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UNIVERSITY OF CALIFORNIA,
IRVINE

Challenges for Recovery in the Face of a Sustained HIV/AIDS Crisis and
Structural Mismanagement
Lessons from Swaziland

THESIS

Submitted in partial satisfaction of the requirements
for the degree of

MASTER OF ARTS

in Social Ecology

by

Connor Froyen Harron

Thesis Committee:
Professor Richard A. Matthew, Chair
Professor Jodi Quas
Assistant Professor Maria Rendon

2016

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DEDICATION

I dedicate this Master's Thesis to my parents, Elli and Tom. I can never thank them enough for their unwavering support and encouragement. I could not have achieved this accomplishment without them. I would also like to dedicate this Thesis to my belated grandfather, Andy Harron, who taught me the value of stubbornness and never giving up.

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ABSTRACT OF THE THESIS

Challenges for Recovery in the Face of a Sustained HIV/AIDS Crisis and Structural
Mismanagement
Lessons from Swaziland

By

Connor Froyen Harron

Master of Arts in Social Ecology

University of California, Irvine, 2016

Professor Richard Matthew, Chair

In the 21st century, where disease outbreaks occur, how quickly they spread, and how difficult they are to treat, are all heavily influenced by human organization and behavior. Here, I examine the case of Swaziland to evaluate potential pathways towards recovery in the face of a sustained epidemic. This paper draws from an extensive review of existing literature and selective interviews with local stakeholders to explore the pervasive impacts of HIV/AIDS on Swazi society and to evaluate possible entry points to bolster resilience. Current responses, including improved access to education and distribution of Anti Retro Viral medication, are useful in theory but implementation has been highly fragmented. This Thesis suggests that significantly improving human health and wellbeing in this context will require a comprehensive reassessment of what governance should look like in a post HIV Swaziland. Based on this analysis, I propose potential avenues towards recovery including strengthening the national education system, promoting local governance and, crucially, enabling coordination across national objectives.

INTRODUCTION¹

In the 21st century, where disease outbreaks occur, how quickly they spread, and how difficult they are to treat, are all heavily influenced by human organization and behavior. The profound impact of human activities on natural systems and processes, such as pathogenic evolution and mechanisms for disease transfer, taps into some of the key challenges humans face (Steffen et al. 2011). In Matthew et al. (2016), the authors argue that the radical turbulence and generalized upheaval that characterizes much of the 21st century underlies the importance of studying these challenges from a broad systems perspective. The task for human governance, the researchers argue, can no longer be to simply improve particular metrics- such as the percentage of people infected with a particular disease (e.g. HIV), but also has to include managing and improving interactions among complex systems. Following from Matthew et al. (2016), the effectiveness of policy responses, development programs, and public health interventions, all rely on a system level understanding of the interrelated challenges that are limiting progress on any specific metric (e.g. number of new HIV infections each year).

Multiple diseases can exemplify the phenomenon highlighted by Matthew. With Tuberculosis (TB), for instance, inappropriate treatment regimes, marked by poor patient management, non-adherence to prescribed treatment regimens, and underequipped national health programs, have largely accounted for the explosion of Multiple Drug Resistant (MDR) TB strains over the last 20 years (Davies, 2001). Since the MDG target to reverse TB incidence was set in 2000, TB incidence rates have fallen by an average of 1.5%

¹ This Thesis was developed as a separate investigation within the Swaziland Children's Study headed by Co-Principle Investigators Dr. Jodi Quas and Dr. Richard Matthew, and was made possible by funding from the American Psychological Foundation.

per year (WHO², 2015). Although this is a major advancement, in 2014 there were still an estimated 480,000 new MDR TB infections worldwide.

This example helps illustrate how policy strategies that are designed to improve public health can unfortunately have severe, unanticipated negative consequences. Once MDR TB is contracted it can spread quickly in crowded settings, especially when immune systems are already compromised. Places such as the mines of South Africa, which employ nearly half a million migrant workers, have become notorious sources of MDR TB spread, in conjunction with co-occurring diseases, most noteworthy of which is HIV (Jochelson, Mothinbeli, & Leger, 1991; Smith & Carrington, 2015; Stuckler et al. 2011). The high prevalence of these diseases, alongside a migrant population, widespread prostitution, and crowded, poorly ventilated working conditions has coalesced into a public health crisis that ripples across the region every time miners return home (Scorgie et al. 2011). Although major efforts are underway to address TB in the mining industry, so far achievements have been limited (World Bank, 2014). Recent studies suggest that more contextualized approaches to prevention and treatment will be required in order to get the situation under control (Churchyard et al. 2014; The World Bank, 2014).

This example demonstrates the need for understanding how activities and systems promote or inhibit the spread of disease, drive changes in pathogen biology, and determine how widespread the potential impacts of an infectious disease outbreak can be before effective methods for recovery can be developed. In public health, prevention is always the desired goal, but oftentimes treatment becomes the necessary action. To achieve sustainable health it is imperative to understand both how to improve preventative measures and how to bolster recovery efforts.

In many ways the country of Swaziland is representative of challenges facing countries throughout Sub-Saharan Africa and other regions of the world (Dates, 2013; UNAIDS, 2013; UNFPA, 2009). These include having a large disease burden, severe food insecurity, high rates of unemployment and extreme poverty (under \$2 per person, per day), environmental degradation, and political gridlock (Matthew et al. 2016; UNDAF, 2010; WHO, 2014; World Bank, 2015). Yet in other ways, Swaziland is uniquely worth of study: It is the last absolute monarchy in Africa and it has the highest combined burden of HIV and TB worldwide, making the severity of the consequences of these health disasters much more extreme than in other places. By studying Swaziland, new insight can be gleaned into both how dire the challenges facing humans worldwide can become and what can be done to promote recovery in the face of interrelated factors such as poor management, environmental degradation, and economic stagnation.

CHAPTER 1:

Research Question

This Thesis is an attempt to explore the interrelationships among HIV, environmental conditions, and social processes to better understand what social and environmental conditions have allowed HIV to become more widespread than anywhere else in the world and to evaluate the implications of this status for promoting human health and wellbeing. Utilizing a Social Ecological Systems (SES)² framework, I first examine the literature to explore the linkages between social and environmental feedback loops and assess the pervasive impact of HIV/AIDS in Swaziland. I then draw on qualitative interviews to assess the implications for social and political practices/processes to promote recovery in this context. In particular, I attempt to answer two primary questions:

- 1) From the perspective of local stakeholders, how can the country move towards a post HIV Swaziland?
- 2) What are some implications for governance and social relations in this context?

² A Social Ecological System is defined as a mutually interdependent, linked system of people and nature. This perspective asserts that the delineation between people and nature is arbitrary and that systems are dynamic and complex across multiple spatial and temporal scales (Berkes et al. 1998; Folke et al. 2011; Stokols et al. 2013).

Chapter 2:

Literature Review

Gaps in the Literature

Although there is a large body of literature demonstrating that human behavior and infectious disease dynamics are deeply interconnected, knowledge is still lacking in terms of how disease processes and human systems interact (Fauci & Morens, 2012; Harvell & Friedle, 2003; Wang et al. 2015). One of the greatest challenges associated with eliminating infectious diseases comes from the extraordinary adaptability of infectious pathogens (i.e. their rapid replicative and mutational capacities), that grants them with an evolutionary advantage against eradication (Fauci & Morens, 2012). Not only is this relationship dynamic, but as Fauci and Morens (2012) argue, infectious diseases are unique in their unpredictability, coupled with their potential to have profound impacts on human health and wellbeing. Although advanced techniques in statistical physics have improved our ability to model complex systems, these approaches are often both enlightening and simultaneously unequipped to grapple with complex human-disease interactions (Wang et al. 2015). Differences in assumptions regarding the structure of social networks through which diseases spread, for example, can produce drastically different predictions regarding epidemic outcomes. This highlights the need to inform quantitative modeling approaches with information from particular cases to help develop distinct predictions catered towards specific disease contact networks.

As a result, it is imperative to evaluate the linkages between multiple human systems and disease progress in a concrete case, that is, in an actual environment where

these processes are playing out. This is possible in Swaziland; a country that has been ravaged by HIV and that also has a complex social and political structure that lends itself to such an evaluation. Here, in the literature review, I first provide an overview of the theoretical approach used. Next, I describe the case site and then evaluate specific domains of human systems where HIV/AIDS has had detrimental impacts, including: human resources, economic and agricultural productivity, education, and governance.

Theory Informing Current Research

This paper utilizes SES theories on resilience to consider management implications within non-stable systems for coping with, adapting to, and shaping change (Berkes et al. 2003; Smit and Wandel, 2006). A large body of work on resilience has primarily focused on the capacity to absorb external shocks and maintain similar function, but increasingly researchers have begun to incorporate other aspects of resilience that focus on the capacity for renewal, re-organization, and development (Gunderson and Holling, 2002; Berkes et al. 2003). Adger's (2006) explains that in a resilient SES, stressors have the potential to create opportunities for innovation and development, whereas in vulnerable, non-resilient systems, even small disturbances can trigger drastic social consequences. One of the key characteristics of resilient systems entails the capacity to complete "transactions wherein decrements in one form of capital (e.g. hazards from extreme weather events) are addressed through the mobilization of other forms of capital (e.g. social capital in terms of a network of emergency service providers; moral capital in the form of norms about sharing in times of need) (Stokols et al. (2013:5)." Conversely, barriers that prevent such transactions from occurring or limit their effectiveness at remedying shocks and stressors

are often characteristic of non-resilient systems (Gunderson and Folke, 2011). By managing to promote resilience, Walker et al. (2004) and Adger et al. (2005) argue that we can improve capacity for sustaining desirable pathways for development in contexts where the future is unpredictable and unforeseen disturbances are probable.

Within a SES, Walker et al. (2004) theorizes that three interrelated attributes largely determine the future trajectory of a given system: resilience, adaptability, and transformability. Walker et al. (2004) divides resilience into three key components that are useful for framing the current analysis: latitude (the degree to which a system can change without collapse), resistance (how difficult it is to change the system), and precariousness (how close the system is to its limits). Adaptability on the other hand, refers to the capacity of actors within a specified system to modify resilience, and transformability represents the capacity to develop a fundamentally new system if ecological, economic, or social/political circumstances cause the current system to cease functioning or collapse (Walker et al. 2004).

Given the complicated feedback between human-nature interactions, social ecological perspectives include the recognition that systems are dynamic and complex across multiple spatial, temporal scales and sectors, and emphasize the need for cross-disciplinary collaboration (Folke, 2006; Folke et al. 2011; Galaz et al. 2011; Stokols et al. 2013). By applying a social ecological perspective to theories of resilience, Stokols et al. (2013:6) illustrates how “transactions involving certain kinds of capital, compared to others, may exert greater leverage toward either diminishing or bolstering the resilience of a system. Accordingly, it becomes essential to identify high-leverage points of intervention within complex, as a basis for strengthening the resilience of an individual, organization, or

society.”

In this Thesis, I utilize a Social Ecological Systems (SES) approach in the ‘critical’ case of Swaziland (Yin, 2009:47) to better understand how HIV has impacted this society, and evaluate potential points of intervention to improve resilience. In doing so, I hope to provide new insights regarding the interaction between human and disease characteristics in order to provide guidance to practitioners seeking to promote recovery in Swaziland. In addition, I also seek to clarify some of the underlying vulnerabilities in a potentially non-resilient system, that when paired with an infectious disease outbreak such as HIV, can trigger cascading consequences for human health and wellbeing.

Case Site

Swaziland is a small landlocked nation in Sub-Saharan Africa with the highest combined burden of HIV/TB in the world (UNDAF, 2010). Roughly 28% of the population is suffering from HIV/AIDs, and co-infection with tuberculosis (TB) has become the norm, with some estimates of co-infection rates as high as 80% (UNDAF, 2010). Swaziland also faces severe food insecurity challenges. Nearly a quarter of the population is food insecure and 39% of children under five are stunted, which is well above WHO thresholds (WHO, 2014). Food insecurity is an even more serious concern for those infected with HIV because even with access to Anti Retroviral Therapy (ART), the medication is less effective without proper nourishment and regimented treatment (Anabwani & Navario, 2005). In fact, research suggests that the mortality rate of children undergoing ART is almost 30% higher for those that are also severely malnourished (Prendergast et al. 2011). Once HIV advances to full-blown AIDS, the human body is left vulnerable to a host of other infections, including

TB. Multiple co-infections, along with AIDS and poor nutrition, are a powerful combination severely degrading health in this country.

Since the early 1990s Swaziland has also experienced significant economic struggles. Since the end of apartheid in South Africa and the beginning of the HIV/AIDS crisis, GDP growth has slowed to less than 2% per year and progress towards the Millennium Development Goals has reversed (ADB, 2013; World Bank, 2015). Swaziland's Human Development Index³ score peaked at 0.623 in 1990 and has since declined to 0.531, indicating a reversal in gains made towards achieving a healthy population, providing quality education and ensuring an adequate standard of living (UNDP, 2015). Swaziland has over 50% youth unemployment and donor support has declined since 2002 due to anxieties regarding low government capacity and the poor implementation rate of development programs (Brixiova, Kangoye, & Fakudze, 2012; Flatters & Kirk, 2009; Mongardini et al. 2011). Furthermore, 70% of the country still practices subsistence farming, and lives on under \$2 US a day (UNDAF, 2010). Adding to its economic woes, in 2014 Swaziland was removed from the Africa Growth & Opportunity Act (AGOA), which provided preferential access to the US market, because of concerns regarding its slow progress on improving its record of civil and political rights abuses.

Environmental factors have also come to play important roles in determining vulnerabilities in this context. For populations that are dependent upon subsistence agriculture and seasonal rainfall for crop production, changing weather patterns associated with anthropogenic climate change exacerbate already serious challenges to human health

³ Human Development Index (HDI): "A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living." See Technical note 1 (<http://hdr.undp.org/en>) for details on how the HDI is calculated (UNDP, 2014: Definitions).

and wellbeing. Between 1990 and 2005, Swaziland experienced a 12% increase in days exceeding 35° Celsius and up to a 50% decline in precipitation during the months of September and October- the beginning of the rainy season in many parts of the country when farmers typically plant their crops (IRIN, 2007; SEAP, 2014). Due to Swaziland's position at the convergence of several climatic zones, local weather patterns are likely to become increasingly unpredictable as climate change progresses, making it particularly vulnerable to anthropogenic climate change induced food insecurity (Gillis, 1999; SEAP, 2014).

In response to these challenges, Swaziland has implemented numerous policies that seek to improve the health and social welfare of the Swazi people. These include the National Multi-sectoral HIV and AIDS Policy (2006), National Social Welfare Policy (2008), and the National Children's Policy (2009) (NERCH, 2009). One of Swaziland's achievements has been to successfully pass laws and develop policies that take into account international standards of care and provisions for the protection of human rights. Although policy responses have been in line with international recommendations on paper, one of Swaziland's greatest challenges has been to realize the promises made in these plans (Dates, 2013; IMF, 2014; Human Rights Watch, 2012; Vandome, 2013; WFP, 2008).

In 2005 King Mswati III signed a new constitution into law that guaranteed improved freedom of association and assembly, but also solidified the King's position as the primary source of authority in Swaziland (Vandome, 2013). Provisions in the constitution provide the King with the authority to appoint the Prime Minister, approve cabinet members, veto legislation, and dissolve parliament. Additionally, more recent legislation such as the 2008 *Suppression of Terrorism Act* impinges on many of the protections

guaranteed by the new constitution.⁴ Although King Mswati III maintains public support in Swaziland, he has faced numerous criticisms from both domestic actors and the international community for his lavish lifestyle and use of force to stymie public dissent and political opposition (Bearak, 2008; Dates, 2013). While Transparency International's (2014) corruption ratings indicate that Swaziland became less corrupt between 2005 (103 out of 159 countries) and 2014 (69 out of 175 countries), Amnesty International reports that crises in the rule of law and judicial independence have worsened while freedoms of expression, association and assembly continue to be severely curtailed (Amnesty International, 2015). Additionally, pressure has been mounting from the United States to implement reforms by removing preferential trade agreements that have the potential for severe economic impacts on Swaziland (OPMA, 2014; Zwane, 2014).

⁴ Amnesty International and the Human Rights Institute of the International Bar Association are "gravely concerned that certain provisions in the Suppression of Terrorism Act No.3 of 2008 (the STA) threaten human rights, are inherently repressive, breach Swaziland's obligations under international and regional human rights law and the Swaziland Constitution, and are already leading to violations of the rights of freedom of expression, association and assembly (Amnesty International, 2009:5)."

Figure 1.1 Map of Swaziland



Source: Swaziland. (Map/Still). In Britannica Online for Kids. Retrieved from <http://kids.britannica.com/elementary/art-64952>

Spread of HIV in Swaziland:

In 1986 the first case of HIV in Swaziland was reported (Whiteside, Hicky, Ngcobo, & Tomlinson, 2003). With support from the WHO's Global Programme on AIDS, the government responded by establishing the National AIDS Prevention and Control Programme (NAPCP). However, implementation of the program was slow and it was not until the late 1990's that a standard package of interventions was put into place (Whiteside et al. 2003). During this period, the disease spread rapidly. In two years, from 1992-94, when the first national surveys of women attending antenatal clinics (ANC) were

conducted, the prevalence of HIV in this population jumped from 3.9% to over 16%. By 2002 prevalence had reached 38.6% among ANC attendees. The rapid increase in HIV prevalence during this period prompted his Majesty King Mswati III to declare HIV/AIDS a national disaster in 1999. Although policy implementation has been in accordance with international norms, and funding was provided through the Global Fund for AIDS, TB and Malaria, prevalence continued to rise through the early 2000's and has since stabilized around 28% of the adult population. A 2003 report to the Swaziland National Emergency Response Committee on HIV/AIDS (NERCHA)⁵ indicated that the main limitations to national response have been due to inadequate capacity, bureaucratic struggles and a lack of innovative ideas on where to invest funds (Whiteside et al. 2003). Although countries across sub-Saharan Africa have struggled with similar challenges, authors note the severity to which these barriers have been debilitating to recovery efforts.

This being said, due to the long incubation period between infection with HIV and onset of AIDS (5-8 years), there was ample time for the disease to spread within the population before many even realized what was happening. Furthermore, even after the national response was mobilized, HIV-infected individuals could unknowingly spread the infection for years. In Swaziland, like most countries in Sub-Saharan Africa, the primary sources of infection have been through heterosexual intercourse and mother-to-infant transmission (Whiteside et al. 2003). "What is unique in Swaziland is how uniformly bad the epidemic is. There is little difference between rural and urban areas and between districts (Whiteside et al. 2003:12)." This suggests that there is a high degree of social mobility and close links between rural and urban populations.

⁵ NERCHA is responsible for coordinating and facilitating the National Multisectoral HIV and AIDS response and directs the implementation of the national strategic plans and frameworks (<http://www.nercha.org.sz/>).

Other likely factors driving the spread of HIV in this population include local culture regarding sexual behavior. Swaziland has a notable patriarchic society that supports the practice of polygamy; the Royal Family best exemplifies this practice. His Majesty, King Mswati III currently has 13 wives. While polygamy itself does not necessarily increase risk of contracting HIV, relaxing attitudes regarding sexual intercourse have caused non-regular sexual partners to become increasingly common (Whiteside et al. 2003). In Swazi culture men are perceived as having superior strength and as a result the upbringing of boys and girls are very different. This has resulted in a scenario where boys and men are expected to pursue sexual activities, whereas girls and women are taught to be compliant with men's wishes/advances (UNDP, 2002). To assess the potential impact of gender relations on HIV/AIDS risk in Swaziland, the United National Development Programme (UNDP) produced a special report examining the gendered dynamics of HIV risk and response. Findings from the study indicate that women are particularly vulnerable to HIV/AIDS infections because of disadvantages "within relationships, the family, the economy and society at large. Women's economic dependence on men, their high poverty levels and lack of access to opportunities and resources, contribute to their vulnerability to HIV/AIDS infection (UNDP, 2002:1)." In addition the UNDP (2002) report also implicates cultural practices that promote submissive and subordinate behavior from women while encouraging men to have numerous sexual partners as responsible for increasing women's exposure to HIV infections. While more recent investigations into these cultural challenges are lacking, there is very little evidence to suggest that these relations and/or cultural norms have significantly changed.

Food insufficiency (another measure of poverty) has also been found to be a powerful determinant of HIV risk, which often places women in precarious positions where they can be pressured to exchange sexual favors for 'gifts', such as cash or food (UNICEF, 2013; Weiser et al. 2007). Weiser et al. (2007) found that after controlling for income, education, HIV knowledge, and alcohol use, food insufficiency was still associated with increased risky sexual behavior, intergenerational sexual relationships and a lack of control in sexual relationships. UNICEF (2013) found that in Swaziland, 33 percent of all women experience sexual violence before age 18, which significantly contributes to the risk of contracting HIV.

It should be clear from this section that the spread of HIV in this population has been influenced by many discrete and interrelated factors, but that local customs, poverty, and characteristics of the disease itself have been driving factors in the spread of HIV. To further examine how HIV has interacted with social dynamics and management responses in Swaziland, I conducted a series of interviews with a range of local representatives (e.g. educators, business leaders), exploring how they understand the challenge of HIV, and potential pathways towards a post HIV Swaziland. In the following sections, I examine four domains of human systems in Swaziland that have been impacted by HIV to elucidate in a clearer manner than has been done previously how the public health crisis has become so dire. I then use this platform as the basis for evaluating how local stakeholders view potential pathways towards a post HIV Swaziland.

Human Resources:

General Background-

Mobilizing an effective response strategy to any system perturbation typically requires the coordination of both material resources (e.g. economic/financial capital) and human resources, which are comprised of social, human, and moral forms of capital (Stokols et al. 2003; Stokols et al. 2013). Social capital refers to the relationships between different actors that facilitate mutually beneficial collective action, whereas human capital refers to the capacity of individuals, such as the possession of specialized skills and access to information (Bourdieu, 1986; Coleman, 1988; Stokols et al. 2013). Lastly, moral capital refers to the investment of both personal and/or societal resources towards the cultivation of ethical values such as virtue and justice (Stokols et al. 2003). Although often overlooked, moral capital is an important societal asset that is distinct from social capital, since its presence (or lack thereof) is rooted in ethics rather than social organization (Stokols et al. 2013). The presence of high levels of moral capital can, for example, be reflected in societies with commonly shared, consensual guidelines for managing and distributing public goods and natural resources, or the presence of widespread confidence and trust in social institutions. “Societies lacking widely shared, ethical norms to guide the development and distribution of limited resources among their component groups are likely to be less resilient and effective in their responses to environmental perturbations and resources scarcities than those collectivities in which high levels of moral capital prevail (Stokols et al. 2013:5).”

In many ways, for much of Swaziland’s history, there has been relatively high levels of social and moral capital. Swaziland has one of the most homogeneous ethnic populations

in Africa (Gillis, 1999). Today, over 85% of the total population still identifies as *Bemdzabuko* (or “true” Swazi), and can trace their ancestry to the original clans who accompanied the first Dlamini kings in conquering and incorporating the long established clans of the region in the early 19th century (Gillis, 1999). After the British victory in the Anglo-Boer war in 1903, Swaziland became incorporated under British rule. Despite being partitioned into European and non-European areas (called “native reserves”), king Sobhuza II was able to strategically use what influence he had to keep the Swazi clans united, and over time resist attempts from the weakening power of the British administration to incorporate Swaziland into the Union of South Africa. Between 1923 and 1963, Sobhuza worked to establish the Swazi Commercial Amadoda, which granted licenses to small businesses on Swazi reserves and established the Swazi National School to challenge the dominance of the foreign missions in education (Gillis, 1999). In addition, Sobhuza strategically used the practice of marriage to strengthen moral capital, including his position among the numerous chiefdoms of Swaziland, by arranging marriages between royal princesses and subordinate non-Dlamini chiefs so that the king’s nephews would acquire the chieftaincy upon the incumbent’s death (Thwala, 2013).

Together, these strategies and accomplishments helped promote close economic and social ties among Swaziland’s chiefdoms, contributed to Sobhuza’s historic, 83 year reign (the longest verifiable rule of any monarch in recorded history) until his death in 1982 (Gillis, 1999), and again promoted a strong, unified feeling of moral capital among the people.

At the same time there exists many facets that promote unity, there remain several barriers to true collectivist actions. Colonial rule, for instance, brought with it many

structural inequalities that have remained since achieving independence in 1968. The vast majority of the population has limited access to both social services (e.g. education, medical care) and material resources (e.g. fiscal capital, technology) that are instead seemingly exclusively given to the social elite (primarily comprised of a small number of white/Anglo business owners and members of the royal family) (Cort et al. 2009; Gillis, 1999).

Although whites have historically comprised only a small fraction of the overall population, they have long been the primary benefactors of economic productivity (Cort et al. 2009). This small group is almost entirely comprised of self-sufficient business leaders in the local capital-intensive industries. So although white privilege is not maintained through established institutional mechanisms of racial superiority, whites in Swazi society certainly constitute an upper class.

“The whites that Swazi citizens see all enjoy the best schools (there are private schools which are out of the economic reach of the ordinary Swazi), better homes, better transportation, and better healthcare. Weekend tourism traffic from South Africa, consisting of mostly South African whites, is one of the main sources of national revenue. Facilities provided for these tourists are also far beyond the financial reach of the local inhabitants...The fact that white privilege is not held in place by de jure structures does not determine the way it is perceived by the local population. The reality is, whites are never poor; [with the exception of the royal family] blacks are seldom economically well off (Cort et al. 2009: 6).”

So, although a history of colonialism and the economic dominance of a small group of white elites has limited the development of some forms of human resources, until at least the late 1980's Swaziland maintained high levels of social and moral capital that helped resist colonial authority, promoted strong economic growth, and relative societal gains with regards to overall health, wellbeing, and access to education (Gillis, 1999; UNDP, 2014; Worldbank, 2015). As I discuss next, this landscape began to shift in the early 1990's after the first reported case of HIV in 1986.

Significance of HIV-

As mentioned, the first case of HIV in Swaziland was reported in 1986. It was not until the late 1990's that a standardized suite of interventions was mobilized (Whiteside et al. 2003). Initially, the most common response to the epidemic was one of denial (UNDP, 2002). Swazi culture is relatively superstitious, and historically the threat of witchcraft was perceived as credible (Gillis, 1999). Resultantly, as the disease spread, "evil spirits" and/or "witchcraft" were often blamed for the dramatic rise in illness and death throughout the country (Brink, 2014; Dates, 2013; IRIN, 2002). Compounding this challenge, as HIV became more prevalent, stigmatization, fear, and misconceptions regarding the disease itself (e.g. how it is transferred) hindered initial attempts to halt the spread of infections (UNDP, 2007). Even after the disease became widespread, stigmatization towards those infected with HIV has continued, and it was not until 2008 that the government included plans for reducing stigma and discrimination into the national response strategy (Root, 2010). In many ways, this set of developments prevented individuals from taking precautions to prevent infections (e.g. condom use), discouraged those who fell ill from seeking a diagnosis or treatment, and strained community relations for fear of being ousted as HIV positive (Anabwani & Navario, 2005; Cambell & MacPhail, 2002; Jewkes & Morrell, 2010). Based on an analysis of available historic data, it appears that this initial strain on social capital may have limited the ability of individuals and communities to coordinate activities and change behavior to limit or halt the spread of the disease through at least the early to mid 2000's.

By the time a national response strategy was under way, the human loss associated with HIV/AIDS was already immense. According to UNAIDS (2015), the annual number of

HIV related deaths did not peak until 2005, by which point over 65,000 lives had been lost. However, this statistic likely underestimates the true toll of the disease, since HIV related cases in Swaziland have been chronically underreported (UNDP, 2007). Moreover, when considering that up to one fifth of the total population has been orphaned, it is easy to imagine the many ways this situation could erode human resources. To name just a few of the potential adverse consequences of this situation. Without a well equipped institutional response plan orphaned or abandoned youth can easily become isolated from their peers and the rest of their communities, lack educational opportunities, and struggle to maintain healthy diets (UNICEF, 2002; Leyenaar, 2005).

The impacts of HIV related deaths on Swazi culture are crucial for understanding how the disease has degraded social, human, and moral capital. This breakdown is most noticeable, perhaps, in the lack of availability of family support networks (UNAIDS, 2013; UNFPA, 2009; Vandome et al. 2013), which make it difficult for families to share resources, give economic assistance, and, of importance, provide care for children when parents are unavailable due to disease and death. The children, often orphaned, have both limited social and technical skills, and can lose touch with local customs, heritage, or socially prescribed moral standards (UNICEF, 2002; Leyenaar, 2005).

In summary, the introduction of HIV/AIDS into this context seems to have triggered a cascade of consequences through mutually reinforcing social phenomena, which once in place present serious challenges to improved health and wellbeing. Initial losses in life appear to have strained extended family support networks beyond their capacity to absorb additional shocks, which in turn has placed tens of thousands of children and adolescents in vulnerable circumstances that limits their developmental potential and degrades all

forms of human resources. In the following section, I elaborate on some of the economic and agricultural challenges facing Swaziland and assess how HIV/AIDS has contributed to the sectors woes.

Economic Growth and Agricultural Productivity

General Background-

Since the early 1990's, average real GDP growth in Swaziland has failed to outpace population growth, with both hovering just under 2% per annum (Worldbank, 2015). In practice however, what this means is that real per capita incomes have remained virtually unchanged since the mid-1990s (Worldbank, 2015). Considering the high levels of poverty in Swaziland, the Worldbank (2000:ii) reported that "Swaziland requires a minimum growth rate of 5 percent per annum in real GDP, or a growth rate of 2.3 percent per annum in real per capita GDP, in order to prevent the number of the poor from rising." This type of sustained growth is difficult to achieve in any context, let alone one strained by losses to human resources, environmental stress, and a debilitating regulatory framework. In fact, when considering real per capita GDP, growth has hovered around 1 percent for the past 15 years (Worldbank, 2015).

Going hand in hand with slow economic growth, youth unemployment has reached critical levels in Swaziland. In one nationally representative sample, 73% of respondents reported not having a job and only 15% of all respondents reported having full time work (Afrobarometer, 2013). With such high number of individuals lacking work, Swaziland is in desperate need of job creation (Afrobarometer, 2013).

To make matters worse, Swaziland was recently removed from a U.S. free trade bloc - the African Growth and Opportunities Act (AGOA) after repeated warnings and failures to make progress on the protection of internationally recognized workers rights, such as protecting freedom of association and the right to organize (OPMA, 2014). AGOA membership provides many developing countries in Africa duty free imports into the US to help stimulate economic growth.

The retraction of AGOA status went into effect in January 2015 and we are now starting to observe some of the impacts. A scarcity of orders caused one of Swaziland's largest textile factories to close at the end of 2014, putting over 1500 employees out of work. Now other factories are beginning to do the doing the same (FSRN, 2015). The impact of losing thousands of jobs in an already floundering economy has the potential to be devastating. If more textile companies decide to stop selling to the United States market, some estimates indicate that Swaziland could lose nearly \$50 million US in revenue (Zwane, 2014).

As a member of the Southern African Customs Union (SACU) ⁶, Swaziland shares a common set of tariffs among SACU members that disproportionately distributes revenue to member states. Because South Africa accounts for about 90% of the region's GDP, smaller states such as Swaziland have become increasingly dependent upon SACU transfers as fiscal revenue and foreign exchange receipts, with some estimates indicating that the Swazi government depends on SACU revenue for upwards of 75% of their operating budget (Mongardini et al. 2011; Flatters, 2009; IRIN, 2010). The fiscal crisis referenced above

⁶ The SACU is comprised of Botswana, Lesotho, Namibia, South Africa, and Swaziland. The Union links member states through the application of a common external tariff applying to nonmember states and the elimination of trade barriers/tariffs between Union members. Duties collected by the SACU are allocated to member states through quarterly installments using a revenue sharing formula (<http://www.sacu.int/>).

occurred after a sudden drop in SACU revenue in the wake of the global financial crisis between 2007 and 2011. In 2013 Swaziland began to make a recovery after SACU transfers more than doubled from about 10% of the GDP in 2011/12 to 22.5% in 2012/13 (IMF, 2015). While these improvements in revenue have helped fund the Swazi government, benefits to the private sector have been scarce, unemployment still hovers around 40%, and forecasts of future SACU revenues are tentative at best (Flatters & Kirk, 2009; Motsamai, 2012; IRIN, 2010).

Fiscal revenue from the SACU is important, because when the majority of funding comes independent of local activity, there is little incentive for policy makers to act. Despite increasing fiscal revenue, this relationship indicates that Swaziland's membership in the SACU may have actually served to limit economic growth and hinder management responses to the HIV/AIDS crisis by undermining the sense of political urgency needed to implement significant economic reforms and foster sustained growth.

Swaziland currently has one of the highest public wage bills in Sub-Saharan Africa, accounting for 18% of the GDP and half of all public expenditure (Dates, 2013; Flatters & Kirk, 2009; IMF, 2015). Most strategies outlined by regional authorities to adjust for the potential permanent loss of SACU revenue recommend cuts in capital spending, the introduction of measures to reduce the public service wage bill, and cuts to non-priority current spending (Mongardini et al. 2011).

Contributing to Swaziland's economic concerns is a steady decline in agricultural productivity. This is of particular concern since 70% of the country's population still practices subsistence agriculture. In order to ensure that all Swazi's have access to land with which to provide for their families, government representatives explained that 30% of

the country's land has been converted to Swazi-Nation Land. Every Swazi has the right to claim a piece of this land for personal use. However, because Swazi-Nation land is not title deed land, Swazi's cannot use the land as collateral for securing loans to build or install irrigation, etc. Perhaps this is the main reason why over 90% of Swaziland's agricultural productivity comes from the 30% of privately owned land and only 5% is coming from Swazi Nation land.

Significance of HIV-

Recent downward trends in economic growth and agricultural productivity have been in sharp contrast to the 1980's, when Swaziland had one of the fastest growing economies in the world.⁷ Growth slowed dramatically in the 1990's, at least partially driven by the end of apartheid in South Africa, with declining investments and weakening export growth (World Bank, 2014). However, the importance of the HIV/AIDS epidemic in driving this decline should not be underestimated. One of the tragedies regarding HIV is that without proper treatment it often wreaks havoc on the human body during the prime of its life. By 2004 Swaziland had the highest prevalence of HIV/AIDS ever recorded, and as a result the number of illnesses and premature mortalities rose rapidly (Whiteside & Whalley, 2007). Because of the large toll the disease has taken on human resources, HIV/AIDS has reduced labor supply and productivity, which in turn reduces exports and increases the need for imports (Dixon, McDonald, & Roberts, 2002). By 2002 estimates indicate the pandemic had already slowed average national economic growth rates by 2-4% a year throughout Africa.

⁷ Apartheid in South Africa helped Swaziland's GDP grow by 6.7% per year 1980-90, exceeding the growth rate of nearly every other country in Africa (The Commonwealth, 2015).

In Swaziland, a country that is heavily dependent upon agriculture, the impacts were even more severe. In an agrarian society, the loss of even a few workers during crucial planting and harvesting periods can result in profound reductions in harvest size, which limits both household productivity and macro economic growth. As a direct result of the HIV/AIDS crisis, Swaziland has the highest rate of worker absenteeism in the region, which has significantly contributed to reducing agricultural and worker productivity (Flatters & Kirk, 2009; IMF, 2015). When considering the impacts of HIV in this context, it is important to keep in mind which portions of society are the most impacted by the disease. About 60% of HIV infections in Swaziland have occurred among those between 20 and 39 years of age, which are one of the most productive portions of society (Worldbank, 2000; Worldbank, 2015). As a result, during the late 1990's and early 2000's, when death tolls related to the HIV/AIDS crisis peaked, Swaziland lost a considerable segment of its young, able bodied, and highly skilled workforce (Worldbank, 2000).

As I mentioned above, worker absenteeism related to HIV can impact household incomes throughout Swazi society, but poor families are particularly vulnerable in this regard. Lost adult income and assets, as well as the costs associated with accessing and obtaining treatment, funeral expenses, and caring for the offspring of lost relatives, have all contributed to the experience of severe poverty, especially in rural Swazi households (Worldbank, 2000; Worldbank, 2015). Multigenerational households have long been common in Swaziland, but the introduction of HIV has caused many of these households to now lack the middle, income producing generation that is crucial for supporting both the elderly and the young (Worldbank, 2000; Worldbank, 2015).

Additionally, the formal labor market in Swaziland is still not fully developed and

informal labor remains substantial. The HIV crisis has likely contributed to the lack of progress in this regard. The loss of skilled workers throughout the 1990's and 2000's created a vacuum within the labor market that the country is still trying to fill, which in turn has limited development in industrial markets, such as manufacturing (Worldbank, 2015). Within the region, Swaziland has the highest cost for starting a business as well as the highest rate of worker absenteeism. This is important because it reinforces the notion that a combination of poor health and political unresponsiveness has contributed to Swaziland's economic woes. These are serious detractors to job creation in Swaziland, one of the primary concerns to the countries continued economic viability.

Education

General Background-

The Swazi educational system in place today has evolved from the colonial system put in place in the early 1900's (Booth, 2010). Although the official provision of education for European children began in 1902, this model was patterned off of the racially segregated model first implemented by the British in South Africa. As a result, although free compulsory education for white children began in 1920, education for Africans was left primarily to the various Christian missions in Swaziland (Glynn, 1949). Although the British never established free and compulsory education for Swazi youth, in the late 1940's the Colonial Office expanded the amount of education offered to Africans in the colonies to improve literacy rates after WWII (Booth, 2010). The aftermath of which spurred a rethinking of colonial policy, including the role education should play in preparing colonies for independence.

Although major shifts to Swaziland's education system were slow to come, in 1963 Swaziland implemented a racially integrated school system, which helped lay the foundation for moving away from South Africa's 'apartheid' model of social stratification (Booth, 2010). After achieving independence, one of the main educational goals of the new government was to achieve universal primary education by 1985. Although the Ministry of Education (1994) reported that this goal was achieved on target, a shortage of schools and qualified teachers, combined with rapid population growth during this period quickly eroded advances made in this regard and undermined efforts to improve content and quality of education.

While improving access to education continued to be a struggle, debates over the purpose of education in Swazi communities continued. "In post-colonial Africa, the school is the ultimate example of a transported alien institution designed to create change (Booth, 2010:433)." While the tradition homestead continued to play an important role in most children's lives, increasingly Swazi students were expected to move between these two cultures on a daily basis. The emphasis on obtaining a Western education in many ways created a disconnect between the traditional skills that drove Swaziland's economy and the new desires of students who saw education as a pathway to move away from the agrarian lifestyle of their parents, and integrate into a more developed, modern society. This tension is captured by a manifesto signed by the King's political party, stating, "The present bias inherited from our colonial past will have to be uprooted branch, stem and root. Today most children at school aspire to be clerks, teachers, nurses, etc., very few are thinking of farming, the trades, handicrafts. This... is wrong (Swaziland Government, 1985:55)."

In response, over the next decade efforts were made to diversify education curriculums to emphasize both academic and 'practical subjects' such as agriculture, home science, technical subjects and commercial studies (Swaziland Government, 1994:134). By 1994 over half of all primary schools had incorporated this expanded curriculum, which was further emphasized in secondary level schooling. However, the effectiveness of this expansion has been called into question, since chronic challenges with funding, maintenance, and staffing of schools means that already scarce time and resources have become even more thinly spread (Booth, 2010).

Sustained fiscal and human resource challenges, which have been exacerbated by the HIV/AIDS crisis, have continued to plague efforts to expand access to and quality of primary education to this day. Despite these challenges, one of Swaziland's greatest accomplishments has been the introduction of free primary education through Government sponsored schools. Since free education services were first introduced at grade one in 2010, efforts have been made to expand services across all primary grade levels (Ministry of Education & Training, 2015). As of 2015, state sponsored education is now available, free of charge for grades 1-7, at which point learners can sit for external examination to earn the Swaziland Primary Certificate (SPC), which is compulsory to pursue a Secondary Education. Most children now have the opportunity to receive a primary education even if their parents cannot afford tuition, something that would not have been possible a few years ago. Although some children walk up to 20 km's round trip to attend class, gross enrollment at the primary level is estimated at 114%⁸, indicating that the large majority of

⁸ Gross enrollment ratio (GER) is the total enrollment in primary education (regardless of age), expressed as a percentage of the population of primary education aged youth. GER can exceed 100% due to the inclusion of

youth are attending school (World Bank, 2014). Although improvements to enrollment are a positive development, many government schools still suffer from inadequate funding and supplies, a shortage of qualified teachers and staff, and increasing class sizes (UNDAF, 2010; Ministry of Education & Training, 2015).

Significance of HIV-

As illustrated in the above sections on human resources and economic productivity, the HIV/AIDS crisis seems to have triggered a massive loss in human resources, including large numbers of working professionals and educators, and contributed to stagnating economic growth, which has limited funds available for education and other crucial social services. Lost household incomes due to worker absenteeism and the death of family breadwinners, coupled with the financial burdens associated with accessing treatment, have the potential to force parents to choose between obtaining life saving medication and their children's education. Although tuition is now free for primary education, parents are still required to purchase uniforms for their children and supplies for the school (Ministry of Education & Training, 2015). If children are accepted into secondary school, parents are faced with the added burden of providing funds to cover fees for tuition, uniforms, and often transportation as well.

Findings from this literature review suggest that the impact of HIV in this context shows a clear pattern of detrimental effects by depleting human resources and increasing the severity of poverty in many instances, but many of these impacts seem to be the result of underlying structural vulnerabilities that existed long before the introduction of HIV.

over-aged and under-aged students, typically due to late school entrance or grade repetition (World Bank, 2014).

Many of the barriers Swaziland has faced in improving education for example, stems from a lack of coordination, oversight, and reliable funding from government institutions. And while HIV may have exacerbated these challenges, if they had not been present before HIV, then the crisis would never have become so severe in the first place. In many ways it appears that HIV has exploited Swaziland's weaknesses, and serves to demonstrate how widespread the impacts of an infectious disease outbreak can be in a non-resilient social ecological system. The following section will review responses to the epidemic by the Swazi government and assess the mutually reinforcing impacts of strained human, social, and fiscal resources on the legitimacy and effectiveness of the Swazi Monarchy and government.

Government and Monarchy

General Background

King Mswati III took the throne at the age of 18 after spending four years studying overseas in England. Today, along with the Queen Mother (*Indlovukazi*), Mswati is the last absolute monarch in Africa (Gillis, 1999). Since taking the throne in 1986 Mswati has faced a seemingly endless suite of challenges that have served to limit the country's growth and eliminate many of the gains made during the latter half of the 20th century. Sluggish economic growth and poor fiscal management have worsened damages from these events. The African Development Bank reports that from 1993 to 2008 real GDP growth slowed to less than 1.3% (ADB, 2013). In 2011 Swaziland faced its worst fiscal crisis since independence and by 2012 real GDP growth was only 0.4%. Despite the immense human and economic toll these events have had on the vast majority of Swazi's, the royal family

has continued to live extravagantly, drawing widespread international criticism (Bearak, 2008; Dates, 2013).

Importantly, Swaziland maintains a unique, dual governance system comprised of both traditional (*Tinkhundla*) and modern wings.⁹ Although decisions of national importance have to be filtered through both governance systems, the King holds supreme executive, legislative and judicial powers, appoints the Prime Minister, the Chief Justice and other judges of the of the Superior Court of Judicature¹⁰, and maintains total legal immunity in Swaziland (Commonwealth Governance, 2015; UNDP, 2012). Although the constitution provides for the independence of the judiciary, control over daily allocation of cases for hearings has been solely granted to the chief justice and judges are often beholden to the King's will, which has created a situation perceived by lawyers as an untenable bias in the administration of justice (Human Rights Watch, 2012). For example, in 2010, Chief Justice Michael Ramodibedi found Judge Thomas Masuku to be guilty of insulting the king after he ruled in favor of Swazi villagers who sued to retrieve cattle that they claimed had been taken by police and placed into the King's herd (Dates, 2013). In his verdict, Masuku mentioned "It would be hard to imagine that his majesty could conceivably speak with a forked tongue, saying one thing and authorizing his officers to do the opposite (Dates, 2013:20)." Reports indicate that based on this, Chief Justice Ramodibedi then moved to

⁹ The Government of the Kingdom of Swaziland is divided into Executive, Legislative, Judiciary, and *Tinkhundla* branches. The *Tinkhundla* system is based on traditional forms of tribal governance and has a mandate to facilitate regional development and promote service delivery among Tinkhundlas and Chiefdoms (<http://www.gov.sz/>).

¹⁰ The Superior Court of Judicature is comprised of the Supreme and High Court, and is the final court of appeal. The High Court has unlimited original jurisdiction in civil and criminal matters, including constitutional disputes, but not issues related to Swazi law and custom (Commonwealth Governance, 2015).

have Masuku dismissed and when the justice minister hesitated, King Mswati III had the minister replaced with a prince who quickly signed the dismissal (Dates, 2013).

In a supreme display of power, which further illustrates some of the struggles within national government institutions, King Mswati III and Prime Minister Dlamini excluded a lower cost mobile phone service from entering the market in 2012 in favor of MTN (the country's sole provider), in which both Mswati and Dlamini hold sizable shares (Dates, 2013). The ensuing public outcry led to an unprecedented vote in the lower house of parliament of no confidence in the prime minister. In such an event, the constitution requires that the king remove Dlamini from office. Instead, both the king and prime minister ignored the vote and after a 12 day standoff parliament caved and rescinded the vote. In such a repressive political climate, it is hard to discount fear of being jailed or removed from power as factors limiting public dissent, but it is also important to remember that Swazi culture immensely values the display of respect and deference to one's seniors.

Significance of HIV

An important takeaway from this literature review suggests that the sluggish responses from government institutions to national challenges such as the HIV/AIDS crisis was one of the key factors that allowed HIV the opportunity to have such a severe initial impact on human resources. In addition, the fragmentation and inconsistent funding of programs eventually put into place has greatly hindered recovery efforts and degraded resilience in this context. Although it is difficult to pinpoint exactly to what degree the effectiveness of governing bodies has been influenced by HIV/AIDS, the loss of both human

and fiscal resources due to HIV and economic stagnation have certainly contributed to an already dysfunctional system.

In 2011 and 2012 the king was under increasing pressure from Swazi activists to implement economic and political reforms. In response the king deployed both the army and police forces to break up public and private meetings (Dates, 2013). Reports indicate that many protestors were arrested and some were beaten. In response to protests in 2012, Swaziland bolstered the security sector and began stockpiling arms, munitions and equipment. In 2013-14, reports estimate that spending on defense equipment totaled \$6.8 million USD compared to \$134 thousand USD the year before, a more than 50 fold increase (Dates, 2013).

International criticism continues to mount in Swaziland regarding the arrest and imprisonment of public dissenters. In 2014 Thulani Maseko¹¹ and Bheki Makhubu^{ibid} were arrested on charges of scandalizing the judiciary and contempt of court following the publication of articles criticizing the judicial system (Geneva, 2014; Tsunga, 2014). In the article that led to Maseko's arrest he wrote, "Fear cripples the Swazi society, for the powerful have become untouchable. Those who hold high public offices are above the law. Those who are employed to fight corruption in government are harassed, violated and abused (Armstrong, 2014:1)." In July both men were sentenced to two years in prison for contempt of court. Just one month later, PM Barnabas Dlamini remarked that Swazi citizens

¹¹ At the time of his arrest on March 17th, 2014, Mr. Thulani Rudolf Maseko was a prominent Swazi human rights lawyer, senior member of Lawyers for Human Rights Swaziland and the Southern Africa Human Rights Defenders Network. Mr. Bheki Makhubu was a columnist and Editor-in-Chief of the Nation, considered by many to be the only independent newspaper in Swaziland (Geneva, 2014).

should 'strangle' human rights activists Siphon Gumedze¹² and Vincent Ncongwane^{ibid} after they made critical remarks at the U.S.- Africa Leaders Summit (Freedomhouse, 2014; Khumalo, 2014). The PM blamed Gumedze and Ncongwane for undermining Swaziland's ability to recover its eligibility under AGOA.

In response to these and other actions taken on behalf of the Swazi government, on the eve of Thulani Maseko's one-year anniversary in prison, he released a letter describing the brutal conditions of prison life in Swaziland, but also proclaiming his continued defiance against a regime that has sought to silence his voice. His letter, states:

"It pains us to hear the leaders of our country raising a hullaballoo about "*enemies of the country,*" people who "*tarnish the image of the country,*" and the "*jealous people.*" We want to say that the true and real enemies of Swaziland, and its people, are those who are opposed to democracy. The true enemies of Swaziland, and its people, are those who undermine the rule of law. The true jealous people are those who continue to trample, suppress and abuse the fundamental human rights and basic freedoms and civil liberties of the rank and file of our people. Those who say we attack and condemn the country are completely missing the point, are misguided and misdirected.

Swaziland, our country, is a tiny and beautiful land. Its people are humble, equally beautiful and equally hospitable. It is the *Tinkhundla* system that has an image problem. And this distinction is important. If *Tinkhundla*, as a system of government has any image at all, it has an image of oppression, and it only has itself to blame... Accordingly, for as long as *Tinkhundla* and the leadership of our country remain recalcitrant and intransigent about change, we have a right, responsibly and obligation to name and shame it until it succumbs to the demand for democratization...

Since that fateful day on March 17, 2014 the failure of leadership in our country has been proved beyond any shadow of doubt that *Tinkhundla* has dismally failed. We need to unite around a discussion table to negotiate the birth of a new democratic society, a new and democratic Swaziland. In the words of the great Mahatma Gandhi, we seriously believe in the righteousness of our cause (Maseko, 2014)."

¹² Vincent Ncongwane (trade unionist) and Siphon Gumedze (Human Rights Lawyer) traveled to Washington DC to attend the US-Africa Leaders Summit to increase international pressure on Swaziland to protect freedoms of expression. Gumedze reported being inspired by the efforts of Human Rights Lawyer Thulani Maseko (Khumalo, 2014).

In July 2015, Thulani Maseko and Bheki Makhubu successfully defended their appeal, overturning their contempt of court charges, and have now been released from prison after spending 15 months in jail (James, 2015). This rapid turn of events reportedly occurred after a series of scandals came to light, resulting in the arrest of Judge Simelane¹³ and removal of Chief Justice Ramodibedi^{ibid} from service.

The release of Maseko and Makhubu undoubtedly comes as a welcome relief to both their families and the many human rights activists who have been campaigning for their freedom. But the circumstances resulting in the dismissal of the charges levied against them signal that this is only the first step towards securing the integrity of the judiciary and protection of human rights in Swaziland. For Swaziland to regain AGOA membership, it will be imperative that the basic human rights and freedoms guaranteed under domestic and international law are upheld. Without convincing evidence that Swaziland is working to protect workers rights such as freedom of speech and assembly, it seems unlikely that the US will move quickly to reinstate Swaziland under AGOA.

Since the US's decision to revoke Swaziland's AGOA membership went in to effect, the Swazi government has responded by passing new legislation that, on paper at least, should improve workers rights (e.g. freedom of assembly) and revise codes for police conduct during protests (Mbingo, 2014; Zwane, 2014). The swiftness with which the Swazi government responded to US demands after the loss of AGOA privileges indicates that

¹³ Chief Justice Ramodibedi was the target of Maseko and Makhubu's original articles published March 17th, 2014. In response to their critical remarks, the pair was swiftly charged with contempt of court and Ramodibedi appointed Judge Simelane to the case despite concerns regarding Simelane's personal connections to the accused. Trouble began for Ramodibedi and Simelane after the Chief Justice appointed Simelane to preside over a case in which Ramodibedi (the plaintiff) was seeking to sue the Swaziland Revenue Service. Reportedly, after Judge Simelane predictably found in favor of the Chief Justice, a chain of events erupted, culminating in the issuance of arrest warrants for Ramodibedi and Simelane by the Anti-Corruption Commission (James, 2015).

trade and economic policies may be one effective way for the international community to put pressure on a monarchy that has failed to make progress in protecting constitutionally guaranteed rights.

Given this context, what can be done to promote recovery and improve resilience? I hope to contribute to this challenge by examining how a diverse set of practitioners and local experts alike understand the situation facing Swaziland, and how they envision potential avenues towards recovery. In the following section, I describe the methods employed in this investigation and explain the structure of the results.

CHAPTER 3:

Methods

To begin investigating the interrelated challenges to addressing HIV in this context, I completed an initial set of interviews with a group of local experts and social elites. These representatives have intimate knowledge regarding the impacts of HIV on their communities as respective fields, and in part due to their position of status, are in an ideal position to provide a birds eye view on the challenges Swaziland faces. Although these elites may have different interpretations than the rural poor regarding the challenges of HIV/AIDS (e.g. progress made towards alleviating current suffering), they do know the population and observe the crisis on a day-to-day basis, even if they may not be personally affected. In addition, they are more knowledgeable about the efforts and regulations taking place within the government. Although not without limitations, taking a more top-down approach in this preliminary investigation was necessary for a number of reasons.

Firstly, this was the only feasible way to assess a broad component of Swazi civil society within a relatively short time period. The initial point of entry (through an established local non-profit) helped researchers gain access to a wide range of community leaders, but may have limited opportunities to interact with more typical Swazis. For instance, every participant interviewed for this study had at least some college education. Considering that only about five percent of Swazi citizens ever attend a post-secondary institution, having a college degree is certainly one indicator of elite social status (Worldbank, 2016). Due to limitations in access, researchers made a strategic decision to focus this initial investigation on developing a better understanding of how local leaders

understand the challenges and opportunities facing recovery efforts in Swaziland. Not only can this approach provide valuable insights for developing efficient strategies for addressing local challenges, but doing so also provides an opportunity for researchers to assess potential strategies and barriers to taking a more bottom up approach in future investigations.

In attempting to build a (preliminary) understanding of how local stakeholders in Swaziland interpret the challenge of HIV and possible avenues to reverse current trends, I draw from a series of semi-structured, open ended interviews conducted with government officials, a UN representative, business leaders, educators, and representatives from Bulembu Ministries¹⁴. To accomplish this task, I utilize an interpretive approach to engage in what Atwood and Stolorow (1984:121) describe as a process of “sustained empathic inquiry.” This approach requires a decentering of expertise on behalf of the researcher and instead places the status of expertise on contextual knowledge possessed by local stakeholders (Yanow, 2014). As an outsider looking in, this thesis is a humble attempt to capture how local leaders understand the challenges facing their country and consider opportunities they perceive for moving towards recovery.

In total, 14 meetings were convened with 31 participants including 18 faculty members from the University of Swaziland (UNISWA), four primary and secondary school principals at both private and public schools, two government representatives, one United Nations representative, two business leaders, and four social workers. Interviews were completed over eight weeks of fieldwork in 2014 and were conducted in English by Dr. Richard Matthew, Tania Reza (MA) and Connor Harron (PhD student). During semi-

¹⁴ Bulembu Ministries is a Swazi based, not for-profit organization that raises abused and orphaned youth and works to restore hope through community enterprise and care (<http://www.bulembu.org/>).

structured interviews, respondents were encouraged to provide their understanding of the issue, and consider possible strategies for addressing the challenges they face.

Due to a tense local political climate and the informal nature of the meetings, all notes were documented by hand and very few audio recordings were used during analysis. This necessity is a limitation in that note-based analysis restricts the ability to produce lengthy direct quotes from participants and forces fieldworkers to often paraphrase participant's responses. To overcome this limitation, two researchers took separate notes for each interview and then collaborated while in the field to compile a master document detailing the discussion from each meeting. This method provides some inter-rater reliability and helps to ensure the accurate representation of interviewee's responses. Quotations are used only when researchers were confident they had captured and appropriately contextualized respondent's answers.¹⁵

These meetings provided an opportunity to develop an understanding of how challenges and opportunities are perceived from a variety of perspectives within Swaziland. In many of these meetings researchers were able to probe their own cultural understanding of events in order to bring contradictions, gaps, and convergences to the surface. Interviewees were selected via prospective sampling, through key contacts, and through snowball sampling. Efforts were made to include representatives of key groups with insights into the disruptive influence of HIV/AIDS and institutional responses to the challenge.

This approach was designed to provide a rich contextual understanding of the field setting and improve the team's ability to identify linkages between the HIV/AIDS outbreak

¹⁵ To remind readers when I draw from note-based analysis, quotations based on compiled handwritten transcriptions are denoted with *italics*.

and other societal impacts. The local political climate limited points of entry, but with the assistance of pre-existing contacts through Bulembu Ministries, researchers were able to gain access to local representatives and experts who have the knowledge and experience to help understand the toll this disease has taken and the implications for the country's future. During each interview, researchers sought to probe at participants understanding of the challenges facing Swaziland and inquire into promising strategies for improving outcomes. To accomplish this, questions were asked along five main avenues: (1) Challenges, (2) Needs, (3) Management response, (4) Resources, and (5) Points of Entry. These themes were selected to capture and hone in on:

1. How each representative perceives the key challenges facing their institutions or the country at large
2. Important "needs" that interviewees believe will have to be addressed to promote recovery
3. Current and potential management responses that have or may be attempted to address these challenges and/or needs
4. The types of resources that respondents feel are available to help address or mitigate some of the challenges they are facing
5. Strategic points of entry that respondents believe have the potential to greatly strengthen ongoing national recovery efforts

Although researchers brought particular goals to the interviews and developed some a priori categories for analysis, the coding process was at least partially inductive, in that themes were reformulated, expanded, and then condensed over several iterations of

data analysis, and 74 unique codes were developed while examining the data. Since all interviewees were selected as representatives of larger societal groups, field notes from interviews were divided into seven broad categories of representatives: Government, University, Business, Independent Schools, Government Schools, Bulembu Ministries, and the United Nations. After completing the initial coding process, five primary themes began to emerge from the data, which were aligned with the pattern of questioning from the semi-structured interviews.

For a listing of example codes selected for each theme, organized by representative, see Figure 2.1. In a few instances the same code was applied to multiple themes. For example, multiple participants mentioned early childhood education as both a ‘need’ and a developing ‘management response’. For some themes, such as ‘needs’ and ‘points of entry,’ there was a great deal of overlap among representatives, who nearly all discussed the ‘need’ for increased social entrepreneurship, especially as it relates to agricultural production. Similarly, for ‘points of entry’ many representatives mentioned the importance of schools in promoting entrepreneurship and providing the space needed to experiment with novel agricultural practices. However, for other themes, such as ‘challenges,’ representatives from each group remarked on relatively unique issues facing each particular institution, and the country as a whole. This lends some support to our decision to explore how a wide range of actors perceive these challenges, since each group appears to bring a unique perspective on the types of challenges facing Swaziland. For a full listing of the code scheme used for this analysis, see appendix a.

Figure 2.1 Coding Scheme and Examples

Example Codes by Theme					
Representatives	Challenges	Needs	Management response	Resources	Points of Entry
Government	HIV	Motivation	Lacks Collaboration	Products w/ competitive advantage	Small Medium Micro Enterprise Dev.
University	Lack funding and staff	Entrepreneurs hip	Early childhood ed.	Biological Diversity	Experimental farm
Business	Landlocked	International trade	Knowing consumer	Honey	Find niche
Independent Schools	Malnutrition	Agriculture plots	HIV/AIDS training	Speech therapist	Sister Schools
Government Schools	No food outside school	Agriculture plots	Food Donation from UNWFP	Free primary ed.	School garden
Bulembu Ministries	Orphaned youth	Stronger tech system	Promote self-reliance	Church	Tech Support
United Nations	Water Supply	Entrepreneurs hip	Highly fragmented	Liquid economy	Promote entrepreneurship

CHAPTER 4:

Results

Here I explore how local stakeholders envision pathways towards a post HIV Swaziland, and consider some of the implications for governance and social relations in this context. In the sections below I highlight three potential entry points where participants responses converged around the potential to have significant positive gains for the country: Promoting local entrepreneurship, strengthening government sponsored education, and enabling coordination across national objectives. Interestingly, my analysis reveals some clear divides between how participants assessed the prospects for future developments in Swaziland. A number of participants raised concerns regarding Swaziland's potential to persist in the coming years. Several representatives warn that Swaziland may well collapse in the near future under the combined pressures of a massive disease burden, stagnant economic growth and decreasing agricultural productivity, poor fiscal management, and the increasingly militaristic approach being taken by the Monarchy to maintain its central authority. These perspectives indicate that while Swaziland is in a very precarious position, there is still a great deal of resistance from the Monarchy to change, and that the capacity for actors within the system (outside the royal family) to improve resilience or transform dysfunctional structures (e.g. *Tinkhundla* branch of government) is limited.

On the other hand, there was also convergence among responses from a number of other participants who see these mounting pressures as providing the opportunity Swaziland needs to implement serious reforms and re-direct the countries current trajectory. Some of the most common codes identified across cases centered on the

fragmentation of government programs and responses, as well as the need for innovation in education curriculums to spark entrepreneurship and promote economic growth. This analysis is designed to begin assessing some potential approaches that may help prevent collapse, foster increased resilience, and promote recovery in this context, and consider what role, if any, the international community should play in this process.

Promote Local Entrepreneurship

An important reflection, pieced together from numerous interviews, suggests that decades of emergency aid relief may have undermined the entrepreneurial spirit of many rural Swazi's and contributed to a sense of dependency and helplessness that is further debilitating ongoing recovery efforts. Promoting entrepreneurship was the single most referenced need from the current analysis. Nearly every representative we spoke with discussed the challenge of unemployment in Swaziland, and the need for local youth to not just seek jobs, but create them through entrepreneurial activities and pursuits. With national unemployment hovering around 40%, job creation is clearly one of the most significant challenges to recovery in this context.

In response to this need, one university official explained, "*[we] are particularly interested in increasing the number of entrepreneurs in the community and developing sustainable businesses; most businesses never grow, some grow for 3-4 years and then disappear.*" He later continued to describe the role the university is playing to address this challenge, "*One of the ways the University seeks to promote entrepreneurship is through the*

establishment of an entrepreneurship development center¹⁶ to conduct trainings... provide services and support to young entrepreneurs.”

Similarly, government representatives described goals to host national competitions to spur entrepreneurship, and reward innovative business plans with cell phones and cash prizes. However, representatives were not optimistic about the success of the program due to the fragmented implementation of government programs. In order to effectively promote widespread social entrepreneurship, primary school educators we spoke with discussed the importance of developing interventions that successfully target the majority of Swazi's and reinforce entrepreneurial habits throughout development. Since Swaziland now offers free primary level education to all citizens, this provides an excellent opportunity to integrate entrepreneurial training at the point where nearly all youth are able to attend. By laying the foundation for increased entrepreneurship during the initial years of schooling, Swaziland can provide the entrepreneurial spark needed at a young age and reinforce associated habits over time.

Strengthen Government Sponsored Education

Following from the importance of schools in promoting entrepreneurship, this analysis indicates that education may have a crucial role to play in helping promote recovery in this context. Comments from nearly every respondent we spoke with indicated that education is one of the primary avenues where Swaziland will have to focus their efforts to improve the long-term prospects for the country. Participants discussed the need

¹⁶ UNISWA established the Entrepreneurship Business Development Centre (EBDC) in 2009 in response to a national call to develop and promote small and medium enterprises in the business sector. With the assistance of the Commonwealth Secretariat and the University of Edinburg, UNISWA has now completed a Needs Assessment and developed a Strategic Plan for the EBDC (UNISWA, 2015).

to promote entrepreneurship and foster job creation, replace highly educated professionals lost during the peak of the HIV/AIDS crisis, and align opportunities for recent graduates to prevent the emigration of skilled labor to South Africa and beyond.

One of the challenges to improving education outcomes is that there is currently a lack of alignment between available skills and the country's labor absorptive capacity. Thus it is important to return to the idea of entrepreneurship, because if expanded into the education system across primary, secondary, and post-secondary institutions, education and UN representatives argue that it could help stimulate job creation that both takes advantage of available skills and creates opportunities for the development of new labor markets.

Several faculty members from UNISWA mentioned that in addition to the Entrepreneurship Development Center, UNISWA now has a compulsory course in entrepreneurship for university students. Unfortunately, one representative explained that *"currently students are not serious about the course, [we] need consulting assistance to strengthen course, especially important due to dwindling job opportunities in Swaziland... [We should] establish some sort of excellence in the faculty in the area of food processing, this would reinforce entrepreneurship and the spirit of concern in those students."* They later elaborated that currently food waste is a major challenge in Swaziland and innovation/expertise in this area could help decrease food insecurity.

During fieldwork UNISWA officials informed us that teaching colleges were recently incorporated under the umbrella of UNISWA and that there *"is a growing interest in developing early childhood care/childhood development programs."* They plan to have a standardized program developed and implemented by 2016 and are hopeful that this may

help align primary, secondary, and post-secondary education objectives regarding entrepreneurship and the development of technical skills. However, they pointed out that serious challenges exist. Major concerns included a lack of communication or alignment between government directives and university policies/practices, conflicting personal interests, and a lack of coordination or direction. A common theme encountered during interviews was that respondents remarked how *“very little that is planned and talked about higher up is actually implemented effectively on the ground.”* As discussed in the literature review, the first mandate to diversify education curriculums in Swaziland was signed in 1985, yet it was still discussed by many participants as one of the major challenges facing educators in 2014. This illustrates how slow progress has been in some areas, and supports claims from interviewees who expressed frustration regarding the disconnection between policies and directives on paper and what is actually accomplished on the ground.

Enable Coordination Across National Objectives

While conducting interviews in Swaziland, one of the most common terms used in reference to the Swazi government was ***fragmented***. As one UN representative described, Swaziland has to *“spark a thinking process around the promotion of entrepreneurship and microfinance activity. The government has funds... it’s **highly fragmented**, it depends from which direction you are introducing... they have funds for the youth, many initiatives, but again, **highly fragmented**.”* Similarly, the representative we spoke with from the Swazi government described how in response to the growing number of orphans, the government had set up *“1,500 neighborhood care points that have a number of modules for feeding, health, pre-school education and psychosocial support, in theory. But they are not funded... it’s*

totally fragmented. *One organization may fund food for 60-150 and then a German family supporting 10, but hundreds of others will go without any support.”*

For recovery efforts to be successful, coordination among government agencies will be crucial. Programs need to be in place that increase participation, build strong relationships between national authorities and stakeholders, and improve systems for the monitoring and evaluation of disease status. Additionally, transparency and reflection upon more customized solutions within Swaziland’s four regions (*Hhohho, Manzini, Lumbombo, and Shiselweni*) would improve dissemination and help to build trust and confidence in the national strategy. Unfortunately, a lack of coordination and communication within the government has “*fragmented*” previous efforts to promote recovery and increased wellbeing in Swaziland. Recent trends in governance, which signal an increasing militarized presence, lack of accountability, and the stifling of dissent/criticism indicate that improvements in this regard may be limited in the short run.

This being said, Swaziland’s response to the loss of AGOA indicates that there is some potential at least for the international community to pressure the government to act. However, influence in this regard may be limited since the government’s primary source of revenue is linked more closely to South Africa than to the local economy. Additionally, while some business leaders commented that the loss of AGOA might spark change, government representatives warned that the results could be disastrous for the rural poor. These factors complicate the role of the international community in promoting meaningful change.

In this case, although the US’s retraction of AGOA may have triggered the closure of several textile factories in Swaziland, the move also appears to have pressured the Swazi

government into passing a number of pieces of legislation that, on paper at least, should improve workers protections and freedom of speech. Although PM Dlamini has urged the United States to reinstate Swaziland into AGOA now that, as he claims, they have met the benchmarks set by the USA, as yet it is still unclear whether or not these new protections will be realized on the ground. Thus, it might be appropriate to hold off on reinstating AGOA benefits to see if the monarchy follows through on some of the new protections for freedom of speech/assembly.

Allowing for public dissent/criticism of the government and authority figures can help begin to break down traditional barriers that prevent disagreement and stifle opposition, which in turn can serve to improve transparency, accountability, and coordination among agencies. Although these challenges are tightly interwoven, improving the legitimacy of the government through increased transparency and accountability may be the right place to begin since the promotion of social strategies and the implementation of national objectives are dependent on the effectiveness of current management structures.

CHAPTER 5:

Conclusion

Findings from this report indicate that Swaziland is a nation facing very significant challenges to its prolonged economic and social viability. Swaziland has been more heavily impacted by disease than almost anywhere else on the planet. The full ramifications of HIV/AIDS on this population are exceedingly difficult to measure in quantitative terms. However, through utilizing social ecological framework, it appears that the impact of HIV/AIDS has exposed underlying vulnerabilities and potentially triggered a cascade of mutually reinforcing consequences, with devastating impacts to human health and wellbeing. Government responses to the HIV/AIDS epidemic have been maladaptive and failed to address the seriousness of the challenge. As a result, the country suffered from increased losses to human resources, which in turn has contributed to economic stagnation, and hindered efforts to improve education and promote social entrepreneurship. Despite these challenges, some potential avenues towards improved resilience exist. By drawing from the perspectives of local stakeholders, I evaluate some potential entry points for helping addressing some of the root challenges limiting health and wellbeing in Swaziland. In this Thesis, I sought to address the following two research questions:

- 1) From the perspective of local stakeholders (e.g. Business leaders), how can the country move towards a post HIV Swaziland?
- 2) What are some implications for governance and social relations in this context?

In addressing the first question, the Thesis examines the perspectives of local stakeholders to assess how elite members of Swaziland's social hierarchy perceive the challenges facing their country and consider the opportunities they see for moving towards recovery. Although focusing on the perspectives of elites in this context has created limitations to this analysis, it provided an ideal entry point for beginning to explore some of the challenges that knowledgeable actors identify as critical to address.

Responses converged around the fragmentation within strategy implementation and the need for entrepreneurship to combat unemployment. To begin answering the second question, I consider what, if any high leverage opportunities exist to promote resilience and improve recovery efforts in Swaziland (e.g. improving coordination, accountability). Finally, the paper evaluates the likelihood of these changes within the current political climate. Although management structures have failed to implement significant overhauls in the past, there are signs that with pressure mounting due to the loss of AGOA, the Monarchy may finally be adopting some of the pre-requisite changes that will help guide governance efforts towards a post-HIV Swaziland.

As researchers struggle to grapple with the challenges associated with modeling or intervening in complex systems, improving cross-disciplinary collaboration and communicating across epistemic communities will become increasingly necessary (Stokols et al. 2013; Wang et al. 2015). Thus, despite the limitations facing this type of analysis, investigations into both the causes of human suffering and solutions for sustainable wellbeing are not only warranted but are becoming increasingly needed (Pamlin & Armstrong, 2015). Researchers are in an ideal vantage point to seek linkages and opportunities for connecting community identified needs with development resources to

implement long-term strategies to improve health and education. This is important because the challenges of the 21st century will require us to not just study social ecological challenges from a distance, but to also engage in the solutions.

This Thesis sought to review the root causes of the crisis facing Swaziland and evaluate possible pathways towards recovery. Although largely successful in the first goal, it has only partially accomplished the second. The challenges facing Swaziland are complex, interrelated, and overdetermined. Although this Thesis has provided some insight into potential next steps, implementing any pathways to recovery face numerous barriers, and will require years, if not decades of mobilized support both domestically and abroad to achieve the desired gains in human health and ecological wellbeing. It remains unclear whether the most effective solutions will be driven by top down, grassroots, or a combination of approaches. Future research should further investigate potential entry points for promoting health and sustainable wellbeing in this context, and seek to support grassroots recovery efforts to ensure that all direct benefits go to those in need.

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Appendix A- Codebook

Super Codes	Specific Codes	Definition
Challenge (Chal)	Chal: Crisis	Description of crisis situations
	Chal: Hopelessness	Description of challenges with hopelessness
	Chal: HIV	Description of HIV impacts
	Chal: Capacity	Description of capacity challenges
	Chal: Coordination	Description of coordination challenges
	Chal: Stress	Description of stress levels
	Chal: Unemployment	Description of unemployment challenges
	Chal: Climate Change	Description of challenges due to climate change
	Chal: Small business	Description of challenges facing small businesses
	Chal: Entrepreneurship	Description of challenges in promoting entrepreneurship
	Chal: Malnutrition	Description of challenges with malnutrition
	Chal: Certifications	Descriptions regarding a lack of certifications for professionals such as social workers
	Chal: specialization	Description of challenges for specializing within fields
	Chal: Sexual violence	Description of challenge with sexual violence
	Chal: Drug abuse	Description of drug abuse challenges
	Chal: Technology	Description of technology challenges (access and training)
	Chal: English	Description of challenges with teaching English
	Chal: Superstition	Description of challenges due to superstitious beliefs
	Chal: Education	Description of challenges to improving education (access and quality)
	Chal: Abandonment	Description of challenges with abandoned children
Chal: Orphans	Description of challenges with orphans	
Chal: Polygamy	Description of challenges due to polygamy	
Needs (Need)	Needs: Motivation	Description of need to improve motivation (in government, students, etc.)
	Needs: Entrepreneurship	Description of need to promote entrepreneurship
	Needs: Education	Description of need to improve education (quality and access)
	Needs: Economic growth	Description of need to increase economic growth
	Needs: Transformation	Description of need for transformation (political and social)
	Needs: Counseling	Description of need for improved counseling (access, training and quality)
	Needs: Training	Description of need for improved access to training (e.g. for teachers and social workers)
	Needs: Assist marginalized	Description of need to assist marginalized members of society
	Needs: Tech Support	Description of need for additional technology support
	Needs: School gardens	Description of need for garden based education in school programs
Management response (MGMT)		
	MGMT: nonsystematic	Description of government responses an non systematic

	MGMT: Lacks incentive	Description of government as lacking incentives to act
	MGMT: No collaboration	Description of government and lacking coordination among agencies
	MGMT: Not effective	Description of government as ineffective
	MGMT: False security	Description of government as having a false sense of security
	MGMT: Swazi Nation Land	Discussion around the creation of Swazi Nation Land
	MGMT: Combat HIV	Description of government efforts to combat HIV
	MGMT: Strengthen capacity	Description of government efforts to strengthen capacity
	MGMT: No long term planning	Description of government responses as lacking long term planning
	MGMT: Fragmented	Description of government responses as fragmented
	MGMT: unemployment	Description of government efforts to reduce unemployment
	MGMT: Primary school	Description of government efforts to make primary school free
	MGMT: Early childhood care	Description of University programs for improving early childhood care
	MGMT: Degree program	Description of new University degree programs
	MGMT: entrepreneurship course	Description of new entrepreneurship courses in schools
	MGMT:MYC	Description of Manzini Youth Center (home for abandoned street children)
	MGMT: indigenous plants	Description of ongoing research on valuable indigenous plants
	MGMT: HIV training	Description of HIV prevention training in classrooms
	MGMT: Church	Description of church's role in addressing HIV and patriarchy
	MGMT: Teach responsibility	Description of orphanages efforts to teach children responsibility
	MGMT: Provide confidence	Description of orphanages efforts to provide children with confidence
	MGMT: Discourage dependency	Description of orphanages efforts to discourage dependency on aid
	MGMT: empower	Description of orphanages efforts to empower employees and orphans alike
Resources (RSRC)		
	RSRC: Biological diversity	Description of biological resources
	RSRC: Therapist	Description of access to occupational therapists (some schools)
	RSRC: Home for street children	Description of homes available to care for abandoned children
	RSRC: Computer lab	Description of computer labs used for students (some schools)
	RSRC: Family	Description of family as an important resource for social support
	RSRC: Church	Description of church as an important resource for social support
	RSRC: Professional Support	Description of various forms of professional support (some schools)
	RSRC: HIV support groups	Description of HIV support groups for youth

	RSRC: Young farmers club	Description of youth clubs to promote sustainable agriculture (some schools)
Points of Entry (PoE)		
	PoE: University	Description of potential collaborations with University
	PoE: Agriculture	Description of potential agriculture projects
	PoE: Sister schools	Proposal to forge sister school arrangements
	PoE: SMME	Description of potential projects to promote Small, Medium, Micro-sized Enterprises
	PoE: Distance learning	Description of potential distance learning opportunities with University
	PoE: Cross cultural exchange	Description of potential cross cultural exchange opportunities
	PoE: Joint PhD	Description of potential joint PhD between UCI and UNISWA
	PoE: UNISWA	Description of potential collaborations with UNISWA
	PoE: Expertise	Description of potential for UCI to provide technical expertise
	PoE: Clinical trials	Description of potential collaborations on clinical trials with indigenous plants
	PoE: Scholarships	Description of potential for UCI to support UNISWA students with international scholarships