysis and report writing was done by the DfG Eswatini Director and the DfG Eswatini WASH Officer.

- **Menstruation Education**

Most of the boys stated that when they hear the word “menstruation” they think of blood, ready to conceive, something annoying and dirty. Girls on the other hand mainly stated that they think of period pains, expensive pads, mood swings, distress, “oh it’s that time of the month”. This data shows that the experiences of menstruation are not pleasant for most in-school girls. Some boys did state that they have since changed their thinking of menstruation as a bad thing after DfG Eswatini educated them a few years ago. The young girls at primary school who got to be part of the MH education stated that the knowledge of menstruation they got from DfG Eswatini has made their menstruation experiences easier and they now understand what is going on in them, and thus making it less distressing emotionally.

For the mothers and parents’ representatives, they stated that they have seen changes in the way their children (girls) manage their menstruation after the MH education by DfG Eswatini. They also said that as parents, they now have gained confidence and are open to talking to their children about menstruation without feeling restricted and embarrassed.

The Teachers' knowledge about menstruation and menstrual friendly toilets differs, with most stating that their toilets are friendly and yet answering to the contrary on the questions on no proper lightening in the latrines, no safe disposal methods for pads, no lockable latrines for privacy. Almost all teachers ticked yes on safe disposal and commented that the safe disposal method is using the pit latrines. In reality, this is not true as pads will speed up the filling up of the pit latrines.

Principals have not been able to check and verify how menstruation affects school attendance for girls. This makes it clear that menstruation is not part of the school agenda and it is not taken seriously. A high number of school principals stated that that they are very happy and grateful for the pad distribution by DfG Eswatini and that there is a need for provision of sanitary pads in school by government.

- **Menstrual Hygiene Management**

The girls said that they used materials including pads, with many specifying that pads are costly as they range between SZL20-SZL35 (Swazi Lilangeni) per pack of 8-10 pads. Those that have received the washable pads from DfG Eswatini stated that they use them and are very comfortable with using them as they are readily available, easy to wash, last long (sustainable), absorb well and have no leakages. In addition, they stated that they need to use money anymore to buy disposable pads. Some of the girls in the communities and schools that have not received the DfG Eswatini kits stated that they use toilet paper and pieces of cloth as they do not have money to buy pads.

The question was asking if they have received any training/lesson on hygiene by other organizations or from the school- So they said yes, but they got training during COVID 19 and it was mainly on handwashing especially after using the toilets and before eating or touching food. They said there is no soap now that the COVID 19 is over, meaning the schools are not buying the soap like they did during CPVID 19 (please note that these handwashing facilities they are talking about are the other hand washing stations not the DfG/Rotary hand washing stations near the toilets, as those are still functional, and the soap is still provided). They say what they are also taught is cleanliness of uniforms, brushing teeth and combing their hair. These lessons are provided by the school and other NGOs.

Teachers and School Principals all stated that there is a need for pads to be given to all menstruating girls by government because most of the rural schools have mostly Orphans and Vulnerable Children (OVCs) and they cannot afford to buy them. Only one school has stated that they have received other donations of pads outside DfG Eswatini and these are disposable pads. It is interesting to note that most teachers say they were trained on menstruation at college as part of their curriculum. Over 90% of the respondent teachers answered yes to the statement that says menstruation affects school attendance/absenteeism and further explained that inaccessible pads is a cause for girls not being able to attend school during menstruation. The distribution of the DfG kits has improved attendance in the schools and that there is a need to do repeats especially to new students and those that have started menstruating.

The parents also appreciated the pads and stated that they need more distributions for their children that have just started menstruating.

- **WASH Facilities:**

The major challenge in most of the schools that is faced by menstruators is the unavailability of menstrual friendly toilets/latrines. None of the schools has proper menstrual friendly latrines. The latrines have unlockable doors and no lighting (not even natural light as there are no proper windows, but rather a small square that does not allow much natural light inside the latrines). In two of the high schools with a very high enrollment of students, there are not enough toilets such that the girls have to line outside to get into the toilet at breaktime. This makes it very difficult for the menstruating girls to even change their pads as other girls would be knocking on the door. There are no pad disposal bins nor incinerating facilities such as a simple pit for burning used pads.

The data shows that handwashing was only popular during Covid 19 when schools were instructed to build the handwashing facilities and monitor. After the Covid 19 pandemic, most of the schools do not provide handwashing soap anymore, and do not even emphasize/talk about handwashing anymore. Only 7 of the 12 schools have handwashing facilities near the toilets/latrines and those are the schools who benefited from the Rotary District Grant project. In most schools there are no handwashing facilities near the latrines, but are rather far away from the toilets and do not even have soap. Handwashing after using the toilet and after changing the pad is therefore a big challenge.

No lockable doors in the toilets/latrines is making it difficult to change pads and this compromises the privacy and dignity of menstruating girls. Some schools do not have doors in the latrines except the wall that just cover the latrines. The latrines are small in size, making changing of pads difficult as one cannot move around, and the smell of the latrines is bad making this process unpleasant and cumbersome. That is why others even avoid changing the pads at school.

The girls and women stated that disposal of used pads is mostly by burning especially at, and some throw them in pit latrines, but at school all the girls who use disposable pads say they throw them into the pit latrines. Indiscriminate littering was observed in some schools, especially behind the latrines.

Most students stated that other lessons on hygiene that they have been exposed to (educated on) include handwashing (during Covid 19) after using the toilet and before eating, but now they do not have soap, not littering around the school and keeping their classrooms clean, keeping clean: school uniform, brushing teeth, combing hair.

Personal cleanliness varied from having changed the pads one to three times a day. The availability of water, soap and safe and private space for changing pads was a strong influence on the number of times the girls changed their pads for both those using disposable and sanitary pads and those using DfG washable pads.

Some of the career guidance teachers stated that there is a need for proper disposal methods for used pads and generally a safe and private toilet for menstruating girls.

The above data confirmed the responses of inadequate access to water, sanitation, and hygiene facilities by the respondents, especially the girls. All these contribute to menstruating girls' non-participation in school activities, absenteeism from school, and not changing pads during school hours which exposes

girls to infections and leaks and stains on uniforms. The boys also stated that they sometimes use the bush to urinate as the toilets are sometimes broken, smell, and there is no privacy.

When in the last year did the discussions occur?

4-17 May 2023

What methods did you use to collect information from community members (such as community meetings, interviews, or focus groups)?

- **Survey the Teachers and the school Principals.**
- **Interview the Teachers and the school Principals.**
- **Focus Group Discussions with the students.**
- **Testimonies from the Students and out of school youth in the communities.**
- **Observation checklist in the schools and communities**

TARGET POPULATION

Who will benefit directly from the project? List the groups that will benefit (such as schools, hospitals, vocational training centers, cooperatives, or villages).

All girls, women, boys, men and GoGo's (grandmothers) in the schools and communities in Eswatini will benefit directly from this project. The sewers, Ambassadors and Men Who Know (MWK) Ambassadors will benefit through economic development.

Describe the process of how the beneficiaries were identified.

Through the schools and the communities.

COMMUNITY STRENGTHS, NEEDS, PRIORITIES, AND PROJECT DESIGN

Describe what members of the community said matters to them during the assessment.

Total number of respondents

Respondents	Number
In-school girls	129
In-school boys	120
Out-of School Girls	23
Out-of school Boys	14
Career Guidance and Counselling Teachers	12
School Principals	12
School Committee members (parents' representatives)	15
Women	30
Grand Total	355

Groups in the community that would receive a clear, direct, and immediate benefit from the project

All Girls, boys, women, men, and GOGO's (Grandmothers) in the communities and in schools

Describe the community's strengths and resources.

- There are accessible local schools in all communities.
- There are local clinics/health facilities.
- Accessible roads and transport
- Latrines and toilets are available in schools and communities.
- Local shops do stock and sell disposable sanitary pads
- Water is available in all schools through different sources; water harvesting (rain), boreholes and through Corporation.
- All schools have Career Guidance and Counselling teachers who are readily available to assist students.
- Hand-washing stations that were built for Covid 19
- WASH is part of the School Development plans and should be budgeted for

Describe any challenges and gaps in the community's behaviors, skills, and knowledge.

The major challenge in most of the schools that is faced by menstruators is the unavailability of menstrual friendly toilets/latrines. None of the schools has proper menstrual friendly latrines. The latrines have ununlockable doors and no lighting (not even natural light as there are no proper windows, but rather a

small square that doesn't allow much natural light inside the latrines). In two of the high schools with a very high enrolment of students there are not enough toilets such that the girls have to que outside to get into the toilet at breaktime, that makes it very difficult for the menstruating girls to even change their pads as other girls would be knocking on the door. There are no pad disposal bins nor incinerating facilities such as a simple pit for burning used pads.

The data shows that handwashing was only popular during Covid 19 when schools were instructed to build the handwashing facilities, monitor. After the Covid 19 pandemic most of the schools do not provide handwashing soap anymore, and do not even emphasize/talk about handwashing anymore. Only 7 of the 12 schools have handwashing facilities near the toilets/latrines and those are the schools who benefited from the Rotary District Grant project. In most schools there are no handwashing facilities near the latrines but are rather far away from the toilets and do not even have soap. Handwashing after using the toilet and after changing the pad is therefore a big challenge.

No lockable doors in the toilets/latrines that make it difficult to change pads and this compromises the privacy and dignity of menstruating girls. Some schools do not have doors in the latrines except the wall that just cover the latrines. The latrines are small in size and makes changing of pads difficult as one cannot move around, and the smell of the latrines is bad making this process unpleasant and cumbersome. That is why others even avoid changing the pads at school.

The girls and women stated that disposal of used pads is mostly by burning especially at, and some throw them in pit latrines, but at school all the girls who use disposable pads say they throw them into the pit latrines. Indiscriminate littering was observed in some schools, especially behind the latrines.

Most students stated that other lessons on hygiene that they have been exposed to (educated on) include handwashing (during Covid 19) after using the toilet and before eating, but now they do not have soap, there is littering around the school and it is a challenge to keep their classrooms clean, keeping themselves clean: such as school uniform, brushing teeth, and combing hair. Personal cleanliness varied from having changed the pads one to three times a day. The availability of water, soap and safe and private space for changing pads was a strong influence on the number of times the girls changed their pads for both those using disposable and the DfG sanitary pads.

Some of the career guidance teachers stated that there is a need for proper disposal methods for used disposable pads and generally a safe and private toilet for menstruating girls.

The above data confirmed the responses of inadequate access to water, sanitation, and hygiene facilities by the respondents, especially the girls. All these contribute to menstruating girls' none-participation in school activities; absenteeism from school, not changing pads during school hours exposing girls to infections and leaks and stains on uniforms.

The boys also stated that they sometimes use the bush to urinate as the toilets are sometimes broken, smell, and there is no privacy.

What issues will the project address, and how does the community currently address those issues?

- Menstrual Health products (women and girls)
- Menstrual Health education (boys and girls)
- Menstrual Health education (teachers and School Committees)

The above needs are not being addressed by the Ministry of Health. Typically, one disposable pad is provided for a girl for the use of her 5-7 monthly menstrual cycle, with no education. DfG Eswatini has been financing the project since 2017 distributing and educating the youth of Eswatini and preventing female diseases

Provide the specific details of the project design and how it will solve these issues.

Phase 2 Global Grant funding over the next two years is to move DfG Eswatini to an increased level of sustainability by:

- Strengthening their foundation
- Continuing to distribute the washable/environmentally friendly kits with health education training to both girls and boys, including WASH training
- Improving the sanitation of the latrines by providing a safe and lighted space for the girls to change their pads
- Keeping women sewers employed by sewing the kits
- Creating a new community model in 3 schools

DfG Eswatini is committed to their vision of empowering all girls, women, GOGO's, boys, and men throughout Eswatini.

by helping them to have healthy, productive lives

There are four main objectives to increase the increased level of sustainability:

(1) Pilot a Community Ambassador Program. Budget \$9950

- Identify 3 Community Ambassadors from one community and establish roles and expectations.
The purpose of establishing community ambassadors is to have local contacts with schools, churches, and community organizations. Ambassadors will coordinate initial DfG distributions and MWK training with follow up as needed.
- Identify 3 schools in the Ambassadors' community as test models for establishing Days for Girls club. Assign one Community Ambassador per school. The purpose of creating a girl's club so that that the girls manage their own reproductive health, have a support group, and address issues of interest to them. The DfG Club would be an option for students to join like any other club in the school.
- The Community Ambassadors will work with teachers/counselors who will sponsor the girls' clubs. The Community Ambassadors will help the sponsors with the management of the clubs to alleviate some of the workload placed upon school staff. Each club will have a student President The club will empower the girls with leadership skills that are needed for their future.
- The DfG club will also work with the Community Ambassador to identify girls that need menstrual products and reproductive health training.
The Community DfG Ambassadors will be contracted by DfG Eswatini. The DfG Ambassadors (that go throughout different communities to do distributions) will assist Community Ambassadors with distributions as necessary.
- Work with the boys to possible establish a boy's club.

(2) Latrine Renovation Project. Budget \$6,000

Renovate a 4-stall latrine in three different schools to allow for an improved environment for menstrual health management including:

- Adding windows with screens
- Increase wall height for privacy.
- Paint
- Providing proper seats for the toilet.

- Providing small incinerators for the disposable pads.
- Providing lockable doors so that girls have a safe place to change their pads.

(3) Distributions of DfG kits and Men Who Know Training (MWK). Budget \$75,685

- Educate the women and girls about their menstrual health when distributing the washable/environmentally friendly menstrual kits to the girls and women in Eswatini by the women Ambassadors (trainers). Boys will also be educated by the Men Who Know Ambassadors about their bodies and reproductive health.
- 7 distributions of kits per month for 11 months per year with 45 girls and/or women in each distribution. 6,930 kits distributed over 22 months. This includes health education with distribution and travel costs
- 7 Men Who Know trainings per month for 11 months per year with 45 boys in each training. 6,930 boys trained over 22 months. This includes trainings with distributions and travel costs.
- Continue to train women to become Ambassadors of Women’s Menstrual Health which includes reproductive health for both women and men and how to care for and use the washable/environmentally friendly menstrual kits. Other topics in the training include human trafficking, sexually transmitted diseases, HIV and how to support women during their menses. This includes trainings and travel costs.
- Continue to contract with the women to sew the washable/environmentally friendly menstrual hygiene components that make up a kit.

(4) Technology to support the field work and to gather data. Budget \$11,780

- 4 new Cell Phones-to increase reliability, safety in travel for distributions, enable quality pictures of activities while in the field.
- Software – to streamline capacity for evaluations and measurements of benefits
- 3 New Computers-to increase reliability and capacity for planning, communication, monitoring, and evaluation
- Wi-Fi Booster- To improve capabilities for reliability and speed of Wi-Fi to allow for reliable communication, monitoring, and evaluation

Describe the long-term plan for the project (such as oversight, financial responsibilities, and expected

behavior change) after Rotary’s involvement ends.

Expected behavior change is to talk about menstruation, it is a normal part of life and not to feel of having a period. The long-term plan is for DfG Eswatini to have more exposure in Eswatini, highlighting the importance of clean eco menstrual hygiene washable pads so that more NGO’s purchase the products from DfG Eswatini but allow DfG Ambassadors and Men Who Know pro education when making the distributions. The Director, Lindiwe Dladla will continue to seek G opportunities from the local business and embassies as do all NGO’s.

ENVIRONMENTAL ASSESSMENT (FOR ALL ENVIRONMENT AND WATER, SANITATION, AND HYGIENE PROJECTS)

What are currently the greatest environmental threats to local land, air, water resources, and the ecosystem?

Garbage, landfills, deforestation. By using washable eco menstrual hygiene pads, and providing the schools so the girls can dispose of their disposable pads, we are reducing garbage and unsafe conditions.

List any cultural practices that are relevant to the project (such as agricultural techniques or traditions).

Culturally, it is taboo for the girls to use a tampon or a vaginal cup until they are married. We a taboo that is why we have chosen to have the washable eco menstrual hygiene pads distribution Eswatini program.

What positive and negative environmental changes do you expect to result from the project?

We did not find any negative environmental changes that would result from this project, only p garbage of throwing away disposables, cleaner and safer latrine sanitation, Continued education reproductive health in both girls and boys. Providing:

- 1. Menstrual Friendly latrines**
- 2. Disposal facilities**
- 3. Hand washing facilities and items (soap)**