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LIFT
Livelihood & Food Security Technical Assistance

Assessment of PEPFAR Economic Strengthening Programming for PLHIV and OVC in Swaziland

NOVEMBER 2010 – JANUARY 2011

March 2011

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared by Benjamin Rinehart, Benjamin Fowler, Joan Hall, Patricia Musi, Sabina Silaula, Margie Brand and Clint Curtis through AED (now FHI 360), under the LIFT Associate Award, Cooperative Agreement No. GHH-A-00-09-00007-00. LIFT is managed by FHI 360 under the FIELD Leader with Associates Award.

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Acronyms

ACAT	Africa Cooperative Action Trust
ACF	Action contra la Faim (Action against Hunger)
ADRA	Adventist Development and Relief Agency
AED	Academy for Education Development
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CANGO	Coordinating Assembly of NGOs
CBO	Community-based Organization
CDC	U.S. Center for Disease Control
DHS	Demographic and Health Survey
DSW	Department of Social Welfare
EEC	European Economic Community
ES	Economic Strengthening
ES/L/FS	Economic Strengthening/Livelihoods/Food Security
EU	European Union
FINCORP	Swaziland Development Finance Corporatio
FAO	Food and Agriculture Organization
FEG	Food Economy Group
FIELD	Financial Integration, Economic Leveraging, Broad-Based Dissemination and Support
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GOKS	Government of the Kingdom of Swaziland
HBC	Home-based Caregivers
HIV	Human Immunodeficiency Virus
ICAP	International Center for AIDS Care and Treatment Programs
IFAD/RFP	International Fund for Agricultural Development/Rural Finance Program
IGAs	Income-generating activities
IMBITA	Swaziland Women's Financial Trust
IRD	International Relief and Development
JFFLS	Junior Farmer Field and Life School
KNH	Kindernothilfe
LIFT	Livelihood and Food Security Technical Assistance Project
LL	Lihlombe Lekukhalela (A Shoulder To Cry On)
LWA	Leader with Associates
MF	Microfinance
MFI	Microfinance Institution
MOE	Ministry of Education
MOH	Ministry of Health
MYC	Manzini Youth Care
NAMBOARD	National Agricultural Marketing Board
NBIF	Non-bank Financial Institution
NCCU	National Children's Coordinating Unit
NCP	Neighborhood Care Point
NERCHA	National Emergency Response Council on HIV and AIDS
NGOs	Nongovernmental Organizations
NMC	National Maize Corporation

OAG	Old Age Grant
OHA	Office of HIV/AIDS
OVC	Orphans And Vulnerable Children
PEPFAR	President's Emergency Fund for AIDS Relief
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
RHMs	Rural Health Motivators
SACCOS	Savings And Loan Cooperatives
SFDF	Swaziland Farmers Development Foundation
SHG	Self Help Group
SLZ	Swazi Lilangeni
SOW	Scope of Work
STC	Save the Children
SWABCHA	Swaziland Business Coalition on HIV/AIDS
SWAGAA	Swaziland Action Group Against Abuse
SWANNEPHA	Swaziland National Network of People Living with HIV and AIDS
SWIFT	Swaziland International Fair Trade Association
TVET	Technical and Vocational Education and Training
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
VAC	Vulnerability Assessment Committee
VSLA	Village Savings and Loan Associations
WFP	World Food Programme
WLSA	Women and Law in Southern Africa
WORTH	Women's Empowerment Program
WV	World Vision
YES	Youth Entrepreneurial Skills

LIFT Technical Assistance Mechanism

The Livelihoods and Food Security Technical Assistance (LIFT) project provides technical assistance to United States Government (USG) missions and partners worldwide on the integration of food security and livelihoods strengthening, with HIV/AIDS interventions to sustainably improve the economic circumstances of HIV/AIDS-affected households and communities. LIFT is a five-year project aimed at heightening the impact of the work of U.S. government agencies supporting the U.S. President's Emergency Fund for AIDS Relief (PEPFAR), their implementing organizations and other partners and stakeholders, such as local governments, civil society and the private sector. The United States Agency for International Development (USAID)'s Bureau for Global Health's Office of HIV/AIDS (OHA) established the LIFT project as an Associate Award under the Financial Integration, Economic Leveraging and Broad-Based Dissemination (FIELD)-Support Leader with Associates (LWA) cooperative agreement, previously managed by AED, now FHI 360, and in close collaboration with CARE International and Save the Children - US. LIFT's purpose is to support the effective design and delivery of integrated HIV, food security, and livelihood strengthening programs.

In December 2010, LIFT conducted an assessment in Swaziland of opportunities for improving the impact of PEPFAR-funded economic strengthening (ES) programs for people affected by HIV/AIDS, particularly orphans and vulnerable children (OVC). LIFT consulted with PEPFAR to identify a set of assessment objectives that would enable LIFT to provide recommendations for enhancing PEPFAR's current programs and identify new program opportunities. LIFT drew from several resources in preparing for this assessment, including its conceptual framework for understanding livelihoods and vulnerability, previous experience in other countries, standards of practice for implementing ES programs, research on existing PEPFAR and Government of the Kingdom of Swaziland (GOKS) programs and priorities, and an analysis of baseline livelihoods data to provide a contextual foundation for the assessment. During the assessment, LIFT visited and interviewed 29 programs and organizations, including PEPFAR's implementing partners and other GOKS, donor-funded or community based institutions that serve people living with HIV/AIDS (PLHIV). This report presents a review of LIFT's findings and recommendations.

1. Executive Summary

Recognizing the correlation between income, food security, and the objectives of HIV prevention, care and treatment, and impact mitigation, PEPFAR has been increasing its investment in ES activities. One challenge facing PEPFAR is that a majority of its partners implementing ES programs for PLHIV are first and foremost health practitioners, with limited experience in addressing the economic or livelihoods issues confronting their clients and beneficiaries. There are exceptions in countries with larger PEPFAR-funded portfolios where some USAID partners implement "wrap-around" programs with PEPFAR funding. These partners, however, often lack expertise in targeting PLHIV, or in developing programs that are appropriate to their circumstances. USAID created LIFT in part to bridge this knowledge gap and expand the adoption of effective practice in ES programming for PLHIV. The purpose of this assessment was to evaluate the potential of PEPFAR's current ES programs in Swaziland to improve the well-being of PLHIV, OVC and their caregivers, and identify new program opportunities and technical assistance options for strengthening existing programs.

Communities in Swaziland face tremendous challenges in preventing the spread of HIV/AIDS, caring for the sick, and mitigating the social and economic impacts of the pandemic. Over one-quarter of the adult population is infected with HIV, and tens of thousands of children have been left orphaned. The growing imbalance between the number of able-bodied individuals and the number of children, elderly, and infirm has increased the financial burdens on households, communities and the country as a whole, and contributes to low rates of economic growth. Underlying these challenges are widespread poverty, significant social and economic gender inequalities, limited capacity of government and legal institutions, vulnerability to drought, weak internal markets (particularly in the agricultural sector) and a lack of economic competitiveness in comparison to other countries within the region.

The GOKS, PEPFAR and other donors are investing in a variety of ES programs in an effort to reduce the vulnerability and risk of food insecurity of PLHIV. These approaches include: direct provisioning of social services, food and assets; protection of assets through legal services or savings; technical or material support for building homestead gardens; and the promotion of vocational and entrepreneurial skills. Given the underlying environmental, macro-economic and social factors aggravating the impact of HIV, current efforts cannot adequately address the challenges facing PLHIV. Greater commitments and resources are needed to develop and implement policies that protect and empower the vulnerable (particularly women and children) and stimulate markets and economic growth. PEPFAR has an opportunity to improve the impact of its own investments and potentially those of the GOKS and other donors.

In evaluating and making recommendations for ES programming in Swaziland, LIFT draws from four primary sources: a conceptual framework that aligns program approaches and objectives with client or beneficiary objectives and livelihood strategies; a set of standards of practice that should be a adopted by all ES practitioners; an analysis of baseline livelihoods data that provides a context for understanding vulnerability in Swaziland and the potential for different types of program approaches; and interviews with ES practitioners and their clients and beneficiaries. From these sources, this report derives three sets of recommendations for PEPFAR: types of programs to invest in; technical assistance activities for new and existing partners; and support to broader efforts within Swaziland to build an effective referral system based on strategic linkages, partnerships and the recognition of the evolving needs of PLHIV.

LIFT recommends that PEPFAR invest in programs that:

- Improve access to health services by directly subsidizing transport or investing in mobile health clinics
- Provide legal protective services and structures that help vulnerable people (particularly OVC and women) retain assets
- Build social capital and promote savings
- Provide financial literacy training
- Promote sustainable permaculture gardens to improve household access to nutritious food
- Provide technical and vocational training based on existing demand in domestic and regional labor markets
- Promote market-oriented microenterprise training linked with lead firms
- Target young women 16 to 25 years of age
- Provide referrals to health, nutrition, legal and other social services

Noticeably absent from this list are programs that emphasize market-oriented household crop production. The analysis of baseline data indicates that crop sales are not a significant source of income for most households in Swaziland, rich or poor, due to weak domestic markets and limited income earning potential. Partners that wish to promote income-oriented agriculture should do so only as a component of more structured microenterprise development, treating agriculture as a business that is directed at viable and profitable market opportunities, and integrated with other firms in the value chain.

LIFT recommends PEPFAR invest in providing technical assistance to partners to enable them to adopt the following standards of practice:

1. *Vulnerability and Situational Analysis*: Programs should invest in upfront and ongoing analyses of the vulnerability and risk tolerance of clients, recognizing that there are variations in ES, livelihood, and food security needs and ambitions that should shape intervention strategies.

2. *Market Analysis*: Programs should understand the supply, demand, and accessibility of relevant markets (e.g., product, input, financial and labor) in which their clients already or could potentially operate, and look for emerging market opportunities. The role of the enabling environment in shaping incentives and opportunities should be acknowledged and understood.

3. *Feasibility Analysis*: Programs should recognize the expected opportunity costs, benefits, and risks to project clients and their clients' interest or ability to assume risk, and use approaches that increase options available to beneficiaries.

4. *Targeting Beneficiaries*: Programs should determine how best to target or not target HIV-affected households. In some communities, singling out HIV-affected households can exacerbate stigma. In other instances, there is evidence that beneficiaries who self-select to participate in interventions are more likely to sustain their engagement and success. Implementing partners should balance the needs for quality of service with increasing the number of beneficiaries.

5. *Facilitative Approaches:* Programs should use approaches that build local ownership and capacity, strengthen necessary systems and lead to sustainable economic outcomes.

6. *Strategic Partnerships and Linkages:* Programs should engage effective community-based institutions and actors in the private sector to support the sustainability and viability of their initiatives. They should recognize their own limitations and identify partners to whom they can refer clients for complementary services.

7. *Monitoring, Evaluation and Impact Assessment:* Program efforts and investments should be continuously monitored and evaluated to ensure meaningful results, outcomes and impacts for clients, using strong measures of progress and adjusting activities based on learning of what does and does not work.

8. *Communication and Learning*: Program efforts should encourage information sharing among practitioners that supports collective learning, quality assurance and innovation, and increases the return on donors' investments. Where possible, organizations should evaluate and refer to existing, proven tools or manuals related to ES and livelihoods to support quality programming and minimize duplication of effort.

9. *Linkages to Other HIV/AIDS Services*: ES and livelihood programs should be supportive of and integrated with PEPFAR's prevention, care and treatment and support programming. Referral systems and other mechanisms should allow ES clients to access a full range of complementary services.

Finally, LIFT recommends that PEPFAR support ongoing efforts to develop and implement a referral system linking health, nutrition, ES, legal and other services. This system would require coordinated contributions from several GOKS and donor-funded partners, as well as from PEPFAR's implementing partners, to compile data and information on available services, identify gaps, develop tools, train staff in

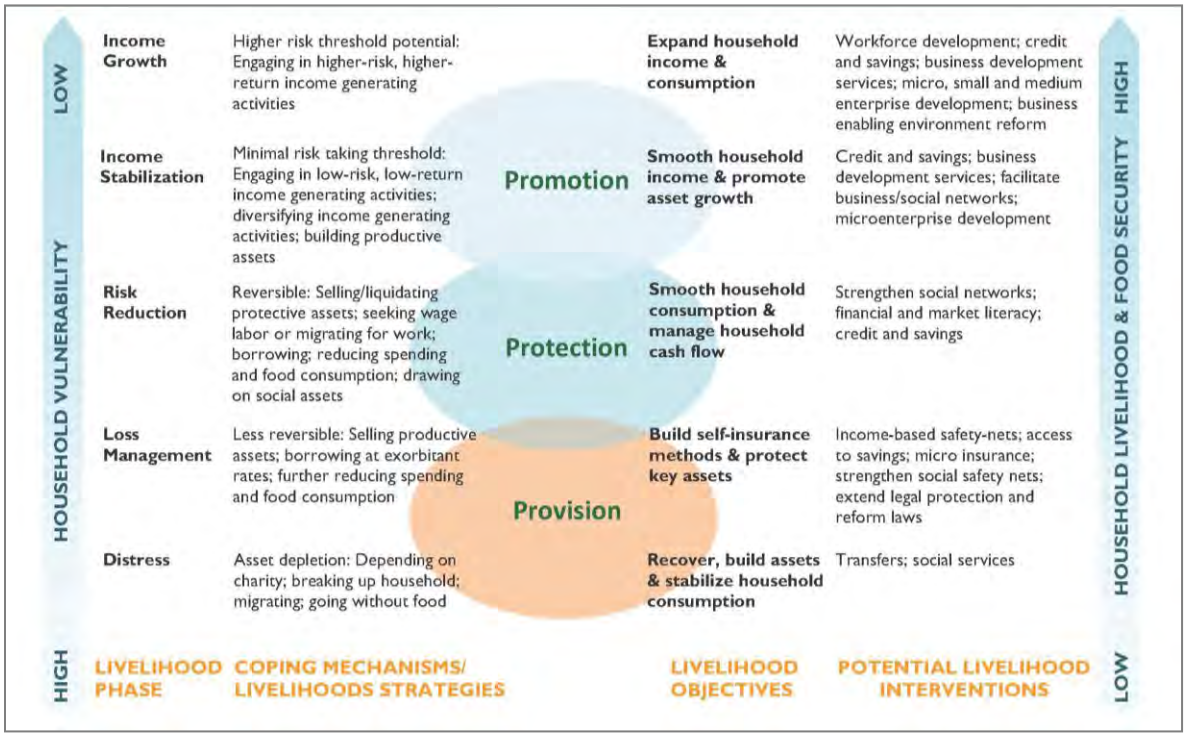
client needs assessment, improve access to information on case referrals and conduct necessary follow up and monitoring.

2. Strategic Framework for Economic Strengthening

LIFT's analytical approach to evaluate existing ES activities, propose technical assistance and make recommendations for future PEPFAR programming is based upon its conceptual framework, presented in Figure I below.[1] Reflecting research and best practices in the field of economic development and programming for vulnerable populations,[2] the conceptual framework explicitly links vulnerability and household livelihood strategies to appropriate ES interventions. The framework demonstrates how the appropriateness of ES approaches varies based on the vulnerability, livelihood options and economic circumstances of targeted populations, and that effective approaches enable movement along a livelihoods pathway towards reduced vulnerability and greater opportunity.

LIFT distinguishes between three broad types of ES programming, *provision*, *protection* and *promotion,* each appropriate for different vulnerability levels, and uses this typology to identify the current range of ES programming as well as gaps that exist.[3] *Provision* involves the direct offer of food, cash, assets and other essential requirements to destitute or near destitute households to meet their basic needs, stabilize consumption and recover critical assets. *Protection* interventions maintain and/or build household capacity to reduce risk and cope with shocks and stresses by smoothing household consumption or income, managing household cash flows and building protective assets. Finally, *promotion* activities smooth or increase household income and build productive assets by improving the ability of household members to identify and seize employment and self-employment opportunities.

LIFT's Livelihood and Food Security Conceptual Framework



[1] Livelihoods and Food Security Technical Assistance (LIFT). "Livelihood & Food Security Conceptual Framework." 2010.
[2] Wolfe, J. "Household Economic Strengthening in Tanzania: Technical Guidance for PEPFAR II Programming. Draft Report on OVC Economic Strengthening Strategy." USAID, 2009.
[3] Thompson, J. "Children, Communities and Care Program (PC3)." Ethiopia: Feb. 2008.

The greater a household's vulnerability to food or income insecurity, the more financially risk-averse they tend to be, and the more likely they are to deploy their assets to manage risk and maintain consumption levels, rather than to maximize income-earning potential by investing existing resources for future, rather than immediate, gains. More vulnerable households tend to prefer multiple, diversified, reliable and frequent income streams that entail lower risk but also lower returns.[4] On the other hand, less vulnerable households, who can more easily absorb the risk of failure, are more likely to participate in and benefit from interventions facilitating their investment in higher risk, higher return income-generating activities.[5] The consideration of vulnerability in designing ES activities is particularly critical when addressing the needs of HIV-affected households, for whom HIV has been shown to increase a household's risk of shocks and delay its ability to recover.[6]

3. Assessment Methodology

The LIFT assessment Scope of Work (SOW) was developed by Swaziland's PEPFAR team in consultation with LIFT (See Annex I: SOW). Fieldwork took place from November 28 to December 14, 2010. A draft of this report was delivered to PEPFAR/Swaziland on March 14, 2011. The LIFT field team consisted of five consultants, three expatriates and two local staff, with combined expertise in food security, microfinance and livelihoods development. Additional technical support was provided by the FHI 360/LIFT office in Washington, DC.

PEPFAR/Swaziland asked LIFT to conduct a desk review and 10-day field assessment to enable LIFT to recommend programs or technical assistance activities that PEPFAR could implement, learn from, invest in or otherwise support to reduce the vulnerability of OVC and their caregivers to food and income insecurity.

In preparing for the assessment, LIFT reviewed several documents prepared by GOKS, donors, non-governmental organizations (NGOs), United Nations (UN) agencies and independent researchers on problems facing PLHIV and OVC in Swaziland, and approaches taken by various stakeholders to address these. LIFT also commissioned the Food Economy Group (FEG) to conduct an analysis of livelihood baseline data, collected by FEG and the Swaziland Vulnerability Assessment Committee (VAC) in 2006, to answer a series of questions (see Section 4) that would provide a contextual understanding of household vulnerability to food and income insecurity in Swaziland, with an emphasis on the livelihood options and response strategies of vulnerable households. LIFT drew from this research, previous country experience and global learning to provide PEPFAR/Swaziland staff and stakeholders with an overview of emerging trends and practices in ES/livelihoods/food security (ES/L/FS) programming for households and communities affected by HIV and AIDS. These activities enabled LIFT to identify promising and scalable practices and approaches that could be adapted for use in Swaziland.

During the assessment, LIFT met with PEPFAR partners implementing ES activities, as well as a selection of ES and related OVC programs funded by other donors and the GOKS, to identify promising approaches that PEPFAR and its partners could learn from or adapt, and which PEPFAR might consider investing in, as well as identify any major gaps in the ES portfolio overall.

LIFT also identified types of technical assistance that could enhance the impact of select programs and approaches. These include direct support to individual partners; facilitating linkages among programs in the donor, public, and private sectors; supporting a referral network for households affected by HIV/AIDS; and promoting knowledge sharing among multiple stakeholders.

The team used a variety of methodological tools, including:

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[4] Chen, M. and Dunn, E. "Household Economic Portfolios." Microenterprise Impact Project, June 1996: 19-22.
[5] ibid.
[6] Donahue, J. "HIV/AIDS & Economic Strengthening via Microfinance." Displaced Children and Orphans Fund and War Victims Fund Contract, Feb. 2000: 2.

- Semi-structured interviews, using interview guides, for PEPFAR implementing partners and non-PEPFAR implementing partners
- Modified focus group techniques for groups of beneficiaries/clients
- An analytical spreadsheet to capture and summarize data
- LIFT's Conceptual Framework and Standards of Practice to evaluate programs and identify programming gaps and opportunities

In total, the LIFT assessment team met with six multilateral and donor institutions, six government offices, 17 direct and indirect PEPFAR implementing partners,[7] and 12 other implementing agencies.

The team interviewed the following entities:

- **Donors and Multilaterals:** PEPFAR/Swaziland, the International Fund for Agricultural Development/Rural Finance Program(IFAD/RFP), the Food and Agriculture Organization (FAO), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), and European Economic Community (EEC) projects
- **Government of the Kingdom of Swaziland:** Ministry of Agriculture, Ministry of Education/Technical and Vocational Education and Training (TVET), National Emergency Response Council on HIV and AIDS (NERCHA), National Children's Coordination Unit (NCCU), National Nutrition Council, Ministry of Economic Development, and Ministry of Commerce, Industry, and Trade
- **USG Implementing Partners (direct or indirect):** Action for Africa (through USAID Southern Africa), Action Contre le Faim (Action against Hunger), Bantwana, Cabrini Ministries, International Center for AIDS Care an d Treatment Programs (ICAP), International Relief and Development (IRD) (through USAID/Southern Africa), Lutsango, Manzini Youth Center, PACT, Peace Corps, Salvation Army, Save the Children, Swaziland Business Coalition on HIV/AIDS (SWABCHA), Swaziland Action Group Against Abuse (SWAGAA), Swaziland National Network of People Living with HIV and AIDS (SWANNEPHA), Technoserve (through USAID Southern Africa), and World Vision (WV)
- **Other Implementing Agencies:** Africa Cooperative Action Trust(ACAT), Adventist Development and Relief Agency (ADRA), Gone Rural, Gone Rural Bomake, Swaziland Women's Financial Trust (IMBITA), Junior Achievement, New Hope, Swazi Secrets, Swaziland Council of Churches, Swaziland Farmers Development Foundation, Swaziland International Fair Trade Association (SWIFT), and Vusumnotfo

In addition, the team held interviews or meetings with:

- Swazi Secrets Self-Help Group (SHG) members
- Rural Health Motivators (RHM)
- Home-based Caregivers (HBC)
- Lihlombe Lekukhalela (A Shoulder To Cry On/LL)
- Neighborhood Care Point (NCP) caregivers at St. Philips/Cabrini Ministries
- HIV support groups
- Junior Farmer Field and Life School (JFFLS) teacher and students at Boyange Primary School
- PLHIV on treatment
- Manzini Youth Care (MYC) / Technoserve client (honey producer)

[7] "Indirect" partners include those receiving PEPFAR funding from ICAP or PACT.

- WV savings group at Maphalaleni
- Vusumnofto beneficiaries

4. Situation Analysis

Vulnerability and Livelihood Analysis

To inform the assessment team prior to the field visit, LIFT contracted FEG to provide an analysis of data from Swaziland's 2006 livelihoods baseline survey, conducted by FEG and the Swaziland VAC.[8] This analysis provides an important context for understanding household vulnerability and ES programming options in Swaziland. Drawing on an extensive data set of household food and income sources, coping strategies, expenditures and vulnerability and risk factors, the analysis provides meaningful responses to key questions about how households earn their living and source their food, which households are vulnerable to food and income insecurity, where they live and why they are vulnerable. Results of the analysis are discussed below.

Knowing how much cash income typical households in each wealth group (very poor, poor, middle and better off) and in a given area have at their disposal in a baseline year, how and when this income is earned, how it is spent and how sources of income are affected by various shocks, can help ES practitioners generalize and better understand their clients' livelihood strategies, opportunities, vulnerabilities and risks.

It is important to remember when reviewing this analysis that the data were collected in an anomalous year. Maize production had been in decline following successive drought years and a significant portion of the population was dependent on food aid. The cotton industry was severely hit by loss of preferential trade opportunities. Restrictions had been placed on the internal movement and export of livestock. According to the Swaziland VAC, another national baseline assessment will be conducted in 2011 if resources are available. Given how much has changed since 2006, this update is very much needed.[9]

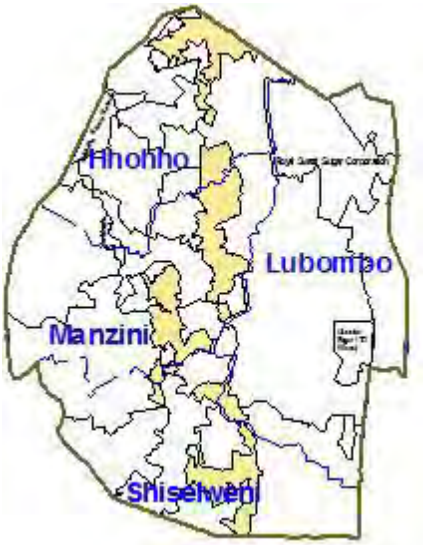
This section draws heavily from the findings of the FEG livelihood data analysis report, written by Tanya Boudreau in November 2010 for LIFT. The eight livelihood zones are represented with maps, accompanied by basic descriptions, calculations of the size of the vulnerable (i.e., very poor and poor) populations in each, their maximum annual income in Swazi Lilangeni (SLZ) (based on 2006 data), a graphic (taken from the FEG report) depicting sources of income and a set of recommended interventions provided by FEG in their report. **Note that these are recommendations intended for public and donor investments in general, and are not specifically aimed at PEPFAR and its implementing partners.** Following the livelihood zones summaries is a summary of FEG's responses to key questions posed by LIFT.

[8] A background of the survey's methodology, including the Household Economy Approach on which it is based, can be found at http://www.sadc.int/fanr/aims/rvaa/Documents/Swaziland/2007%20Swaziland%20Livelihood%20Baselines%20Profiles.pdf.

[9] LIFT has identified several ways to improve a future Vulnerability and Livelihoods Analysis to make it more useful and relevant to economic strengthening practitioners working with PLHIV and OVC. These include defining the economic, food security impact or other trade-offs from taking in orphans, or by grouping households not only by wealth ranking but also by household composition. LIFT believes there is tremendous potential for PEPFAR's partners to use these data when designing and monitoring the impact of their programs.

Livelihood Zones in Swaziland[10]

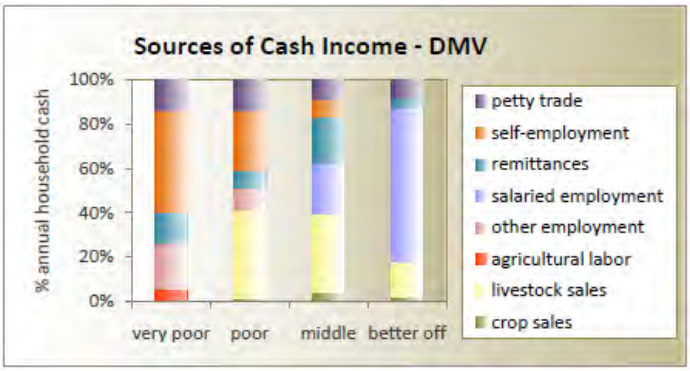
Dry Middleveld



	Population	% of total	Income
Very Poor	12,737	11%	2,880
Poor	46,315	43%	5,818

Low annual rainfall and poor soils limit the agricultural potential of this zone. Cattle are an important income source, but are vulnerable to poor pasture conditions, endemic disease, and cattle rustling.

Recommended interventions: Investments in veterinary services; outreach to support the livestock sector; and investments in irrigation to stimulate local crop production, including sugar.

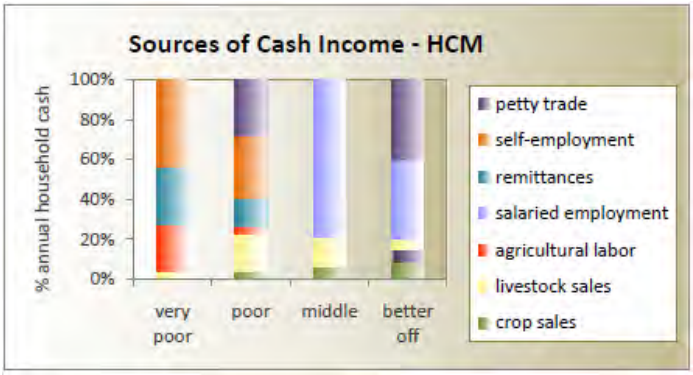


Highveld Cattle and Maize

	Population	% of total	Income
Very Poor	26,368	19%	2,739
Poor	45,797	33%	8,550

Good annual rainfall and yield potential are tempered by limited access to arable land. Employment in other zones contributes to income.

Recommended interventions: Identify and expand domestic markets for local handicrafts; invest in veterinary services and outreach; local purchase of maize for food aid; seed provisioning to poorer households when replanting is required.



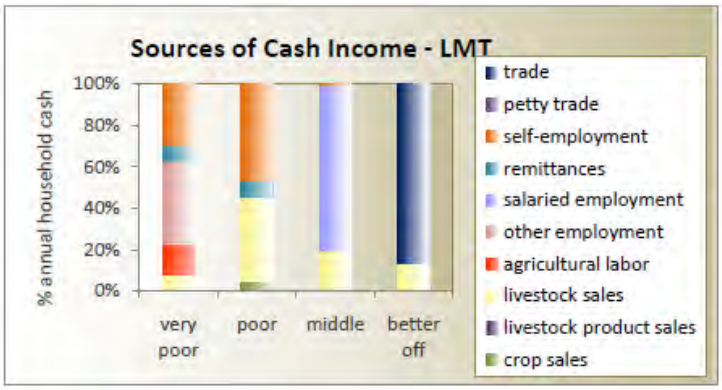
[10] Boudreau, T. "LIFT Swaziland Livelihood Data Analysis." FEG Consulting, Nov. 2010.

Lomahasha Trading

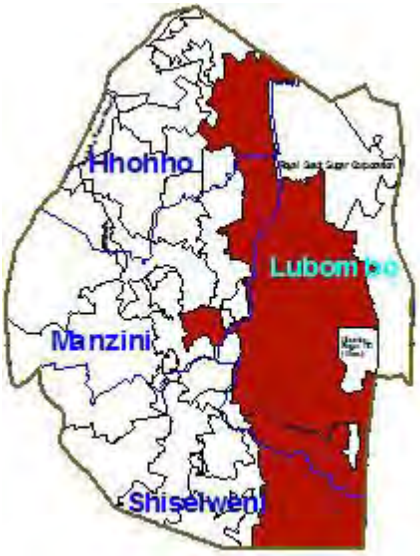
	Population	% of total	Income
Very Poor	1,280	6%	1,220
Poor	8,532	40%	4,070

Favorable agricultural conditions and trading potential are tempered by high population density, drought, livestock disease, and economic isolation from the rest of the country.

Recommended interventions: Promote access to informal financial services for poorer households to enable them to take advantage of cross-border trading opportunities; invest in veterinary services for livestock to improve export potential of this sector.



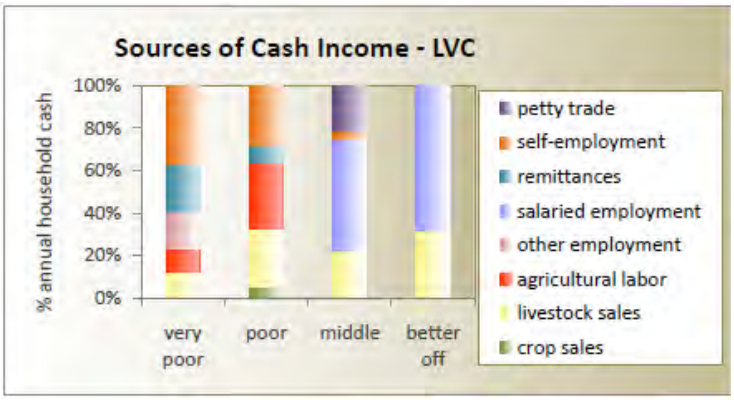
Lowveld Cattle and Maize



	Population	% of total	Income
Very Poor	40,263	23%	2,179
Poor	61,270	35%	6,063

This zone was severely affected by the collapse of the cotton industry. Food aid has contributed significantly to household food income.

Recommended interventions: Invest in irrigation infrastructure, veterinary services, and livestock marketing.

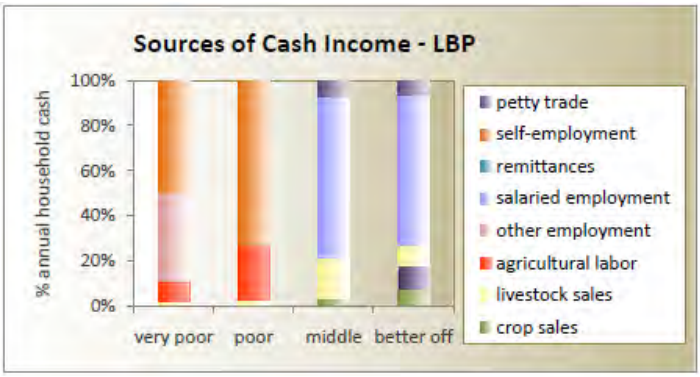


Lubombo Plateau

	Population	% of total	Income
Very Poor	4,423	19%	3,010
Poor	7,682	33%	4,272

The poorest zone in the country is sparsely populated with mediocre soil quality, and low and variable annual rainfall.

Recommended interventions: Promote local maize purchase for food aid to provide incentives for better-off farmers; provide cash support to poorer households during hunger season; invest in veterinary services to exploit potential growth in livestock sector; improve market linkages with the rest of the country.

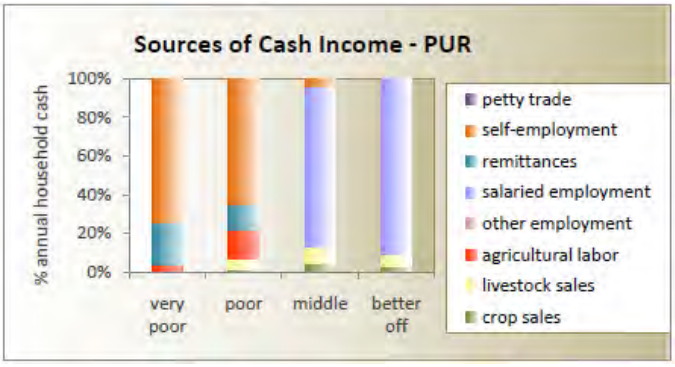


Peri-Urban Corridor

	Population	% of total	Income
Very Poor	35,152	26%	5,408
Poor	47,320	35%	8,947

Integration with urban centers allows poorer households to rely on self-employment; despite limited land holdings, households produce about half of their own food.

Recommended interventions: Develop a more formal market sector and promote private sector participation in staple food marketing to relieve seasonal price shocks; support crop diversification; build labor skills and enhance education opportunities.

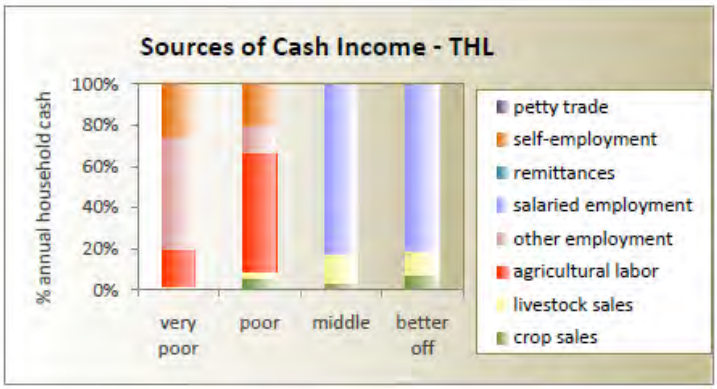


Timber Highlands

	Population	% of total	Income
Very Poor	17,992	19%	3,515
Poor	30,302	32%	6,320

The timber industry provides full-time and seasonal employment and creates demand for local products and services.

Recommended interventions: Promote local purchase for food aid and increased role of private sector in input supply and maize procurement.

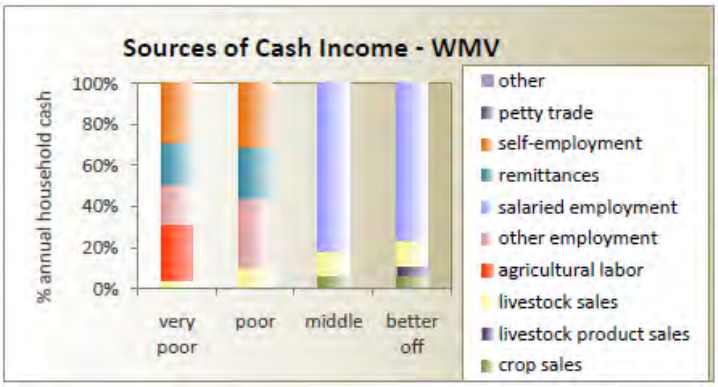


Wet Middleveld

	Population	% of total	Income
Very Poor	9,878	9%	2,965
Poor	30,302	32%	7,175

Good soil, grazing, and climate conditions make this zone favorable for crop and livestock.

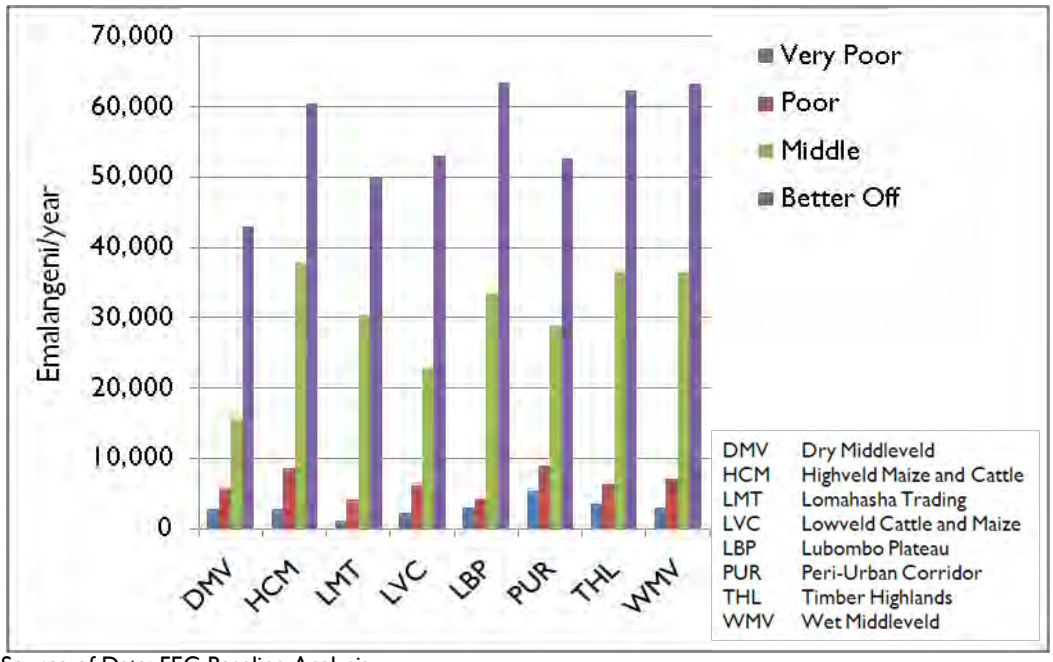
Recommended interventions: Halt invasion of alien plant species that threaten pasture; subsidize education for poorer households; promote cooperative or associations to pool resources, achieve economies of scale, and facilitate access to inputs, credit, and marketing services; provide incentives to better utilize communal land; support local purchase of food aid.



1. Which areas of the country have the least access to food and cash income?

In the **Lowveld Maize and Cattle zone**, due to successive droughts and the collapse of the cotton sector, very poor households produced or earned enough to meet only 67 percent of their basic minimum food and non-food needs, thus facing a deficit of 33 percent that was met with food aid. The weighted average for all wealth groups in this zone was also the lowest in the country. In the **Dry Middleveld zone**, where livelihoods are vulnerable to low rainfall, poor soils and pasture conditions, livestock disease, and cattle rustling, very poor households only managed a 44 percent surplus, and the weighted average was the second lowest in the county. Looking at the weighted average of maximum annual cash income (a measure of all fully utilized income sources), these were also the two poorest zones in the country (SZL 14,685 in the Dry Middleveld zone and SZL 17,212 in the Lowveld Maize and Cattle zone). However, the poorest households in terms of income were found in the **Lomahasha Trading** zone, earning up to only SLZ 1,220 per year. The analysis of incomes by wealth group reveals the extent of income inequality in Swaziland. In the Lomahasha Trading zone, better off households earned 40 times more than the very poor households. This zone is relatively isolated from the rest of the country, and the main income source is cross-border trade, something poor and very poor households are unable to exploit. In all other zones, except in the peri-urban corridor, better-off households could earn 15 to 25 times the maximum annual income of very poor households. The disparity was lowest in the **Peri-Urban Corridor** due to its integration into more complex urban economies, increasing the demand for labor and services of poorer households.

Maximum annual income by wealth group and livelihood zone, 2006



Source of Data: FEG Baseline Analysis

2. What are the most important types of employment?

The baseline analysis aggregated all employment in Swaziland into four categories: salaried employment, agricultural labor, other employment (domestic work, construction, sugar plantation work, and other forms of seasonal labor) and self-employment.

In absolute terms, **salaried employment** is by far the most important income source in Swaziland, though it is exclusively the domain of middle and better-off households. Though many of the salaried jobs are found in urban areas, rural and urban economies (and the household economies of wealthy and

poor) are very closely linked. Purchasing power derived from salaried employment provides demand for agricultural labor and products made through self-employment. Due to the overwhelming dependence of better-off households on salaried employment (and by extension, the viability of the livelihoods of poorer households), it is worth identifying and examining those sectors in which households are employed, not only to identify training or educational objectives for poorer households, but also to understand the potential risks, as the decline in one sector would have ripple effects across the rural economy.

Agricultural labor is exclusive to very poor and poor households. Much of the income from agricultural labor (two-thirds for very poor households and one-third for poor households) was reportedly paid in-kind in maize at the time of the survey. This proportion is considerably higher than in other parts of Africa, and could indicate that it's more economically advantageous to exchange maize for labor rather than cash by selling it in markets. In the reference year, the weak position of the maize market was influenced by low producer prices offered by the National Maize Corporation (NMC) and by the presence of food aid. Agricultural labor is most important in high productive areas like the **Highveld Maize and Cattle** and **Wet Middleveld** zones. While agricultural labor is an important source of food and income for poor and very poor households, households with access to their own land must consider the opportunity cost of not producing as much on their own land.

Several sources of income were included in **other employment**, such as construction, sugar or timber plantation work, or domestic work, and this category pertains exclusively to very poor and poor households. Overall, this is the least significant of the four main income sources, but timber plantation work is an important source of income for very poor households in the Timber Highlands, contributing 40 percent (or about SZL 2,000) to their annual income.

Self-employment also encompassed several discrete livelihood activities, such as collecting, preparing, and selling firewood, cut poles and grass; brewing beer; and manufacturing handicrafts. Very poor, poor, and middle households all earn income from various forms of self-employment, but this source is most important for poor households. Due to strong demand from urban areas within the **Peri-Urban Corridor**, very poor and poor households in this zone derive a significant portion of their income (55 and 75 percent, respectively) from self-employment, the most of any zone in Swaziland.

3. To what extent are different households dependent on labor, livestock, and staple food markets?

The main commodities sold by rural households in Swaziland are crops, livestock and labor. Although timber, sugar and cotton (before the sector collapsed) are major export earners for Swaziland, they are generally not sold directly on the market by households.

Labor exchange is a far more significant source of income than either livestock or crop sales. By measuring the weighted annual average of all three, labor accounted for SZL 15,000, livestock sales for about SZL 3,000 and crop sales less than SZL 1,000 at the time of the survey.

What may be most interesting and unique about livelihoods in Swaziland compared to other countries in the region is the relative insignificance of **crop sales** in household incomes. As a contribution to total income, crops sales did not reach 10 percent for any wealth group in any livelihood zone. For very poor households, they only featured in one zone (**Highland Maize and Cattle**), at one percent. Poor households relied on crop sales for about five percent of their income in only four zones. In the **Lowveld Maize and Cattle** and **Lomahasha Trading** zones, middle and better-off households derived zero to one percent of their income from crop sales.

It is worth examining the circumstances that govern the ability and willingness of households to sell their crops. One obvious factor is the low producer price for maize, which could partly explain the fact that middle and better-off households exchange maize directly for labor, instead of exchanging into cash and then into labor. In short, maize is undervalued, which reduces the incentive to produce it for markets. However, as an important staple, it is widely used in labor transactions.

Livestock sales were a more important source of income than crops sales for most households, particularly poor and middle households, although in absolute terms, better-off households generate far more income through livestock sales. This is contrary to the conventional wisdom that emphasizes the reluctance of Swazi households to sell livestock. Households sell livestock not only in times of hardship, but also as a normal livelihood strategy to access cash to pay for essential services and food and non-food items. Despite an European Unioin (EU)-imposed livestock export ban and internal quarantines to contain the spread of foot-and-mouth disease, livestock sales contributed to more than 15 percent of annual income for poor households in four zones, middle households in four zones and better-off households in two zones.

4. What coping strategies do very poor and poor households turn to when faced with rising prices, crop losses, or loss of income due to death/illness?[11]

Dry Middleveld: increase outmigration in search of work; reduce consumption.

Highlands Maize and Cattle: seek labor opportunities outside zone, including domestic work for women in towns; increase sales of handicrafts and beer; increase sales of chickens.

Lomahasha Trading: migrate to Mozambique in search of casual work; increase reliance on gifts; increase sales of goats and chickens; increase self-employment; sell productive assets (plows); reduce expenditure on education; reduce consumption; engage in sex work and child labor.

Lowveld Cattle and Maize: seek labor opportunities on sugar plantations.

Lubombo Plateau: no information.

Peri-urban Corridor: decrease food purchases; increase begging.

Timber Highlands: increase sales of thatching grass and firewood; increase production and sale of beer and handicrafts; increase reliance on gifts; increase urban migration; consume wild food.

Wet Middleveld: increase food purchases; increase reliance on gifts; withdraw children from school; reduce consumption; increase self-employment; increase labor migration; increase livestock sale.

5. Are there opportunities to expand or intensify different sources of income? If so, where?

Recommendations for each livelihood zone are listed in the tables above. There are, however, general recommendations that are applicable to most of the country. The first important point to recognize is that "people are not going to grow themselves rich in this country."[12] Crop production remains an important source of food and nutrition for households, but markets for produce are not well integrated with, and do not provide adequate incentives for, household production. Any intervention aimed at increasing household income through crop production and sales must conduct a careful market analysis to determine whether this is a feasible objective. At the same time, it is worth investigating the constraints to household produce marketing, and identify opportunities for policy advocacy or

[11] Boudreau, T. "LIFT Swaziland Livelihood Data Analysis." FEG Consulting, Nov. 2010,
[12] ibid.

cooperative or association formation, though the latter are not guaranteed to be successful. On the other hand, the livestock sector presents more potential, provided that appropriate public, private, or donor investments are made in pasture care, veterinary services and other systems to meet strict international protocol.

Employment is by far the most important source of income overall. Job training, skills development and education must therefore remain priorities for GOKS, donors, and NGOs. The data on education spending shows how important education is to all wealth groups. Very poor and poor households spend 10 to 20 percent of their income on education (proportionally more than middle or better-off households in most zones, though less in actual amounts spent). Any additional support the GOKS or donor community can provide to subsidize education would have a major impact not only on the ability of children to become employed and break the poverty cycle, but would also increase the amount of income households would have available for purchasing higher quality food or building productive assets.

HIV/AIDS in Swaziland

Exacerbating the challenges of food and livelihood insecurity, the HIV prevalence in Swaziland is among the highest in the world. Forty-two percent of women were found to have HIV at antenatal sentinel surveillance sites in 2008.[13] The table below illustrates some of the HIV-related challenges Swaziland faces.

Adult HIV Prevalence, 2007	26%
Estimated number of adults and children living with HIV, 2007	Between 171,000 and 187,937
Women as percent of adults living with HIV	59%
Projected number of new infections in adults and children in 2008	16,207
Projected number of AIDS deaths among adults and children in 2008	11,958
Estimated (total) number of orphans, 2008	Range between 110,460 and 117,373

Source of data: National Strategic Framework for HIV and AIDS 2009-2014

The relationship between food and livelihood insecurity and HIV/AIDS in Swaziland is well documented. HIV/AIDS decreases household food production and income-earning potential by debilitating people in their most productive working years. Food production and income are further constrained by the cost of medical treatment, burials and the time that must be devoted by the household to care for sick members.

In the 2010 annual budget speech, the Minister of Finance highlighted that "continued social challenges, such as HIV and AIDS, tuberculosis, food insecurity, and poverty" were the country's greatest concern and inhibited more robust economic development.[14] According to the UN, as a direct result of HIV, there has been a 44 percent reduction in land used for cultivation, a 54 percent reduction in maize production, and diversion of at least 31 percent of labor to care for the chronically ill[15]. Anecdotal evidence suggests that HIV/AIDS is negatively impacting the cattle economy and livestock production.[16]

[13] The Government of the Kingdom of Swaziland. "National Multisectoral Framework for HIV and AIDS 2009-2014." 2009.
[14] Minister of Finance. "National Budget Speech 2010/2011." 2010.
[15] UN Country Team, Swaziland. "Complementary Country Analysis – The Kingdom of Swaziland." Apr. 2010: 11.
[16] Whiteside, A., et al. "The Socio-Economic Impact of HIV/AIDS in Swaziland," Mbabane, Swaziland: NERCHA & HEARD, 2006. Retrieved from https://www.globalhivmeinfo.org/DigitalLibrary/Digital%20Library/1619_Socio-

Outside of the agriculture sector, absenteeism has increased 20-fold as a result of HIV. HIV accounts for over 60 percent of employee deaths[17] and a decline in remittances from emigrant Swazis affected by HIV/AIDS.[18] It is projected that Swaziland will lose 1.6 percent of gross domestic product (GDP) growth annually due to HIV/AIDS.[19] Swaziland's VAC now includes HIV- and health-related outcomes in addition to food and livelihood security indicators as part of its annual vulnerability assessment process, providing an opportunity to monitor the relationship between HIV and food insecurity more closely.

In Swaziland, HIV/AIDS disproportionately affects women and has dire consequences for widows—particularly those in rural areas—and vulnerable children. Women contribute more than half of the labor associated with household food production and are often involved in the most labor intensive aspects of farming activities.[20] Inequality in access to inheritance, credit, employment, and education make women more vulnerable to the impact of HIV.[21] Women have a higher HIV prevalence and become infected in younger age cohorts, with HIV prevalence reported at 12.4 percent among 20- to 24-year-old men, while prevalence for women in the same age group is 38 percent.

Risk of infection is exacerbated by sexual violence. A 2009 UNICEF/ U.S. Center for Disease Control (CDC) study on sexual violence found that one in three women aged 13 to 24 years had experienced sexual violence. About 5 percent of girls had experienced forced intercourse and 9 percent had experienced coerced intercourse before 18 years of age. About three-quarters of the perpetrators of sexual violence against girls were familiar to them, e.g. men or boys from the respondent's neighborhood, boyfriends, husbands or male relatives.[22] Women's vulnerability to HIV is further exacerbated by lower labor force participation, limited legal protections and limited access to economic opportunities.[23]

In addition to gender inequities, Swaziland faces an incredible challenge in addressing the needs of OVC. As of 2007, there were an estimated 130,000 OVC, but UNICEF expected the number to have reached 200,000 in 2010 and to rise up to 250,000 by 2015.[24] Only 22 percent of children live with both a mother and father,[25] and a third of children (32 percent) do not live with either parent. OVC are less likely to have their basic needs met and are more likely to be underweight than their non-OVC peers.[26] OVC also face significant legal challenges with succession planning and inheritance in Swaziland. According to the 2007 Demographic and Health Survey (DHS) report, only one in four caregivers has made succession arrangements.[27]

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economic%20Impact%20of%20AIDS-Swaziland.pdf.

[17] Muwanga, F.T. "A Systematic Review of the Economic Impact of HIV/AIDS on Swaziland." A dissertation for the University of Witwatersrand, Johannesburg, South Africa, 2004.

[18] "Swaziland Human Development Report: HIV and AIDS and Culture." Report commissioned by the UNDP Swaziland Office. Mar. 2007. http://78.136.31.142/en/reports/national/africa/swaziland/Swaziland_NHDR_2008.pdf.

[19] ibid.

[20] Memfih, N.M. "HIV/AIDS and African Agriculture at Crossroads: Challenges and the Search for Agricultural Development Alternatives in Africa." Maputo, Mozambique: CODESRIA, 2005.

[21] ibid.

[22] Reza, Avid, et al. "Sexual violence and its health consequences for female children in Swaziland: a cluster survey study." The Lancet; 373.9679 (2009): 1966–1972.

[23] Memfih, N.M. "HIV/AIDS and African Agriculture at Crossroads: Challenges and the Search for Agricultural Development Alternatives in Africa." Maputo, Mozambique: CODESRIA, 2005.

[24] Kumiko, I. "Child Poverty and Disparities in Swaziland. Key Findings 2009." UNICEF Swaziland, 2009: 3. http://www.unicef.org/swaziland/SWL_resources_povertydisparities.pdf.

[25] "Swaziland Demographic Health Survey (SDHS) 2006-2007." Survey completed by the Swaziland Central Statistical Office as part of the worldwide MEASURE Demographic and Health Surveys (DHS) program, funded by USAID. 2008: 263. http://www.measuredhs.com/pubs/pdf/FR202/FR202.pdf

[26] ibid, 268.

[27] ibid, 270

An estimated 14,000 children are living with HIV in Swaziland,[28] and of those living with HIV, only about 66 percent who are eligible for antiretroviral therapy (ART) are enrolled in treatment.[29] As a part of the PEPFAR Partnership Framework, the GOKS and USG have set a joint goal of impact mitigation whereby in 2013, half of all vulnerable children would be "receiving at least three basic support services on a continuous basis."[30] A number of donors including PEPFAR, the Global Fund to Fight AIDS, tuberculosis, and malaria (GFATM) and UNICEF are supporting the development of NCPs, which provide a warm meal and a safe space for pre-school aged children to play and learn. Many NCPs have established gardens to enrich the staple meals provided by GFATM and WFP. UNICEF, PACT, Save the Children, WV and several other NGOs (with and without PEPFAR funding) are working on establishing a child protection network and expanding various kinds of family-centered services targeting vulnerable children at the community level. Some organizations have begun to include food security or ES activities targeting caregivers, households and/or older OVC. UNICEF and PEPFAR are working on joint initiatives to strengthen the institutional capacity of the NCCU and Department of Social Welfare (DSW)—the two GOKS bodies primarily responsible for children's issues. The framework for monitoring the National Plan of Action for Children, as well as the Draft Minimum Standards for Quality Service Deliver for OVC, include several indicators that are directly linked to food and livelihood security.

ES programs can support PEPFAR's objectives of HIV/AIDS prevention, care and treatment, and impact mitigation. The table below outlines the ways in which PEPFAR can support these objectives.

	Prevention	**Care and Treatment**	**Impact Mitigation**
	Reduce risk of HIV transmission under duress by promoting financial independence and self-sufficiency, particularly for young women.	Improve access to health care and nutritious food needed to complement ART.	Compensate for lost income, food sources, and other assets.
Provisioning	Ensure basic food and other essential needs are met, particularly for vulnerable young women.	Provide free transport or invest in mobile clinics. Provide food and nutritional support to households unable to purchase or produce adequate foods.	Provide food and education support to households with vulnerable children.
Protection	Improve access to legal services to support orphan and female inheritances. Provide financial literacy training, particularly to young women.	Ensure individuals on ART have adequate financial means to maintain program. Promote or support homestead and community vegetable gardens.	Improve access to legal services to support orphan and female inheritances. Promote access to savings groups.
Promotion	Identify appropriate livelihood and market opportunities. Promote access to vocational and entrepreneurial training and financial services.		

Community Structures

[28] UNAIDS, 2009. Retrieved from http://www.unaids.org/en/regionscountries/countries/swaziland/.

[29] UNGASS "Swaziland 2010 Country Progress Report". 2010: 32. https://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/swaziland_2010_country_progress_report_en.pdf.

[30] Government of the Kingdom of Swaziland and PEPFAR. "Partnership Framework on HIV and AIDS 2009–2013: A collaborative effort of the Government of the Kingdom of Swaziland and the Government of the United States of America." June 2009.

The diverse array of social and political structures in Swazi communities are, with varying degrees of success, providing a number of services and functions that can be supported or complemented by PEPFAR's implementing partners. Existing institutions also provide important entry points for partners into a community, helping to identify potential clients, beneficiaries, and delivery mechanisms for ES programs. Swaziland is divided into 320 chiefdoms, which fall under 55 Tinkhundla[31] in the four administrative regions. The Inkhundla receives a budget from GOKS and is staffed by government civil servants. Each Inkhundla has a constituency development committee that discusses the allocation of development funds, including the Regional Development Fund, the Tinkhundla Empowerment Fund and the Community Poverty Reduction Fund. The chiefdom and the Tinkhundla provide a foundation on which sustainable interventions can be based, channeled or supported.

At the community level, the chief is the center of decision-making, assisted by an appointed Inner Council. Depending on the development agenda of the community, the Inner Council and the chief appoint committees. The impact of HIV/AIDS has given rise to new types of committees, for example, OVC committees, LL child protection committees and HIV/AIDS Chiefdom Committees. The Inner Council identifies RHMs, who facilitate access to basic health care at community level and address many of the issues created by HIV. With the advent of HIV/AIDS, the need emerged for an additional cadre of caregivers. There are now caregivers for home-based care, OVC and NCPs. However, there is variability in the number and type of caregivers among communities. Some have none while others have multiple caregivers.

Many chiefs and their Inner Councils play a pivotal role in the community-based initiatives that are meant to address the needs of OVC. These include:

- The Indlunkhulu or Chief's Fields: The chief can allocate land where the community produces food for the very poor. Farming inputs from NERCHA, the Ministry of Agriculture and NGOs can assist communities to produce food for the vulnerable members of the community. This is a traditional coping mechanism that has been revived due to the impact of HIV/AIDS. WV is an example of an organization that has successfully implemented such schemes.
- The NCPs: A program established in 2002, most communities now have an NCP where pre-school-age children aged 3 to 6 years are served at least one meal, engage in learning and play activities and receive basic psychological and health care. According to NERCHA there are an estimated 1,500 NCPs providing services. There are several NGOs supporting the NCP initiative, and some have begun to incorporate gardens to improve the nutritional composition of the meals provided to children.
- The chiefs and the Inner Councils can play a role in the protection and preservation of the assets of orphaned children. There have been cases where orphaned children and child-headed households were dispossessed of their farming land, an issue that is being addressed at the policy and legal/judicial level by various organizations including GOKS.

At the community level, people often organize themselves into various groups or are organized by outside entities for the purpose of enhancing their livelihoods or for accessing health and other services. Support groups, self-help groups, associations and other community-based organizations have been vehicles through which their members can access services.

NGOs and community-based organizations (CBOs) are working through and supporting community structures, although this seems to be featuring more prominently than in the past, as organizations are heeding the "lesson learned" that involving communities makes for better project results. For example, the Swaziland National Expert Client Program Review (2008) discusses the role of 'community and stakeholder ownership and involvement to facilitate program sustainability and continuity'; however, the

[31] 'Tinkhundla' is the plural for administrative subdivisions; 'Inkdhundla' is the singular.

report also notes that stronger linkages are needed. ICAP's Trainer's Manual has a module on community-facility linkages that encourages linkages to CBOs and community health workers.[32] Vusumnofto works with chiefdoms, and has chiefs and community leaders on its board.[33] IRD works with local water boards to train them to monitor water resources, including wells.[34]

Community structures are largely recognized to be weak and in need of additional capacity building to make them more effective and sustainable. This is also true for government structures at Inkhundla and chiefdom levels, a factor that is important to consider given the GOKS' ambitious decentralization plans. The World Bank is beginning a local governance program with results-based performance monitoring, but only eight out of Swaziland's 55 Tinkhundla will participate. These local structures will receive technical assistance based on their performance and receive financing for local infrastructure projects. This is similar to the EEC Microprojects program, which first works with community structures to develop capacity and then provides financing for local projects such as water harvesting facilities, roads, bridges or community-managed cattle dips, with the community providing in-kind and financial contributions. The EEC Microprojects Coordinator notes that, as the HIV pandemic has worsened, communities have lost capacity, and it has become harder for the Microprojects staff to identify those communities with sufficient capacity to provide their counterpart support.[35] Therefore, it will be critical to carefully consider both the capacity shortages, as well as the opportunities decentralization brings, when planning for increased assistance to community structures in the areas of food security and ES.

5. Assessment of Current Economic Strengthening Programming in the Context of HIV/AIDS

During LIFT's initial briefing with PEPFAR in Swaziland, and in subsequent interviews with PEPFAR's implementing partners and other organizations, practitioners identified several challenges facing HIV-affected households and the programs that seek to serve them:

- Maintaining adherence to ART, primarily due to lack of sufficient income to pay for transport to treatment centers;
- Maintaining adequate nutritional intake while on anti-retrovirals, primarily due to inadequate access to nutritious food, a challenge that is being addressed by food provisioning, promoting household vegetable production, or increasing incomes;
- Balancing school fee payments with other household requirements;
- Social and economic issues that increase the risk of HIV transmission, particularly for young women;
- Providing households with sustainable income-generating opportunities and maintaining household commitment;
- Ensuring food security for households with limited means to purchase, produce, or otherwise acquire adequate food; and
- Protecting OVC from sexual, physical, and economic exploitation.

LIFT drew from its contextual understanding, conceptual framework, and standards of practice to identify possible solutions to these challenges. In this section, LIFT presents a review of current and recommended approaches to ES according to each of the program categories in its conceptual framework.

[32] ICAP. "Peer Education and Support in HIV/AIDS Prevention, Care, and Treatment: A Comprehensive Training Course for Expert Clients in the Kingdom of Swaziland, Trainer's Manual." 2007.
[33] Interview, Vusumnofto ED.
[34] Interview, IRD Chief of Party.
[35] Interview, Microprojects Coordinator.

Provisioning Strategies

In Swaziland, economic and social vulnerability and food insecurity are closely linked with the impact of HIV. Most of the country's highly vulnerable households (in most cases, synonymous with the "very poor" category described in the review of the FEG analysis) are directly affected by HIV, having temporarily or permanently lost income-earning household members to illness and/or taking in additional orphaned dependents. The most vulnerable have either no able-bodied, adult household member (e.g., child-headed or grandparent-headed households) or have only a single income-earner with multiple dependents, including orphans from other households. These households are depleting or have already depleted their remaining productive assets, and have maximized their capacity to earn income and produce food. Many of these households lack healthy adult income earners entirely. In some cases, household members are at a high risk of contracting HIV by engaging in transactional sex or through abuse by care givers or extended family members. Because of their limited ability to expand production and income, they are extremely vulnerable to shocks like drought, illness, or rising food prices. They require external food and income assistance and other social services to decrease their risk of under-nutrition, malnutrition, and HIV infection and to maintain anti-retroviral treatments.

Due to the immediacy of their needs, inability to expand production, or take financial risks, ES interventions for these households should focus on provisioning activities aimed at helping households recover assets and meet basic household needs, which include access to health care and consumption smoothing. Donors have used provisioning interventions such as direct food aid and cash transfers in response to natural hazards, like drought, but outside of these emergency programs, formal provisioning in Swaziland is limited. Informally, many home-based caregivers and other community members do provide small amounts of additional food and income for the most vulnerable households, usually those with children.

This section reviews several types of provisioning interventions in Swaziland and recommends types of programs that could be scaled up or introduced. The list below provides an overview of current ES activities within the category of provisioning in Swaziland as identified during the LIFT assessment.

Economic Provisioning Activities

Direct Transfers (Food)	Direct Transfers (Non-food)
• Cabrini Ministries (food aid) • WFP (food by prescription, food for work) • NCPs • Other community structures	• GOKS (cash and in-kind transfers) • Ministry of Agriculture, NNC, NERCHA and various NGOs (agricultural inputs)

Food Aid

Direct food aid has been an important component of foreign assistance to Swaziland in response to recent crop failures, the impact of HIV/AIDS, and the challenges faced by more vulnerable households in accessing food through purchases. Data from FAO indicate that food aid met 4.3 percent of total food consumption requirements between 1990 and 1992, and 4.9 percent between 2004 and 2006, with a smaller role in the intervening period. The VAC estimated in 2009 that 114,000 people faced transitory or shock-induced food insecurity, while an additional 148,000 were chronically or structurally food insecure. Food aid in Swaziland has been traditionally targeted at vulnerable households in the drought prone Lowveld, Dry Middleveld, and Lubombo plateau.

There are several pipelines for food assistance in Swaziland, including the Ministry of Education (MOE), the Ministry of Health (MOH), the National Disaster Agency, and WFP. The largest of these is WFP's Protracted Relief and Recovery Operation, active from 2008 to 2011, which during the pre-harvest months or "lean season," targets 201,000 food insecure people affected by HIV/AIDS, poverty, and

natural disasters. In addition, municipal soup kitchens provide meals to PLHIV who are on ART, and to OVC. School feeding programs and NCP distributions for OVC are working to address stunting and malnutrition among Swazi children. WFP is supplementing this with emergency school feeding programs in more food insecure areas. To support adherence to treatment among PLHIV, a new national food by prescription program is being designed with six-month treatment courses and top-up rations for family members.

Since the last severe drought in 2007, WFP has been moving away from funding large-scale food relief, and is now focused on strengthening the GOKS's capacity to respond to localized food insecurity while providing targeted assistance to vulnerable groups most in need of nutritious food (i.e., patients on anti-retrovirals and in treatment for tuberculosis, households affected by HIV/AIDS, and OVC). WFP is also increasingly focused on building the infrastructure and other support services that contribute to food security (see Food for Assets section below).

Food / Cash for Assets

Public works programs, where beneficiaries work in exchange for cash or in-kind benefits, are not always well suited to HIV/AIDS-affected families, who tend to be labor-constrained.[36] WFP is managing several food for assets projects in Swaziland. These include a food for work program that funds dam protection and rehabilitation projects to improve food security for vulnerable communities.[37] WFP expects to increasingly favor this mechanism in the future.[38]

Cash Transfers

Government Cash Transfer Programs

Swaziland does not have a comprehensive social protection strategy. In Swaziland, as in other countries of southern Africa, pensions are a common form of cash transfers. This pension plan is the primary income source for grandparent-headed households. For households that include pensioners and income-earners, the pension income is often redistributed for other purposes, including investments in household agricultural production.

- Swaziland's largest social safety net program (cash transfer system) is the Old Age Grant (OAG).[39] The OAG was established in 2005 in response to impact of HIV/AIDS on the elderly. A recent evaluation of the OAG confirmed that it benefits the entire household, as the OAG was spent on school fees and farming needs. The beneficiaries also reported positive impacts on access to health care, clothing, housing, personal items, and fuel.[40]

There are other government grants (listed below), but the need overwhelms the resources allocated, and funds are exhausted quickly.

- The Public Assistance Grant is targeted at people who are under 60 years old, and are destitute or chronically ill, as established by a means test. It is mutually exclusive with the OAG. The advantage of this grant is that it covers medical and social disability. One disadvantage is that it is

[36] Adato, M. and Bassett, L. "Joint Learning Initiative On Children And HIV/AIDS Learning Group 1 – What Is The Potential of Cash Transfers To Strengthen Families Affected By HIV And AIDS? A Review of the Evidence on Impacts and Key Policy Debates." Aug. 2008.

[37] The World Food Programme. "WFP Swaziland Annual Report 2009." 2009.

[38] ibid.

[39] The OAG is disbursed quarterly to individuals over 60 years of age who do not receive any other pension. The amount has steadily increased from E240 (USD 40) per quarter in 2005 to E600 (USD 90) in 2010. All who meet the criteria receive the grant.

[40] Help Age International, Regional Hunger and Vulnerability Program, and UNICEF. "Swaziland Old Age Grant Impact Assessment." Nov. 2010.

discretionary and subject to availability of government funds, which tend to fluctuate. A second challenge is that the grant can create dependency due to the lack of employment opportunities linked to the program, and therefore would be well complemented by ES services, such as entrepreneurship training and microenterprise development. Since the grant is disbursed at regional social welfare offices in Swaziland's four districts, beneficiaries incur significant travel and time costs to access the grant. In 2006, this grant had 7,000 beneficiaries who received approximately USD 12 per month.

- Through the OVC Education Grant, the government covers school fees of OVC. This national program has been operating for the past three years. School teachers, school committees, and community members are responsible for identifying and registering OVCs for the grant, which is paid directly to the school by the Department of Social Welfare. Although education costs are not fully covered by this grant, the national allocation has steadily increased with almost 112,000 children benefiting from the grant in 2009. After the expansion of the OVC Education Grant, school attendance of OVC is now equal to that of other children.

Little information is currently available on these additional grant programs:

- The Young Heroes Grant, funded by the Global Fund and private donors, is administered by the NGO Young Heroes and provides a monthly stipend to child-headed households, primarily to cover the cost of food and other essentials (http://www.youngheroes.org.sz/index_home.asp)
- The Child Welfare Grant, administered by the DSW
- The Foster Care Grant, administered by the DSW

World Bank Cash Transfer Project

The World Bank will begin a new three-year project that will pilot a cash transfers project for OVC. The project aims to build the capacity of the DSW and assist in establishing systems required for implementation of cash transfer projects. The program will use poverty indicators to identify and target the poorest households caring for OVC. The pilot will be implemented in four constituencies through a gradual scale-up.

Save the Children's Emergency Response Cash Transfer Program

During the Emergency Drought Response Project of 2007/2008, Save the Children Swaziland piloted cash transfers as a response to the impact of drought and crop failure on household livelihoods and food security. Under this program, households received a half-ration of food from WFP and the value of the other half in cash. The evaluation of the pilot found that more than 90 percent of surveyed beneficiaries preferred the half-cash, half-food option to the full food option. Cash transfers enabled households to access more varied and nutritious food than found in the standard ration. Moreover, the injection of capital stimulated the local economy, encouraging the flow of commodities into local markets, sustaining jobs in trading, and providing a market for food that a few farmers were able to produce locally, as these markets can be undermined by competition with "free" food. Overall, cash transfers allowed more people to maintain their livelihoods than would be the case with food aid alone. The cost of this program was approximately E500 (USD 70) per month per household, and benefited 7,650 households.[41]

[41] Devereux, S. and Jere, P. "Choice, Dignity and Empowerment? Cash and Food Transfers in Swaziland: An evaluation of Save the Children's Emergency Drought Response 2007/08." June 2008.

In-kind Transfers

The Ministry of Agriculture and NERCHA provide seed and fertilizer for child-headed and destitute elder-headed households. NGOs often give a one-time-only provision of inputs for participants in their programs. Such inputs may include seeds, seedlings, tools, fencing, and water harvesting equipment.

Provision of Social Services

The provision of social services is important to maintain or improve the economic survival of households. The government of Swaziland is committed to providing social services to its most vulnerable populations but is seriously overwhelmed by the HIV/AIDS crisis, which has put immense pressure on the available services. Traditional community support systems have collapsed in many areas due to the crisis. There is very little capacity to identify and provide services to those in need, and the budget to do so is inadequate. At the community level, the government has initiated or supported a number of systems to benefit vulnerable populations, including the Home-Based Care program, KaGogo (Grandmother) Centers and NCPs. In the Home-Based Care program, local community members are trained to identify chronically ill individuals and OVC and provide them basic services and referrals. In return for a stipend (about USD 30 per month), home-based caregivers volunteer to care for these households, often providing them with food and other material or financial support from their own pockets. The LIFT team met with a group of caregivers in St. Philips, where it became apparent that the pressure on these volunteers is considerable. The volunteers are sharing their own limited resources with those OVC and households in need, and have more OVC to look after than can be done effectively. Because of their time commitments in caring for OVC, there is little opportunity for them to pursue additional sources of income. While laudable, their efforts are inadequate given the need. However, their impact is greatly increased by working with local NGOs or CBOs, to whom they can refer children in their care or from whom they can receive training in detecting problems caused by poor health, nutrition, abuse, or neglect. Some NGOs are providing stipends or incentives, which vary in amount, to these volunteers. Some implementing agencies (e.g., PACT via the Women's Empowerment Program (WORTH) savings group model) are making efforts to include community volunteers in savings groups and income-generating activities to boost their incomes.

Provision of Health Care

Many health care services are being provided for free in Swaziland, but access is constrained by relatively high transportation costs. Free HIV-related services include: confidential HIV testing and counseling, condom distribution, pre-ART services, treatment of opportunistic infections, ART, prevention of mother-to-child transmission (PMTCT), referrals to other services and home-based care.

However, the lack of infrastructure and human resources and system inefficiencies impede service delivery.[42] Rural populations incur time and often monetary costs to obtain health services. According to organizations interviewed, the major constraint to achieving higher ART adherence rates is the cost of transport, which many households either can't afford or consider a lower priority than other expenses.

Several NGOs (such as Action Against Hunger [ACF]) and CBOs (Cabrini, Gone Rural Bomake) provide transport and mobile clinics within their communities, which also helps them to monitor people at risk. ACF delivers medications to beneficiaries, and has drivers trained in detecting signs of declining nutritional or health status.

[42] Avert. Retrieved from http://www.avert.org/aids-swaziland.htm.

Provisioning Strategies for the Most Vulnerable

Recommendations

Food Aid

LIFT does not recommend that PEPFAR fund large-scale food aid programs in Swaziland. The high cost of even targeted supplementary feeding programs exceeds PEPFAR's available resources for ES programming. With a high number of chronically food insecure households in Swaziland, particularly child-headed households, food aid as part of a local, community-based program will continue to feature in many activities. Partners that are providing food assistance to highly vulnerable households should identify opportunities to procure food locally wherever possible. PEPFAR and its grantees should also explore mechanisms to link food by prescription recipients and their families to livelihood protection opportunities, particularly savings groups, to rebuild or retain household assets.

Cash Transfers

LIFT does not recommend that PEPFAR fund cash transfer programs, but rather leave the government to continue this role. LIFT does recommend that participants in cash transfer programs be linked to programs that teach permaculture gardening or promote financial literacy and savings groups to increase sustainability and reduce dependency.

Cash for Labor (Public Works Programs)

LIFT does not recommend that PEPFAR support cash for labor interventions for HIV-affected households, given their high implementation costs and the labor constraints facing many vulnerable households. Cash for labor is more appropriate in post-emergency settings or wherever there is an excess supply of labor.

In-kind Transfers

LIFT recommends that in-kind transfers of agricultural inputs be used sparingly, for those who could otherwise not afford them, based on clear criteria and without duplication between programs. Subsidies of this kind can depress local markets, decrease market opportunities and create dependence. PEPFAR can support knowledge dissemination among NGOs using this intervention, as well as the development of good practice standards.

Social and Health Services Provision

LIFT recommends that PEPFAR continue its support of social and health services to vulnerable households. LIFT recommends improving linkages among NGOs offering these services, while adding linkages to NGOs providing ES interventions. Mapping existing areas of coverage and the services and activities provided in those areas would be a good first step.

Although LIFT recommends ensuring that community volunteers receive a government stipend for their work, by combining resources from other agencies (e.g., UN) with those of the GOKS, it does not recommend doing so as part of PEPFAR's ES strategy. Linking volunteers with savings groups or income-generating activities (IGAs) could be a strategic step supported by PEPFAR, with the realization that this could also hold challenges by increasing their time commitments.

ES activities have been considered as a means to improve adherence, by enabling households to earn a little extra income that can be allocated to transportation, but LIFT does not consider this approach to be viable in all cases. One concern is that the income earned will be spent on other needs that are perceived by the household as higher priorities, such as food, migration in search of work, or inputs for economic activities. Another concern is the actual cost of implementing these programs, which often, particularly for the most vulnerable, exceeds the actual income eventually earned. It could be far more expedient, certainly for the most vulnerable who could not sustain an IGA without continued support, to provide them with the transport they need, give them transport vouchers or invest in mobile clinics.[43]

[43] The most vulnerable people should be targeted using cost-effective tools already in use in Swaziland, or piggybacking on other programs that have already identified the most vulnerable households (WFP, GOKS social safety nets and NGOs working in the area). In Swaziland, these HIV-affected people are the very sick, the elderly, and children. Support should continue until two criteria are met: (1) the person is well enough to work (using WFP criteria for going off food support while on ART); and (2) the infected person or (in the case of children) an adult in the household has been referred to an economic strengthening program.

Protection Strategies

Protection strategies help vulnerable households smooth their income, (i.e., maintain it at a more constant level), reduce household expenses, self-insure against risk and protect key assets. Households who would benefit most from these interventions are not the most destitute and distressed households, but rather those that have some productive assets but could be at risk of losing them. Protection interventions are necessary to help households from engaging in potentially negative or harmful coping strategies, such as selling assets, migrating for work, borrowing at usurious rates, drawing down on social capital, and/or reducing consumption.

In this section, we discuss protection interventions that are currently being used in Swaziland, as well as some that might be worth exploring for HIV-affected households at this level of vulnerability. The list below gives an overview of the existing organizations offering interventions in this category that the LIFT assessment team visited in Swaziland:

Economic Protection Activities

Legal Support and Asset Protection	Savings Groups	Informal Insurance	Household and Personal Financial Literacy Training	Consumption Gardens	Shared Rotating Labor Groups
• **SWAGAA** • **Women and Law in Southern Africa (WLSA)** • **SWABCHA**	• ACAT • ADRA • IMBITA • Swazi Secrets • STC • WV • Others	• Various informal burial societies	• None, or very little	• Vusumnofto (permaculture) • WFP (permaculture) • IRD (conservation agriculture training) • ACAT • ADRA • Salvation Army	• ACAT

Asset Protection – Legal Services

The NCCU in the Deputy Prime Minister's office is responsible for coordinating, monitoring, and evaluating children's issues covering formulation of policies, strategies, and national programs for protecting the rights of children. Existing laws and policy instruments to support the welfare and protection of children include: the National Children Policy; National Social Development Policy; Children's Protection and Welfare Bill, 2009 and still in draft; The Girls and Women's Protection Act No. 67 of 1920; The Interstate Succession Act No.3 of 1953; and the Administration of Estates Act.

The HIV/AIDS legacy has heightened the need to give more attention and prominence to issues of inheritance, succession, and asset and legal protection in HIV/AIDS programming. These issues have been highlighted in the GOKS' National Plan of Action for OVC 2006–2010 and Draft National Plan of Action for Children 2011–2015. At present there is very little public education or effective community structures or programs to deal with issues of asset protection, succession, and inheritance. This is usually left to relatives, some of whom have no moral authority or legitimacy to preside over the deceased's estate. This situation often causes family disputes that bear a negative impact on the rightful survivors, usually women and children.

This category of interventions relates to the provision of legal services for the purpose of protecting assets of OVC, an important economic protection issue, especially with regard to land and property inheritance when parents die. Activities that fall under this intervention include:

- Birth registration
- Acquiring national identification
- Succession planning (wills)
- Enforcement of wills

In Swaziland, the constraints to these activities include the following (among others): lack of a comprehensive legal framework, low government capacity, failure to adequately enforce existing laws and conventions, problems of access to property and inheritance, lack of government resources for implementation, social norms and customs that discriminate against women.[44]

Many economic protection activities are being implemented by UNICEF and the United Nations Development Program (UNDP) in partnership with the GOKS. In terms of NGO activity, few NGOs interviewed by the LIFT team were involved in asset protection activities, or were involved only on a limited basis. One such NGO is SWAGAA. SWAGAA makes an effort to include aspects of legal protection in its HIV/AIDS programming through the establishment of a legal unit. The unit's primary role is to make justice accessible for clients, especially the vulnerable and underprivileged, and to assist in the development of legislation and policies for the protection of vulnerable groups. Through this unit, SWAGAA, in partnership with other stakeholders like the NCCU, UNICEF, and Save the Children, has been able to review the Children's Protection and Welfare Bill to make it more responsive to the plight of children.

Another organization in the legal arena is WLSA. While WLSA was not interviewed for this assessment, the organization has been instrumental in providing legal guidance in settling family disputes and ensuring justice on issues of inheritance as well as clarifying gray areas in customary and civil law to those who seek their services.

SWABCHA is the only organization identified by LIFT that seems to have addressed aspects of legal protection and succession in the business arena through its BizAIDS program, which teaches micro entrepreneurs how to ensure the succession of their businesses.

Asset Protection – Insurance

Self-Insurance – Social Capital Formation

There are several kinds of insurance mechanisms that can provide protection to vulnerable households. "Self-insurance" involves setting aside money, building social capital, or engaging in activities aimed at covering potential future risks. Self-insurance is also referred to in the literature as "informal insurance" because it works outside of the market and is independent from government.[45]

In Swaziland, the LIFT team found examples of self-insurance being promoted by NGOs, the most common being group formation, which can create or reinforce social capital among the group members. Groups of HIV-positive people were being formed by SWANNEPHA. Many other organizations (e.g., IMBITA, SWAGAA, and Vusumnofto) are forming savings groups. IRD was forming or reinforcing community-level groups to manage water resources and engage in community gardening. For most NGOs, the rationale for group formation seemed to be to reduce delivery costs. The formation of social capital among group members was not usually addressed or stimulated by NGOs, yet it is a particularly important asset for households that may be marginalized by poverty or stigma. Social capital

[44] UN and Partner's Alliance for Livelihood Based Social Protection for OVC. "Statement of Intent to Support a Strengthened National Response to Improve Livelihood-Based Social Protection for OVC." 2009. http://ovcalliance.pbworks.com/f/Statement+of+Intent+for+OVC+Swaziland.pdf.

[45] Murdoch, J. "Between the Market and the State: Can Informal Insurance Patch the Safety Net?" July 1999. http://siteresources.worldbank.org/INTPOVERTY/Resources/WDR/stiglitz/Morduch1.pdf.

can mitigate the effect of income inequalities, improve the impact of government and NGO services, foster productivity, and provide a number of other positive effects. LIFT has found in other assessment countries that group formation can reduce stigma, improve self-esteem, and make members feel more productive, however it is not recommended as a pre-requisite for starting businesses.[46] Effective self-insurance mechanisms can also enable households to engage in higher-risk investment activities that have the potential to earn more profit.[47]

Self-Insurance – Informal Burial Societies

Informal burial societies are an indigenous form of self-insurance in many countries. These societies are organized community groups, usually based on a common bond (a church or workplace) whose activities assure members a decent funeral that does not impose a financial burden on the deceased person's relatives or dependents. They are particularly important in a situation characterized by high AIDS mortality rates. However, with the number of AIDS deaths rising, the cost of joining a burial society has increased. The extent of the benefits depends on the amount that members can afford to pay as subscriptions. Members may receive a coffin, cash, groceries, and labor for grave digging as payment of benefits. An additional benefit is the moral and emotional support provided among these societies' members.[48]

The LIFT assessment team did not interview any burial societies and none of the NGOs interviewed mentioned activities in support of burial societies. A recent study in nearby Lesotho on burial societies gave the following recommendations, which could be applicable to Swaziland:

> "Evidence has shown that burial society members require empowerment on the best saving practices that they could embark on with cash they receive from the insurance companies; on enforcing their by-laws; on changing from being consumers to being both consumers and producers; and looking at death differently to avoid overspending… Burial societies can be recommended for recognition for use by local government structures for promoting and implementing their decisions." [49]

LIFT is not able to determine if this is a gap in terms of needs of vulnerable households. This could be an area for further research.

Self-Insurance – Building Savings

NGOs are promoting savings groups, also called self-help groups (SHGs), as a self-insurance mechanism. Most NGOs interviewed were supporting these groups through cost-effective interventions that can help build social capital, stimulate savings, introduce group members to ways to save money on expenses, provide small informal markets (due to selling to other members) and provide a venue for additional services, such as health care delivery. One of the biggest challenges in implementing savings groups, according to practitioners, is convincing vulnerable people that they can save.

There are two main savings group models being used in Swaziland. One is the CARE model, also referred to as Village Savings and Loan Associations (VSLA), developed and disseminated by CARE International, and used by WV, Save the Children, and others in Swaziland. The second is the Kindernothilfe (KNH) model, used by the Swaziland Conference of Churches, Gone Rural, Vusumnofto, Swazi Secrets, ACAT, WID, and others. The primary difference between the two is the use of

[46] Livelihoods and Food Security Technical Assistance (LIFT). "LIFT Ethiopia Assessment Report 2011." 2011.
[47] Wolfe, J. "Household Economic Strengthening in Tanzania: Technical Guidance for PEPFAR II Programming. Draft Report on OVC Economic Strengthening Strategy." USAID, 2009.
[48] Mapetla, M., Matobo, T.A., and Setoi, S.M. "Hunger Vulnerability: Burial Societies as Social Protection Mechanism in Lesotho." Institute of Southern African Studies, National University of Lesotho, Sept. 2007.
[49] ibid.

participatory wealth ranking by the latter to form groups of members at the same wealth level. The rationale behind this is to prevent tension from arising over the amount that each member saves.

A third model that is being introduced by PACT is the WORTH model. The WORTH model is a more formal savings group with additional training features, such as financial and business literacy, and self-esteem and empowerment components. PACT is planning to train Save the Children and SWAGAA to implement this model, specifically with LLs in targeted communities. In the WORTH model, dividends are distributed to members every six months, proportional to the members' minimum balance during the last eight weeks of the cycle. The equity, or accumulated savings, remains intact, allowing the pool of potential loans to grow with each cycle. In addition, while VSLA members contribute according to the number of "shares" they acquire (up to a maximum of five), the WORTH model requires all members to contribute a minimum fixed sum but allows additional voluntary savings.[50] The variable savings and dividend rates require the use of more complex accounting procedures, for which training is provided. Generally, the WORTH model is more appropriate for members who can afford to let their equity remain in their account. However, members can take out larger loans as the combined equity grows. These aspects allow the WORTH model to evolve from a protection intervention to a more promotion-oriented intervention. In Uganda, the WORTH model has been shown to improve efficacy in care-giving and empowerment of women, which could potentially contribute to additional prevention, care, and support outcomes.[51]

Finally, IMBITA has a contract savings product, which allows women to save periodically, then makes the savings available to them in a lump sum at the most important times of the year—when school fees are due (January), and when land needs to be plowed (September/October). However, IMBITA is not a regulated financial institution so it can only promote savings activities and savings are placed in a bank.

When savings groups start to lend to their members, this tends to restrict members' ability to access their savings for emergencies. To counteract this, the groups often establish an emergency loan fund, often at no interest, so that members can still obtain money for emergencies. This is a form of insurance for the group.

Some savings groups also have a small fund to benefit OVC in their communities that they contribute to. This fund is used to buy household supplies and/or school supplies for the most vulnerable children.

Another function of savings groups that can help reduce the cost of household necessities is to buy goods in bulk, using pooled resources. This also saves time and transportation costs for members. Some NGOs in Swaziland have introduced this idea to their savings groups, with good results.

Formal Insurance

Formal insurance includes insurance options that are provided in the market and/or by the government. Insurance mechanisms that can benefit HIV-affected and other vulnerable households include:[52]

- Health insurance
- Life insurance (especially when coupled with loans)
- Burial insurance
- Animal loss insurance

[50] Allen, H. and Panetta, D. "Savings Groups: What Are They?" The SEEP Network, June 2010: 18-19.
[51] Salvation Army World Service Office. "Empowering Better Care? Economic Strengthening for OVC Caregivers in Uganda." Presentation at USAID, 20 Sept. 2010.
[52] Wolfe, J. "Household Economic Strengthening in Tanzania: Technical Guidance for PEPFAR II Programming. Draft Report on OVC Economic Strengthening Strategy." USAID, 2009.

- Crop/weather insurance

These products are often unavailable in developing countries due to the lack of key data for analyzing volume, costs, and risks. Another challenge is the lack of understanding by many poor people of the concept of insurance, as well as their limited literacy. There are a number of South African companies currently promoting formal insurance (e.g. burial insurance and life insurance), as well as evidence of more established local burial societies in Swaziland such as the Swaziland Family Burial Association which is a member of the Coordinating Assembly of NGOs. However the LIFT team did not delve extensively into formal insurance products on the market in Swaziland and whether or not they would be applicable to poor HIV-affected households. This is an area that may warrant further exploration.

Household and Personal Financial Literacy Training

Literacy training can help vulnerable households learn how to save, discover options to invest savings, plan for future expenses and minimize those expenses, and know how and when to take on debt.[53] This intervention is distinct from business development services or business skills training because it deals with the household as a whole rather than with IGAs specifically. There is evidence that financial literacy training not only offers benefits to households alone, it also helps increase the impact of interventions with which it is tied, such as savings groups.

Entry points for this intervention can be the savings groups mentioned above, and can include other types of groups, such as churches or schools, or support groups organized at health clinics. Radio programs can be a cost-effective way to reach many people with generic yet practical messages on financial literacy. Research tools such as financial diaries are excellent ways to gather information on how households currently manage their money and what more might be needed to protect them.

In Swaziland, very little is happening in the area of financial literacy with respect to HIV/AIDS programming, and this is a gap that needs to be filled. The WORTH model, mentioned earlier, has a financial literacy component that should prove to be a valuable tool in reducing vulnerability.

Consumption Gardens Based on the Permaculture Model

Consumption gardens are homestead or community plots that produce food primarily for household use. A number of NGOs and CBOs in Swaziland promote consumption gardens, sometimes referred to as conservation or permaculture gardens, depending on the technique. The permaculture concept includes approaches to designing gardens to reduce labor requirements, integrate water harvesting features, bees for pollination, composting, using recycled materials for fencing, and other sustainable techniques. Permaculture gardens can be more productive and less costly (in terms of labor and capital inputs) than traditional gardens, and partners should be encouraged to adopt this model. The livelihood baseline (2006) indicated that very poor and poor households derived 10 to 40 percent of their food from their own production, with higher amounts in the more fertile zones. Purchases accounted for about 10 to 40 percent, with the remainder coming from in-kind payments, gifts and food aid. Most of this food, whether bought, grown or received as payment in kind for labor, consists of maize. Homestead gardens provide an opportunity for households to produce more expensive (and more nutritious) vegetables that they might otherwise forego. Based on the number of people currently participating in this type of activity and on the participatory assessments that NGOs, such as Gone Rural/Bomake, have done with their own beneficiaries, there is great interest among target groups in participating in this type of activity.

[53] Wolfe, J. "Household Economic Strengthening in Tanzania: Technical Guidance for PEPFAR II Programming. Draft Report on OVC Economic Strengthening Strategy." USAID, 2009: 18.

Where climate and soil conditions are favorable, well maintained homestead gardens can produce enough food to supplement an average-sized family's staple food needs, provided of course there is access to land and that household members have adequate time to devote to the garden. Some gardeners indicated they often had surpluses that could be shared with neighboring families in need, and in some cases sold. In addition, there is potential for replication, as neighbors see the benefits and ask questions about how to start their own. Gardeners interviewed during the LIFT assessment reported feeling more healthy, saving a considerable amount of money in food purchases (e.g., 600 Rand or USD 90 per month during harvest season), and being able to provide food to their neighbors.

Permaculture gardens are suitable for vulnerable households, particularly where climate and soil conditions are favorable. All of the activities are done near the homestead, so no transportation costs are involved. Although labor availability is required, a community rotating shared labor group could be tried in communities where there are labor constraints. Importantly, the gardens are low-risk and require limited capital investment. Well functioning gardens can be expanded to include cash crops such as cotton, where market access is present. It is important, however, that participants feel a sense of ownership and make their own time and capital investment in the project. Garden programs often fail when a successful start-up relies on free inputs and labor.

Economic Protection Strategies for the Vulnerable

Recommendations

Asset Protection - Legal Services

LIFT recommends that PEPFAR support activities related to legal protection for especially vulnerable populations, including women and OVC. Activities could include counseling, policy reformulation, asset protection, birth registration and national identification, strengthening judicial frameworks, educating public servants (including police), and helping to ensure that programs have adequate administrative capacity. Due to the importance of adult support and supervision, PEPFAR should ensure that OVC programs have mechanisms in place to reconcile child-headed households with estranged family members once their assets are protected.[54]

Asset Protection – Self-Insurance

Social Capital Building: LIFT recommends that NGOs investigate and implement mechanisms for increasing social capital in groups, if they are not already doing so. See www.socialcapitalgateway.org for tools.

Informal Burial Societies: LIFT has no recommendations for this intervention. Further research is needed to determine whether this is a need, and if so, how to address it.

Savings: LIFT recommends supporting savings groups for all vulnerable households. All three of the models discussed earlier (KNH, VSLA, and WORTH) have minor differences in their advantages and disadvantages, and LIFT has no preference for any one model at this time. The key is that the implementing partner be experienced in the model and that the participants have a voice in how it is run.

Formal Insurance: LIFT has no recommendations for this intervention. This is a market-driven intervention that is outside PEPFAR's purview.

Rotating Shared Labor Groups

In Mozambique, Save the Children is implementing rotating shared labor groups to address labor constraints faced by vulnerable households. Rotating shared labor interventions could build on the indigenous practice called *lilima*, which is an informal cooperative group that shares labor among its members. The recipient of the labor provides refreshments to the workers in exchange for their labor. One NGO that was interviewed encourages its savings groups to engage in *lilima* shared labor. This could be expanded to other NGOs.

Financial Literacy Training

LIFT recommends that NGOs incorporate financial literacy training on a systematic basis in the savings group methodology and in other group venues such as SWABCHA's BizAIDS course. A mechanism for providing Swazi NGOs with best practice information on financial literacy training is needed. The financial literacy component of the WORTH model could be shared with NGOs implementing savings groups if PACT approves.

Consumption Gardens

The LIFT assessment team recommends the permaculture garden model be explored further with the intention of extending it to other parts of the country where conditions are favorable. An experienced CBO or NGO could provide direct technical assistance to other interested communities, NGOs or CBOs, and/or form an "Effective Practice" network to ensure quality control.

[54] Imai, K., Vilakati, N., Dlamini, K., Fakudze, R., and Hlatshwayo, S. "A Situation and Needs Assessment of Child-Headed Households in Drought-Prone Areas of Swaziland: Key Findings." UNICEF and Save the Children, 2009.
This study reports that an astonishing 90% of child-headed households in the survey reported having extended family members, with the majority having negative relationships with their extended family.

Promotion Strategies

Promotion strategies are aimed at identifying opportunities to increase income and assets and supporting individuals in achieving this goal. LIFT identified five major categories of economic *promotion* interventions being implemented in Swaziland, each of which is discussed separately below: Investment Microfinance,[55] Workforce Development, Enterprise Development, Entrepreneurial Training and Income-Oriented Gardens.

A synopsis of current economic promotion activities in Swaziland that were identified by the LIFT assessment are presented in the list below.

Economic Promotion Activities

Investment Microfinance	Workforce Development	Enterprise Development	Entrepreneurial Training	Income-oriented Gardens
• **IMBITA** • **Inhlanyelo Fund** • **Savings and Loan Cooperatives (SACCOs)**	• MYC • GOKS TVET centers • Private TVET centers	• IGAs (WV, ADRA, SWANEPPHA, Peace Corps, SWAGAA and ACAT) • Value chain development (Technoserve, Swazi Secrets)	• Bantwana • Junior Achievement • MYC/Technoserve (Youth Entrepreneurial Skills [YES] program) • Swazi Secrets • SWABCHA	• Swaziland Farmers Development Foundation (SFDF) • IRD

Investment Microfinance

Access to finance is an important service that facilitates business growth and, in some cases, enterprise formation. At present, there is very limited access to financial services in rural areas, and access is also quite limited in urban areas. Larger financial institutions are reluctant to lend in rural areas and to microenterprises.[56] Women in particular have a hard time accessing credit: married women may not be able to get a loan without their husband's permission. Moreover, they may not have collateral to offer, and are more likely to be illiterate and lacking any credit history. Microfinance institutions (MFIs), which in other African countries have partially filled this gap, are still nascent in Swaziland. There are currently only two active MFIs with a social focus,[57] IMBITA and Inhlanyelo Fund. IMBITA has been operational since 1991, and targets women exclusively, while the Inhlanyelo Fund began in 1999 and targets men and women entrepreneurs. In total, the entire microfinance (MF) sector currently serves just 14,000 active clients, of whom 9,000 have active loans.[58] There are also small SACCOs that reach a total of 8.3 percent of the population.[59] Such a low level of outreach poses significant limitations on the ability of small-scale entrepreneurs and PLHIV in Swaziland to access funds.

The Swazi MF sector faces a number of challenges at present in scaling-up its operations. Foremost is a lack of capacity in the sector and history of poor performance. For example, IMBITA has a repayment

[55] In this report, we are distinguishing between "consumption MF," which is used as a protection activity, since it primarily stimulates asset (savings) growth, as opposed to "investment MF," a promotion activity, where credit is the important component and used for investment in business opportunities. Consumption MF is a good precursor to investment MF, since it creates a savings "cushion" in case of emergencies or business set-backs.

[56] Msibi, D.J. "Financial Intermediation for Growth and Wealth Creation in Swaziland." AFRACA Southern Africa Sub-Regional Workshop, 4-5 Nov. 2009: 3.

[57] There are others with a commercial focus, such as Blue Financial Services, which lends only to salaried employees (See company fact sheet at http://www.blue.co.za/pdf/IFSDec08.pdf). Also, FINCORP considers itself an MF institution, but its average loan size is nearly USD 10,000(See company background on The Mix Market at http://mixmarket.org/mfi/fincorp).

[58] Personal Interview, IFAD, 30 Nov. 2010.

[59] Annual Savings and Credit Co-Operative Association of Africa. "11th SACCA Congress 2010 Report." 2010.

rate of just 83 percent[60] and a portfolio-at-risk of 18 percent, which put the institution at risk of failure. Although IMBITA has received MF technical assistance in the past,[61] more is needed. Another issue faced by the MF sector is the over-availability of subsidized funding by the GOKS, such as through their new USD 10 million Youth Enterprise Fund targeting 21 to 35 year olds. Making significant amounts of capital available at below-market rates, with low eligibility requirements and questionable willingness to collect repayments, puts Swaziland's credit culture at risk of erosion. MFIs and SACCOs are also constrained by the regulatory environment. For MFIs, there is no specific regulatory framework.[62] MFIs with enough capital can form non-bank financial institutions (NBFIs) to mobilize savings, but the amount of capital required to do so is beyond the reach of most MFIs. NBFI MFIs are currently weakly supervised by the Ministry of Finance,[63] although in January 2011 a new Financial Services Regulatory Authority was supposed to begin. This body will also supervise SACCOs.

On the positive side, existing providers have a number of financial products to offer. IMBITA provides credit to women for enterprise development, with loans ranging from USD 55 to USD 3,500. The interest rate is a flat 2.5 percent per month, with lower rates for higher loan amounts and for repeat clients. The loans are used to grow women's IGAs. IMBITA is experimenting with a targeted approach to improving access to finance among PLHIV, and four HIV support groups have been formed under an initiative funded by Irish Aid. Finally, a new six-year, $93 million IFAD project launched in 2010 aims to improve rural access to finance, entrepreneurship, and technical capacity of the country's MFIs.

Workforce Development

Swaziland's small domestic markets, competition from larger neighbors, unfavorable business environment, and limited natural resource base contribute to low rates of economic growth. Nevertheless, salaried employment in the formal sector is the primary income source for middle and better-off Swazi households. In fact, a major defining characteristic of very poor and poor households is the complete lack of accessible salaried employment opportunities. At the same time, there is a shortage of skilled labor in Swaziland and in the region. Investment in a skilled labor force capable of responding to domestic and regional skills gaps can respond to these challenges.[64] Within Swaziland, this strategy is critical to addressing the substantial loss of human capital that has been a fundamental characteristic of the HIV epidemic in Swaziland.[65] Although school attendance is strong at the primary level, it falls off significantly at the secondary and post-secondary levels.[66] Gaps in availability of artisans, technicians and some professionals are being met by hiring expatriates, or are not met at all.[67] Skills building also has the potential to generate significant remittance income by filling labor shortages in neighboring countries.[68] Recent research finds positive impacts of outgoing labor flows to the sending country.[69] Further, an employment-led strategy is particularly relevant to PLHIV that have less capacity for risk. In comparison to launching a business, employment and re-employment provide households with greater levels of security.

[60] In comparison, a 95% repayment rate is a recognized minimum benchmark within the microfinance industry.
[61] Jiri, M. "Evaluation of IMBITA Credit Operations Swaziland." Sept. 2007.
[62] Arun, T. and Murinde, V. "Microfinance Regulation and Social Protection." Paper Submitted to the European Report on Development. 2010. http://erd.eui.eu/media/2010/Arun-Murinde.pdf.
[63] Making Finance Work for Africa. "Swaziland: Financial Sector Profile." http://www.mfw4a.org/country-focus/swaziland/swaziland-financial-sector-profile.html?sword_list[0]=swaziland. 2011.
[64] Marope, M. "The Education System in Swaziland: Training and Skills Development for Shared Growth and Competitiveness." World Bank Working Paper No. 188. Washington, USA: The World Bank, 2010: ix.
[65] ibid, 8. For instance, 31% of deaths in the Ministries of Planning, Finance, and Labor and Enterprise were due to AIDS.
[66] ibid, xvii.
[67] ibid, 75.
[68] South Africa, Mozambique, Angola and Namibia, in particular, are both struggling to fill shortages for skilled workers. High demand fields include engineering, medical and health professions and mathematics and science teachers.
[69] Easterly, W. and Nyarko, Y. "Is the Brain Drain Good for Africa?" New York University: 29 Nov. 2005.

Swaziland's TVET system consists of 87 formal, nonformal and informal institutions.[70] Of these, two are operated and funded by the MOE as formal institutions. Another four are regional nonformal skill centers, while the others are relatively unstructured and unregulated. At present, these training institutions are relatively weak; the industry has been described as "inadequate to supply the quality, mix and threshold of skills required to effectively spearhead knowledge and technology-driven shared growth."[71] Moreover, the overwhelming focus of the TVET system is on youth; there are few short courses available to adult workers who require training to reenter the workforce or move from self-employment or unskilled seasonal labor to more stable and financially rewarding salaried employment.

Manzini Youth Care is the only PEPFAR grantee that is engaged in workforce development, providing technical and vocational training to approximately 300 economically disadvantaged young men and women, in addition to other enterprise development services and entrepreneurial training discussed below.

A range of challenges currently face the Swazi TVET system. Critically, the system is unable to meet the demand that exists for TVET training. Just 1,000 students are currently entering TVET institutions each year, compared with 14,000 annual school leavers.[72] A significant contributor to this is the limited availability of funding for prospective students. The MOE recognizes that the curriculum has traditionally not been demand-driven, which creates challenges for graduates in finding employment and gaps vis-a-vis market demand.[73] The tourism industry, for instance, has until recently been underserved.[74] Swazi employers in one survey cited an inability to source mechanical, computer, and electronic technicians, and their resulting need to hire expatriate workers.[75] The 24 to 36 month duration of many training courses is a further disincentive for many students to participate, given the substantial opportunity cost in terms of foregone income. Moreover, there have been few legal guidelines and minimum standards for providers, leading to variations in standards and to employer distrust of the value of the certifications.[76] These challenges are exacerbated for poorer Swazis, who have comparatively worse access to the education system and who are "virtually absent" from higher education.[77] A final issue with the TVET system is a lack of systematic monitoring of results. The MoE and most TVET providers do not monitor drop-outs or the percentage of students who subsequently become employed.

Some efforts are being made to address the systemic weaknesses in the TVET system, although most are nascent and it is still too early to judge their effects. Whereas responsibility for the TVET system has traditionally been divided between several ministries, this has now been centralized under the MOE.[78] The EU and the United Nations Education, Scientific, and Cultural Organization (UNESCO) are currently funding an inventory of TVET providers, which will be available online to assist prospective users with institution selection.[79]

Enterprise Development

[70] Personal communication, Ministry of Education, 30 Nov. 2010.

[71] Marope, M. "The Education System in Swaziland: Training and Skills Development for Shared Growth and Competitiveness." World Bank Working Paper No. 188. Washington, USA: The World Bank, 2010: ix.

[72] ibid.

[73] Personal communication, Ministry of Education, 30 Nov. 2010.

[74] Bulembu. Blog posting, 18 Oct. 2010. http://bulembu2020.blogspot.com/2010/10/cida-and-vocational-training.html.

[75] Marope, M. "The Education System in Swaziland: Training and Skills Development for Shared Growth and Competitiveness." World Bank Working Paper No. 188. Washington, USA: The World Bank, 2010: 74.

[76] ibid, 67.

[77] ibid, xxi-xxiv.

[78] Personal communication, Ministry of Education, 30 Nov. 2010.

[79] Interview, Ministry of Education, TVET Department, 30 Nov. 2010.

Given the perception that employment opportunities are limited in Swaziland, many organizations focus on self-employment and microenterprise development, and the two predominate approaches used are described below.

The first approach promotes small-scale IGAs that focus on producing a product for sale to the local community market. Some of the agencies that promote this approach include WV, ADRA, SWANNEPHA, Peace Corps, and ACAT. These businesses tend to have a relatively limited market for their products—typically confined to nearby communities—with little growth potential. There was remarkable similarity in the products being promoted (e.g., artisanal Vaseline, floor polish, blackboard chalk, indigenous poultry, liquid soap, and small informal retail shops), leading to market saturation. In many cases, agencies were promoting groups to manage these new enterprises, but demand was not adequate to occupy the majority of the members. One support group had been operating a sewing business for nearly a year with essentially no financial returns.[80] The ease with which others could replicate the same products also led to weak profitability. As ACAT discovered, when large groups engage together in a low return microenterprise, "it keeps people busy but there's no financial benefit."[81] Although the promotion of IGAs can be a lower-risk strategy for vulnerable populations that offers an entry point to learn business skills and gradually take greater risks on higher growth opportunities, many organizations see IGAs as ends within themselves. Accordingly, the results reported by promoting agencies of these IGAs are often weak. In many cases, unfortunately, promoting agencies collect little or no data on the effectiveness of IGAs in building assets, creating asset growth, or building confidence.

The second approach that has been widely applied in Swaziland is to link project clients to larger firms that guarantee a market for their products and often provide other services such as training and transportation. All observed linkages took place within the agricultural and craft sectors, which involve large numbers of poorer, rural Swazis, especially women. Many of these lead firms are social enterprises, which view the development of their suppliers as a core part of their mission or even, in some cases, the reason that they are in operation. Most lead firms are exporting part or all of their products to higher value markets, generating returns that enable them to provide additional services to their members. Many of the enterprises (e.g., Gone Rural and Eswatini) have established an NGO arm that solicits donations to create additional benefits (e.g., for drilling boreholes) for their suppliers and their suppliers' communities that cannot be covered by the profit-making enterprise's returns. An illustrative list of firms and their results is presented in the table below.

Interviewed Firms Reaching Vulnerable Populations

Name of Firm	Sector	Est. # of Clients	Benefits to Clients
Eswatini Kitchen* (part of Manzini Youth Care)	Fruit and Vegetable Processing	~150 farmers	Sell fruit, vegetables, gift packs, and wooden spoons.
Eswatini Honey* (part of Manzini Youth Care)	Honey	151 beekeepers (2009)	Sell honey, have guaranteed market.
Swazi Secrets	Marula and Natural Oil	2400 (many poorest of the poor)	SZL 650,000 paid to clients in 2009. Provide training in organic farming, forming self-help groups with community facilitators, and environmental education.
Gone Rural	Handicrafts	750 women in 13 groups (15% have HIV)	SZL 2.4 million paid to clients in 2009. Encourage savings. Pay for school fees, clinics, and peer educators.[82]

[80] Personal communication, community support group, 6 Dec. 2010.
[81] Personal communication, ACAT, 1 Dec. 2010.
[82] Peer educators are drawn from the community and train others on HIV/AIDS and other topics.

*Current PEPFAR Grantee

Although some lead firms have linked to their household suppliers on their own, several firms have also relied on the services of a business-oriented NGO to create connections and build capacity. In some cases, such a facilitator has also worked to build the general capacity of the subsector for growth. TechnoServe is the most prominent NGO that has taken this approach in Swaziland. It has researched and identified subsectors with high potential for growth that could attract small-scale entrepreneurs. In selected subsectors, TechnoServe has identified constraints to growth and developed strategies to address them. In the honey sector, for instance, TechnoServe has engaged in upgrading processing equipment, improved the business practices of processors, supported the formation of an industry council, and strengthened the capacity of new beekeepers.[83] TechnoServe has also piloted chili pepper cultivation, providing technical assistance and linking small-scale producers to local buyers who sell the peppers internationally. However, the economies of scale for chili peppers have not been adequate to afford producers more than a marginal income. TechnoServe is currently exploring opportunities to promote cotton production and expand bee-keeping. The FAO of is currently undertaking several in-depth value chain studies under its new 14.9 million Euro Swazi Agricultural Development Programme. These studies will yield critical information about potential new products that PEPFAR partners could support and are expected to be released in 2011.

As the above table makes clear, the lead firm strategy has been more successful in terms of its outreach and the other benefits that clients are receiving relative to the IGA approach. In many cases, there is potential for significant additional growth in the subsectors that are being targeted by the lead firms and facilitating NGOs. The Swazi honey industry, for instance, is currently unable to meet the demand of its buyers and can absorb substantial increases in production.[84] Just over one-third of all honey consumed in the country is produced domestically. [85] Such opportunities create substantial incentives for others to join the industry and begin working.

The finding that the lead firm strategies engender greater scale, sustainability and benefits than do isolated IGAs fits with experience elsewhere.[86]

Entrepreneurial Training

Many partners and other NGOs cited the lack of a strong entrepreneurial culture in Swaziland as a challenge to their ES strategies. In response, many agencies are offering entrepreneurship and business management training to youth and adults including Junior Achievement, the Ministry of Agriculture, TechnoServe, Manzini Youth Care, SWABCHA and Vusumnofto. An overview of training providers is displayed in the table below.

[83] Personal communication, TechnoServe, 6 Dec. 2010.
[84] Personal communication, Eswatini Honey, Dec. 2010.
[85] Personal communication, Eswatini Honey, Dec. 2010.
[86] Brand, M., Fowler, B., James-Wilson, D., et al. "FIELD Report No. 2: Economic Strengthening for Vulnerable Children: Principles of Program Design and Technical Recommendations for Effective Field Interventions." AED and Save the Children, Feb. 2008: 51-52.

Outreach of Entrepreneurial Training

Name of Agency	Target Group	Outreach	Benefits
Junior Achievement	In-school youth	Over 60 schools	Mentoring, market exposure, loans for business start-up.
Ministry of Agriculture	Out-of-school youth	500–1000	Practical experience in managing a joint enterprise, with mentorship. Introduces youth to agriculture and agricultural skills.
TechnoServe	Small-scale entrepreneurs	7,000	Introduction to basic business approaches, without a significant time commitment. Tailored to microenterprises.
Manzini Youth Care	Skilled entrepreneurs	N/A	Builds on existing skills by providing business training, workspace, and financial support. Participants are operating their own business from the moment they start the program.
SWABCHA	Small-scale entrepreneurs	N/A	HIV is integrated into training. Tailored to micro-entrepreneurs.

The approaches used by these agencies vary widely. Junior Achievement focuses on developing entrepreneurial capacity among youth through financial literacy and a company program, through which students gain experience in business by launching and managing a short-term enterprise. The Ministry of Agriculture targets out-of-school youth with its JFFLS program. Groups of12- to 24-year-olds, between 25 and 50 per group, are trained in agriculture while managing a group garden. Organizations like TechnoServe and SWABCHA deliver simplified business training that orients potential entrepreneurs to relevant issues in business management, such as the importance of registering marriages so that spouses can inherit the business, and the importance of separating business and personal accounts. SWABCHA focuses specifically on integrating HIV awareness and prevention into its training through its BIZAIDS program.

The Youth Entrepreneurial Skills (YES) program, operated by Manzini Youth Care provides entrepreneurship training and financial support to select young adults with previous experience in a particular trade, such as carpentry, upholstering, sewing, or welding. YES provides a maximum of 16 students with a range of support beyond just training: workspace, mentorship, technical, and financial training, and a small cash loan to fund the purchase of equipment. Following graduation, YES continues to offer access to a subsidized revolving fund and to even guarantee loans that students access from other financial institutions. Some of the four graduates who were interviewed reported using their earnings to build the asset bases of their families and to invest in the education of their siblings to improve their opportunities for employment and stability.

Unfortunately, few of the organizations providing entrepreneurship training have tracked the impact of their training on the rate of business start-up or improvement in business management. Junior Achievement has tracked the confidence of its alumni of their ability to compete in a business environment, start a business, and complete a job interview, all of which are higher than among those who have not participated.[87] Another current challenge is that provision of most of the aforementioned training programs fluctuates annually, based on the funding available to their donors. The UN has commissioned an assessment of how the JFFLS program could be institutionalized within the GOKS.

[87] Junior Achievement. "Junior Achievement Creates Alumni Success." Junior Achievement White Paper. http://www.ja.org/files/white_papers/JA-Creates-Alumni-Success.pdf.

Income-Oriented Vegetable Gardens

Although the majority of NGOs promoting vegetable gardens in Swaziland have aimed primarily to improve household nutrition and food security, some agencies were primarily focused on gardens as a source of generating income. To achieve greater scale of production, many of these gardens were jointly managed by 8 to 20 individuals. The primary promoting organizations identified include the SFDF and IRD.

Judging from the interviews that it held, LIFT did not find that income-oriented vegetable garden promotion schemes had very positive or sustainable results in Swaziland. Constraints to success include drought, the general lack of competitiveness of smallholder Swazi farmers relative to the much larger and more efficient South African agricultural industry, tariff levels on South African imports, high transport costs and the very small volumes of crops that most initiatives are able to raise. In addition, domestic markets for local produce are weak, and producers are not well integrated with the markets. The proportional contribution of crop sales to the income of very poor and poor households in Swaziland ranges from zero to five percent. SFDF notes that there is also an increasing tendency of vulnerable families to divert funds needed for reinvestment in the garden to other priorities, including caring for sick family members.[88] The difficulty of accessing markets and water were the two issues raised most frequently by farmers in one large-scale survey.[89] The Swaziland National Agricultural Marketing Board (NAMBOARD), the parastatal that is tasked with providing a market for smallholders and addressing these challenges, was reported to have frequently not honored its purchase contracts with smallholders.[90] The new FAO project is considering support for NAMBOARD.

[88] Personal communication, SFDF, 2 Dec. 2011.
[89] Keregero, K.J.B., et al. "Socio-Economic Evaluation of SFDF Gardening Programme." June 1999.
[90] Personal communication, SFDF, 2 Dec. 2011.

Economic Promotion Strategies for the Less Vulnerable

Recommendations

Investment Microfinance

LIFT does not recommend funding microfinance programs in Swaziland. In spite of the challenges faced by many Swazis in accessing credit, the recent entrance of IFAD's well-funded initiative to improve the microfinance industry in Swaziland diminishes the need for PEPFAR support to the sector. Moreover, this intervention requires sophisticated expertise to be successful, which falls outside the core business of most health-focused organizations. However, it is recommended that PEPFAR's partners be acquainted with financial services that are available, and provide informed referrals for their clients who are ready to take on the associated risks.

Workforce Development

Given the opportunities that exist to address domestic and regional skill gaps, and the fact that salaried employment is the most viable pathway out of poverty, LIFT recommends that PEPFAR consider increasing support of TVET. Funding would be best allocated to supporting proven programs that enable disadvantaged youth to receive training (supporting the programs or supporting the students with scholarships). Technical assistance to ensure that centers have the capacity to orient their training to market needs and to build partnerships with the private sector would be an important complementary investment.

Enterprise Development

LIFT strongly recommends that PEPFAR allocate funding for microenterprise development programs that have completed market analyses, are linked to growing markets with strong firms and are generating positive returns for participants. It is recommended that PEPFAR assign a lower priority to funding projects that support small-scale IGAs oriented to local markets, unless they demonstrate a strong understanding of market opportunities, the likely return, the likelihood of market saturation, and the role of IGAs as lower risk entry points or transition points for households.

Entrepreneurial Training

LIFT sees a role for limited support by PEPFAR for entrepreneurship training. Training would be most useful as a complementary activity to clients engaged in other promotion initiatives such as microenterprise development. Such training would focus on teaching less vulnerable populations how to identify viable market opportunities, how to add value, how to cost products, how to track income and expenses, and how to link with other enterprises.

Income-oriented Vegetable Gardens

LIFT does not recommend that PEPFAR invest in income-oriented vegetable gardens in Swaziland. Although household vegetable production can have beneficial impacts on micronutrient intake and nutrition, its ability to generate meaningful increases in income has proven very difficult in the Swazi context. Other types of agricultural products with more certain markets and relatively lower risk (e.g., honey) offer greater opportunities for income generation than do vegetables. Programs promoting income-oriented agricultural production should do so as part of a more comprehensive enterprise development initiative.

6. Additional Recommendations for PEPFAR

This section recommends types of ES interventions that PEPFAR should consider supporting and scaling up and suggests modalities for providing its partners with technical assistance. The section is divided into two subsections:

1. Recommended Program Interventions: These are recommendations about which types of interventions should be considered for funding, including the rationale, advantages and disadvantages, and good practices that should be continued.
2. Technical Assistance Models: This recommendation discusses two proposals for delivering technical assistance: (1) that PEPFAR fund an outside provider for sustained technical assistance to PEPFAR and partners directly or through a network mechanism. This technical assistance partner could also support implementation of a national referral system; and (2) that an external technical assistance provider provide discrete needs-based technical assistance to one or more partners.

Recommended Activities

In this section, LIFT recommends types of interventions that PEPFAR should consider funding or scaling up, and provides the rationale, advantages and disadvantages for doing so, along with good practices that should be continued or adopted.

Recommended Economic Protection Activities

Activity description	Rationale	Challenges	Good practices
Legal services and advocacy: provide legal counseling and protection for OVC and vulnerable women (e.g., widows), advocate policies that protect women's and children's interests and assets; promote birth registration and national identification; strengthen judicial frameworks; train social workers and public service workers (including police); and support familial reconciliation	Provides greater economic security for women and children by protecting their assets; reduces risk of exposure to HIV; raises awareness at community level; advocates favorable policies that can have an impact on a national level	Needs likely to overwhelm capacity even if augmented; requires technical expertise; impact is longer term	Data collected can inform vulnerability and situational analyses and improve beneficiary targeting; can link clients to appropriate health, social or economic services
Self-insurance through social capital building: promote group formation, gender empowerment, and leadership training	Building social capital creates support systems for vulnerable households; ease and low cost of implementation	Tendency for groups to start IGAs, which are not often successful	Participatory approach; can provide referrals for groups members to other services
Self-insurance through savings groups: promote savings through new or existing groups	Reduces vulnerability to economic shocks; improves access to predictable expenses (agricultural inputs or education); ease and low cost of implementation; benefits women	Minimizing risk of fraud or group conflict	Groups can pool savings into a formal financial institution; can build financial literacy skills needed for using credit; builds social capital
Rotating shared labor groups: build on indigenous practice of *lilima*, an informal cooperative group that shares labor among members	Provides additional labor for households with labor constraints; builds social capital; easy to organize	Limited experience in Swaziland	Participatory; adapted to the needs of the participants

Activity description	Rationale	Challenges	Good practices
Financial literacy training: provide structured training on household economics, including income, savings, credit, and expenditure	Serves as a prerequisite for most promotional ES programs; protects existing financial assets; can be incorporated into many interventions	Limited experience in Swaziland	Adapt modules to needs of participants
Permaculture gardens for household consumption: provide training in building and maintaining sustainable homestead or community gardens	Improves household nutrition; possible but limited income generation; sustainable; maximizes use of existing resources; reduces food expenditure; can build social capital; low labor requirements after successful start up	Requires strong initial commitment of time and resources from participants; training is labor intensive; required techniques vary depending on location	Participant initiative and commitment increase chance of success in long run; promote greater independence; participant knowledge sharing with family and neighbors

Recommended Economic Promotion Activities

Activity description	Rationale	Challenges	Good Practices
Workforce development: support TVET, particularly programs that target disadvantaged youth; support scholarships programs	Demand for skilled and semi-skilled labor exists; being competitive for salaried positions is a key factor in reducing economic vulnerability	Significant time commitment and opportunity cost for participants; overcoming social barriers, particularly for women	Programs oriented towards demand in labor market; financial support provided to students and their families
Enterprise development and entrepreneurial training: provide support to select beneficiaries in building skills for self-employment or micro and small enterprise development, including identification of market opportunities, building technical skills in sector, financial literacy, and accessing credit	Enterprise development and entrepreneurial training are complementary activities; building technical skills in a particular sector and providing participants with the business skills required to perform successfully in the marketplace	Identifying viable market opportunities and conducting participant feasibility analysis; risk involved in starting a business can contribute to low rate of participant follow through; limited access to credit, particularly for women; participant quantity often emphasized over program quality, which leads to saturated marketplace; high cost to implement and monitor effectively	Market analyses and feasibility assessments to ensure the opportunity exists and is appropriate for participants; link individuals and enterprises to emerging or expanding markets with strong firms; focus on individual rather than group enterprises

Technical Assistance Partner

LIFT recommends that PEPFAR enlists outside support to provide sustained technical assistance to PEPFAR and its implementing partners to improve the impact of ES programming for PLHIV and OVC in Swaziland. This technical assistance can be targeted directly to individual organizations or programs, or delivered to a group of ES practitioners—or a combination of the two approaches. The objectives of both direct and group technical assistance are the same: to identify program opportunities; strengthen the capacity of PEPFAR and its implementing partners to design and implement more effective ES programs; improve impact monitoring and evaluation; support clearer linkages and referral systems; develop strategic partnerships with the private sector; and develop tools and guidelines for effective practice, including vulnerability, market, and feasibility assessments or analyses. The group approach, though more resource-intensive, brings several additional benefits to PEPFAR's ES portfolio: the ability to leverage input from multiple partners on the creation of tools and guidelines and to disseminate these to a wider audience; to encourage knowledge and data sharing and foster dialogue among practitioners; and to identify more opportunities for strategic linkages and referrals. By collaborating with GOKS or UN institutions, group-based technical assistance can build the foundation for a self-sustaining network, ensuring that a forum for knowledge sharing and collaboration continues after the technical assistance concludes. Direct technical assistance is, however, more expedient that group assistance and likely to have a more immediate impact. Technical support to create a referral system and an integrated database of available ES programs and health, nutrition, financial, and legal services would be a recommended complementary activity, particularly for group-based assistance.

The approach of the technical assistance partner should be collaborative and seek opportunities to leverage the strengths, knowledge, and experience of existing programs and institutions in Swaziland whenever possible. Working directly with one partner or with multiple partners through a network, the technical assistance provider should be able to indentify capacity building needs and ensure training is provided where needed. However, the technical assistance partner should be expected to draw on local expertise from willing and able partners, particularly if the network approach is an option.

Direct technical assistance

Technical assistance can be provided directly to one partner or program to identify program opportunities, improve program design and implementation, build linkages with strategic sectors or partners, and implement referral systems for complementary health, nutrition, legal, social or economic services. At the direct level, the type of assistance should be customized to the specific needs, opportunities, and challenges facing an organization or program. Technical assistance should feature guidance on adapting existing standards of effective ES practice to the program's particular context, using a pathway-oriented livelihoods and vulnerability framework to understand the participants' economic needs and opportunities and determine either the appropriate ES intervention, or if that is fixed, the appropriate client or beneficiary group. Depending on the recipient, this assistance would feature conducting (or training in conducting) vulnerability analysis to understand the risks and opportunities facing potential participants, market analyses to identify viable economic opportunities or private sector linkages, feasibility analysis to determine the appropriateness of the program and potential for success among participants, and baseline assessments against which program impact can be measured. It is likely that the skills required for some types of technical assistance could be sourced locally or from other partners. Any formal technical assistance PEPFAR makes available should leverage existing programs to the greatest extent possible. This assistance would require recipients to recognize their limitations, allowing the program to focus on its core strengths, while referring participants to services it can't or shouldn't provide itself. Therefore, this assistance should also include a careful review of locally available complementary services.

During the assessment, LIFT identified several types of technical assistance that could benefit a variety of partners faced with particular challenges in scaling up their programs, improving their programs' impact,

or enhancing their ability to address emerging challenges facing their beneficiaries or clients. The types of recommended technical assistance correspond to the standards of practice in ES outlined earlier in this report. Examples of this assistance are listed below.

Most forms of technical assistance would feature a combination of direct training, workshops, collaborative field activities, training modules, tools, and guidelines. It is important that the assistance provided is immediately relevant to the partner and its program. For example, training should only be provided to support activities that are ongoing and would be implemented within a reasonable timeframe following the initial training. This ensures that the learning is both useful and fresh. In addition, partners can report back on their experience in follow-up training sessions.

Standard of Practice	Technical Assistance	Appropriate Partners
Vulnerability and Situational Analysis	Develop or adapt existing tools for understanding current and evolving risks and vulnerabilities facing households or communities served by partner and provide training in their use.	All partners
Market Analysis	Develop or adapt existing tools to assess, or train partners to assess, the demand for skills, products, and services in local and domestic markets, and provide training in how to interpret the results.	All partners implementing economic promotion activities; collaborate with partners already engaged in identifying market opportunities for clients and beneficiaries
Feasibility Analysis	Train partners in engaging their clients or beneficiaries to identify their social or economic priorities and aspirations and capacity to participate in specific types of activities; ensure that programs do not limit opportunities for participants.	Partners implementing activities that entail risks and trade-offs (such as time) for participants
Targeting Beneficiaries	Improve partners' ability to seek the optimal balance between the number of participants and the quality of program and recognize whether or not targeting based on HIV status is appropriate.	All programs, but particularly those that focus on groups or pilot programs
Facilitative Approaches	Identify and assess the capacity of relevant community or government institutions and advise partner on how their programs support these institutions and become more sustainable.	All partners providing services similar to what the community or government is providing or is trying to provide
Strategic Partnerships and Linkages	Work with partners to clarify strengths and objectives and identify other partners to whom they can refer their clients and beneficiaries for additional ES services or complementary health, nutrition, social, or legal services; identify local institutions collecting relevant data and improve partner access and input into this information.	All partners
Monitoring, Evaluation, and Impact Assessment	Assist partners in conducting baseline assessments and identifying meaningful indicators to measure program impact, as well as tools to monitor program performance.	All partners

Standard of Practice	Technical Assistance	Appropriate Partners
Communication and Learning	Work with partners to identify knowledge gaps as well as critical learning that can be shared with other partners.	All partners; more effective in conjunction with group-based technical assistance
Linkages to other HIV Services	Ensure that partners are able to refer clients and beneficiaries to appropriate HIV services; work with health partners to link clients to complementary ES, nutrition, and other services; support development of and participation in a referral system.	All partners

Group-oriented technical assistance

Because several partners in Swaziland engage in similar ES activities or serve clients and beneficiaries with similar needs, technical assistance activities could be targeted to groups of partners rather than an individual partner. The technical assistance components would be identical to those described in the previous section. Delivering technical assistance to a group of partners can be more resource intensive while limiting the degree of customization to suit particular geographic areas or schedules (although the same principles of developing tools, training materials, and guidelines that are of immediate utility should also apply). However, if multiple programs stand to benefit from the same type of assistance (e.g., conducting vulnerability assessments or identifying monitoring indicators) it is worth the compromise, which the added potential for knowledge sharing is likely to outweigh. Technical assistance in ES could be integrated into existing capacity building efforts and/or be delivered as part of a separate program.

Referral systems

The importance of referrals is well recognized by organizations serving PLHIV and OVC in Swaziland. As several of the ES programs in the country complement PEPFAR's HIV prevention, care, and treatment and impact mitigation efforts, it follows that these programs should be referring their clients or beneficiaries to health and nutrition services. ACF is already providing health care referrals for its beneficiaries, training health care providers to make referrals to nutrition services and is now pursuing the possibility of ES referrals. Manzini Youth Care's Eswatini Kitchen records information on its suppliers' health care needs so that it can provide referrals when possible. Lacking information on available or appropriate services, programs often refer participants to SWANNEPHA, which, as a national network of PLHIV, is expected to know what is available and where. There are many options for referrals to and from ES activities, not only in health care and nutrition, but also counseling, legal and financial services, and other ES programs.

As of yet, there is no comprehensive database of existing programs and services readily available, though it is encouraging that several organizations, including ICAP, SWAGAA, the Ministry of Tinkhundla, and UNICEF may be pursuing this (or parts of it). This database would be an invaluable resource for PEPFAR partners and is a requirement for any formal referral system among the various services relevant to PLHIV and OVC (an important added benefit is that the data can be evaluated to determine if there are any major gaps in coverage). The technical assistance partner could provide support and motivation to existing efforts to implement a referral system and help develop a database that supports it. Moreover, the technical assistance partner could help to build awareness of this tool and make it accessible. The technical assistance partner could assume the responsibility for building and initially maintaining the database, though it might be more cost-effective for a partner already on the ground to do so.

Assessing the particular health or nutritional needs of clients or beneficiaries is a well-established practice among practitioners in these respective fields. However, assessing these needs among ES practitioners is less common, and rarer still, is the ability to assess economic or livelihood needs among

health and nutrition practitioners, and even many ES providers. Building the capacity to assess these needs is a required component of any formal referral system. LIFT recommends that first and foremost, technical assistance be directed at ES programs to improve their ability to assess economic or livelihood needs of their current or potential clients. Expanding this capacity, at least in a limited form among health care practitioners, while increasing awareness of available ES programs and services, would greatly increase the potential number of ES clients. Meanwhile, similar training could be developed with health or nutrition practitioners and provided to ES programs to assess their clients' health and nutritional needs and make appropriate referrals.

Annex I: Scope of Work

Introduction

The President's Emergency Plan for AIDS Relief (PEPFAR)/Swaziland has requested that Livelihood and Food Security Technical Assistance (LIFT) conduct an ES, livelihoods, and food security (ES/L/FS) technical assistance activity with the goal of improving programming for HIV/AIDS-affected families, especially those supporting orphans and vulnerable children (OVC). The LIFT Project provides ES/L/FS technical assistance to the United Stated Government (USG) and its implementing partners to identify and strengthen linkages between interventions that meet the immediate health needs of people living with HIV/AIDS (PLHIV) and interventions that address longer-term and underlying livelihood and food security needs of PLHIV, OVC, caregivers, and HIV-affected households. LIFT also provides ongoing technical and implementation support and capacity development to PEPFAR and it implementing partners, including monitoring and evaluation design and training.

Objective and Activities

PEPFAR/Swaziland has asked LIFT to conduct a desk review and 10-day field assessment that will enable LIFT to recommend programs that PEPFAR can implement, learn from, invest in, or otherwise support to reduce the vulnerability of OVCs and their caregivers to food and income insecurity.

The LIFT assessment will include the following activities:

- Provide PEPFAR/Swaziland staff and other relevant stakeholders an overview of emerging trends and practices regarding ES/L/FS in the context of HIV/AIDS, identifying practices and approaches that are promising and have potential for replication or scale-up.
- Provide PEPFAR/Swaziland with a contextual understanding of household vulnerability to food and income insecurity in Swaziland, with an emphasis on the livelihood options and response strategies of vulnerable households.
- Review PEPFAR-funded ES interventions, as well as a sample of ES activities funded by other donors, identifying strengths, weaknesses, and areas of improvement for increased effectiveness, sustainability, and scalability.
- Suggest how best practices in ES for HIV/AIDS-affected households can be adapted for and utilized in Swaziland.
- Identify opportunities for PEPFAR's HIV/AIDS programming partners to link HIV-affected households to appropriate ES/L/FS activities.
- Analysis of potential future programming opportunities
    - Preliminary analysis of the major gaps that exist in food security or livelihood programming, and what key strategic opportunities may exist to address food insecurity through support for livelihoods.
    - Preliminary identification of high-potential ES programming options that PEPFAR can implement or support using available and anticipated resources to address the major gaps identified and be relevant to households affected by HIV/AIDS, with a special focus on households supporting OVC in Swaziland.
    - Analysis will include:
        - Description of the recommended intervention(s) and review of its/their objectives
        - Geographic applicability within the country
        - Anticipated timeframe to achieve outcomes
        - Recommended entry point(s) (e.g., at community or individual level, targeting

households directly or indirectly)

- Relative number of beneficiaries that could be reached, (relative to other recommended interventions)
- Advantages of the intervention(s)
- Considerations and challenges
- Gender issues
- Partnership opportunities (with entities inside and outside the country)
- Implementation guidelines
- How the opportunities link to other PEPFAR programming and how to engage with other organizations
- Suggestions for robust indicators to effectively track performance and outcomes in strengthening household economic capacity that benefits child well being

Approach

The following steps will be carried out as part of the assessment.

1. LIFT will conduct a desk review to:
    a. provide a context for understanding vulnerability to food and income insecurity, particularly among PLHIV, care givers and households with OVCs
    b. identify emerging trends and highlight best practices of existing ES programs targeting PLHIV and OVC affected households
    c. assess potential models for applicability in Swaziland
    d. identify preliminary strategic opportunities from the Government, other donors, and within PEPFAR / USG support for further evaluation during the field assessment
2. LIFT will, at the same time, coordinate with PEPFAR to refine the selection of sites and partners to include in the assessment.
3. LIFT will provide an in-briefing session with appropriate PEPFAR/Swaziland staff and other stakeholders to discuss findings of the desk review and their implications for the field assessment and confirm the assessment plan and objectives.
4. LIFT will assess a portfolio of field activities in Swaziland, including:
    a. a review of existing ES/L/FS programs and services to understand and evaluate: beneficiary group characteristics and targeting approach; monitoring and evaluation; relationships and linkages with donors, NGOs, government, and other programs, particularly health programs; and capacity
    b. interviews with GOKS institutions, including the National Emergency Response Council on HIV and AIDS (NERCHA), to understand their objectives, strategies, capacity, services, and coordinating roles
    c. interviews with health providers (e.g., International Center for AIDS Care an d Treatment Programs [ICAP]) to better understand the profile of clients who potentially need ES support to improve treatment adherence and health outcomes
    d. interviews with beneficiaries (PLHIV, OVC, and elderly caregivers)
5. Throughout the assessment, LIFT will analyze the results from field visits to determine:
    a. examples of best practices, challenges, and opportunities
    b. where and how linkages can be established among existing programs to improve the service delivery to PLHIV, OVCs, and their caregivers
    c. for each program visited, whether existing program capacity is sufficient to meet program objectives and build effective linkages with other programs, and, to the extent

possible, whether income generation programs lead to improved health and economic outcomes

   d. where or for whom there are significant gaps between the demand for and provision of services

6. LIFT will conduct an out-briefing session with PEPFAR staff and other stakeholders to:
   a. review the key findings of the field-based activities
   b. recommend possible interventions PEPFAR can support or implement with anticipated resources that will support or deliver economic strengthening services for PLHIV, OVC, and their caregivers
   c. explore ongoing technical and implementation activities LIFT can provide to ensure the success and sustainability of PEPFAR's economic strengthening efforts in Swaziland

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