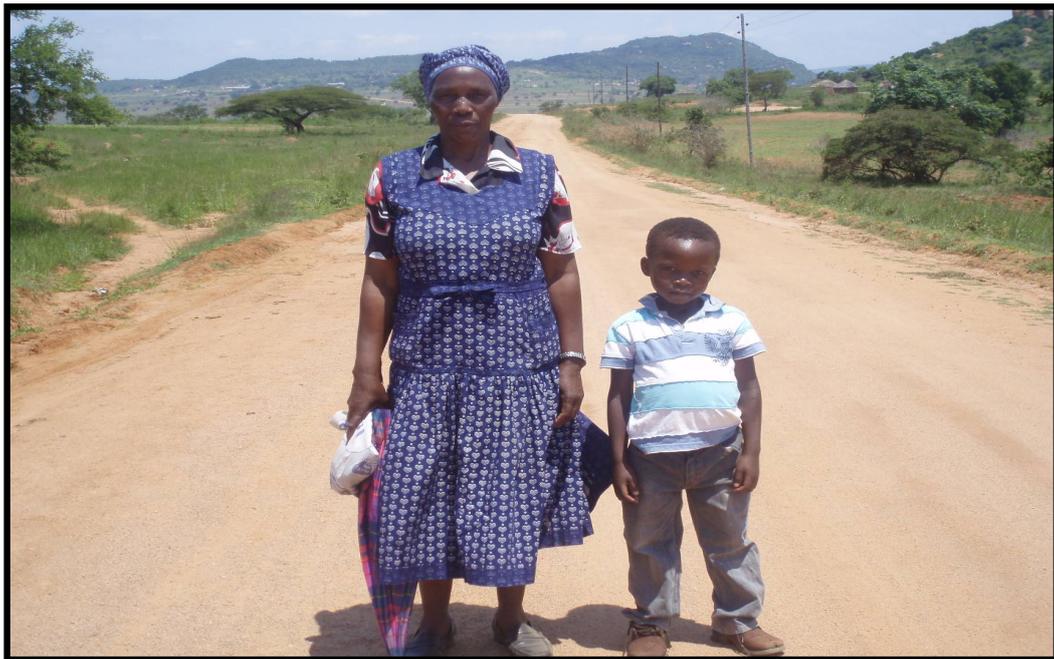


SWAZILAND OLD AGE GRANT IMPACT ASSESSMENT

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Regional Hunger and Vulnerability Programme (RHVP)

The Regional Hunger and Vulnerability Programme (RHVP) is a UK Aid from the Department for International Development-funded programme which focuses on social protection issues in the Southern African Development Community (SADC) region. RHVP's vision is to reduce vulnerability to hunger in southern Africa by advocating for institutionalised, long-term, social protection – instead of reactive emergency food aid – when dealing with crises. RHVP has provided technical assistance to a number of SADC countries, including Swaziland, where it supported the Task Team responsible for investigating the delivery mechanism of the Old Age Grant in 2007. RHVP was the lead partner in the present study, funding the work and managing the fieldwork surveys as well as the drafting of the final report.

HelpAge International

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure, active and healthy lives. HelpAge is the leading international organisation working on global ageing and development issues and works in the areas of social protection, health emergencies, rights and discrimination, HIV/AIDS and livelihoods. Achieving universal income security in old age through social pension schemes is a core component of its work on social protection for older people and their families. HelpAge International provided assistance with the drafting of the questionnaires as well as funding, which was provided through BMZ, the German Federal Ministry of Economic Cooperation and Development.

UNICEF

UNICEF is the United Nations Agency for Children. Focal areas for its work include child survival and development, basic education and gender equality, HIV/AIDS and children, child protection, and policy advocacy and partnerships in support of these goals. UNICEF Swaziland acted as a local partner for the study. It provided assistance with the drafting and printing of questionnaires; as well as the identification of local enumerators and community contact persons.

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EXECUTIVE SUMMARY:

Swaziland's high HIV/AIDS prevalence is leading to a society of the very young and the very old. Both these groups are highly vulnerable and are in need of social protection. Cash transfers are increasingly seen as a popular form of social protection, representing a multi-benefit solution to reducing absolute poverty and food insecurity for vulnerable groups. The Swaziland Old Age Grant (OAG) was introduced in 2005 as a universal grant to all Swazi citizens over 60 years of age, many of whom are caring for orphaned children in their households. While the OAG has been in existence for five years, there has been no assessment of what the impact has actually been at a household level. This study fills that gap and also discusses the mechanisms by which the OAG has been delivered since its inception.

Due to the relatively short time period that has elapsed since the introduction of the OAG, the methodology employed in this study is based on personal recall of recipients reflecting how their circumstances have changed before and after receipt. As all Swazi citizens not in receipt of a private pension are eligible for the OAG, there is no directly comparable control group available. Questions were asked of beneficiaries relating to their perceived changes in conditions since receiving the OAG. The impact study was conducted nationally and comprised 402 questionnaires. These questionnaires (available in the appendix) sought information on the demographic characteristics of both the beneficiary respondents (gender, age, education status, marital status, and household size and composition); their financial assets, income, and support networks (including income, grants, in-kind contributions and livestock and crops); their outgoings and expenditures (including debts); their status of food security, and any other discernible impacts of receiving the OAG (status in the household and community, and quality of accommodation).

The demographic characteristics of beneficiary respondents are as follows (see the table below, a replication of Table 6, for a summary): The average age of respondents is 70 years and, reflecting sex-specific life expectancy, there were more women respondents than males (65:35 in beneficiary households). Also likely reflecting the fact that life expectancy for males is lower than for females, 41% of beneficiary households are widowed.

Results show that the OAG has impacted many aspects of beneficiaries' lives as well as their household characteristics. Considerable impacts were noted both for the beneficiaries themselves, and for other members of their household. One of the most visible outcomes of vulnerability amongst the elderly is hunger and food insecurity, and receipt of the OAG undoubtedly seems to reduce these conditions in terms of meal frequency, meal quality, ability to purchase food (directly or indirectly), and benefiting from economies of scale by buying in bulk. 24% of beneficiaries cite eating more meals per day since receiving the OAG (with 46% eating three meals per day and 41% eating two meals per day), and 28% observed an increase in meal quality. 29% of beneficiaries purchase more food, 19% are able to afford the inputs necessary to grow their own food crops, and 27% buy food in greater quantities since receiving the OAG. This correlates with changes in expenditure patterns of OAG beneficiaries, with 68% spending more on groceries, 63% spending more on protein (meat, chicken and/or fish), and 44% spending more on vegetables and/or fruit.

The role of farming (both crops and livestock) is an important livelihood activity, and 43% of beneficiaries cite farming and selling goods as their main income source. This suggests that receipt of the OAG contributes cash to contribute to farming activities which may otherwise be unfeasible. Engagement in agriculture is, however, contrasted against the obstacle that exists in the form of decreased physical capacity and increased frailty, which is very likely to reduce the ability to farm as beneficiaries grow older.

Receiving an injection of cash with no ties as to how they spend it allows beneficiaries the flexibility of balancing their short-term and longer-term needs. 50% of beneficiaries state they are now able to purchase more personal items, 44% buy more clothing and shoes, and 39% purchase more fuel. A number of other categories are notable in terms of reducing poverty levels of beneficiaries and other members within their households. In terms of health care, 71% of beneficiaries who could not afford health care in past years cite being able to afford health care following receipt of the OAG; and 25% of beneficiaries spend more on the health care of other household members since they have received the OAG. Likewise, an impact is noted on quality of accommodation, with 125 of beneficiaries spending more money on their housing after receipt of the OAG. Although only 3% of beneficiaries stated that there were children out of school before they received the OAG and after receiving the OAG have returned to school, responses in open-ended qualitative questions indicated that many beneficiaries use income from the OAG to pay for their grandchildren's school fees and associated expenses. Perhaps most importantly, nearly half of surveyed beneficiaries (49%) stated that they experienced less financial difficulty after receiving the OAG.

Other benefits noticed by OAG beneficiaries were not so much financial and economic, but related to social status and dignity. In Swazi society multi-generational households are common, but their lack of economic contribution and frailty can sometimes lead to the elderly being viewed as a burden. 73% of beneficiaries explained that they have more of a say of how money is spent in the household since receiving the OAG, and 20% feel that they are now more respected.

An analysis of delivery mechanisms of the OAG, namely via SwaziPost, *Tinkhundhla* centres and through banks/ATMs in the Electronic Disbursement Programme (EDP), raised some important issues. Most beneficiary respondents (95%) receive the OAG through *Tinkhundhla* centres which are close to beneficiaries' homes, and as such travel costs and times are low. However, more than 70% of beneficiaries stated that they waited over an hour and long queues were a frequent problem at *Tinkhundhla* paypoints. Only 0.2% of beneficiary respondents receive the OAG through SwaziPost, with longer travelling times and similar long queues. 5% of beneficiary respondents receive the OAG through the EDP, which has the lowest waiting times of all delivery mechanisms.

While there is a push to eventually deliver the OAG mainly through the EDP, there are currently problems that are preventing even some beneficiaries with bank accounts from switching their system of delivery from the traditional "pull" mechanism (SwaziPost or *Tinkhundhla*). Most importantly, the distribution of the banking network across rural areas of the country is a factor that will influence the uptake of this delivery mechanism. Other fears expressed relating to the EDP included some distrust that the OAG will be 'stolen' by the bank fees, with many beneficiaries also stating that they do not know how to use an ATM. Addressing these concerns will remove current obstacles to greater participation in the EDP, which should fulfil the goals of reducing access costs (for government and beneficiaries) and improving flexibility for beneficiaries.

This study has provided many insights into the impacts of a national cash transfer, collecting valuable evidence for future analysis of the OAG. Since its inception, the OAG has been instrumental in reducing absolute poverty and food insecurity for many vulnerable elderly people and their households. The distributive effects on household members, particularly with regards to nutritional status, education and health care are significant; improving the lives and well-being of both the elderly and children, two highly vulnerable groups in Swaziland society.

	Impact of the Old Age Grant
Health care	<i>Respondents:</i> 71% of respondents, who could not afford health care in past years, are more able to afford health care for themselves after receiving the OAG. <i>Household Members:</i> 25% of respondents could spend more on health care of other household members after receiving the OAG.
Accommodation	12% of respondents spend more money on accommodation after receiving the OAG.
Education	Only 3% of respondents stated that there were children who were out of school prior to the OAG and after receiving the OAG have returned to school. However, many beneficiaries responded in qualitative questions that they used the OAG to pay for grandchildren's school fees.
Income	18% of respondents stated that their main source of income changed after receiving the OAG - but for many more respondents they have been able to use the OAG money to increase their earnings from other sources, such as agriculture and handicrafts (making mats).
Financial Decisions	73% of respondents have more of a say in how money is spent in the household after receiving the OAG.
Respect	20% of respondents think that they are more respected after receiving the OAG.
Crops	19% of respondents grow more crops and vegetables after receiving OAG.
Livestock	9% of respondents spend more money on livestock after receiving OAG.
Financial difficulty	49% of respondents stated that there was less financial difficulty after receiving the OAG.
Expenses	Biggest changes in spending are for the following expense categories: <i>Groceries:</i> 68% <i>Meat, chicken &/or fish:</i> 63% <i>Personal items:</i> 50% <i>Vegetables &/or fruit:</i> 44% <i>Clothing & shoes:</i> 44% <i>Fuel:</i> 39%
Food security	<i>Meal frequency:</i> 24% of respondents eat more meals after receiving OAG. <i>Meal quality:</i> 28% of respondents have an increase in meal quality after receiving OAG. <i>Purchase of food:</i> 29% of respondents purchase more food as opposed to growing more food after receiving OAG. <i>Buying in bulk:</i> 27% of respondents buy more food at a time after receiving OAG.

LIST OF ACRONYMS:

ACAT:	Africa Co-operative Action Trust
EDP:	Electronic Disbursement Programme
EDR:	Emergency Drought Response Project
NGO:	Non-Governmental Organisation
OAG:	Old Age Grant
OVC:	Orphans and Vulnerable Children
RHVP:	Regional Hunger and Vulnerability Programme
SADC:	Southern African Development Community
UNICEF:	United Nations Children's Fund

LIST OF DEFINITIONS:

Child:	Person under the age of 18 years
<i>Inkhundhla:</i>	An administrative subdivision, which consists of a grouping of chiefdoms. There are 55 <i>Tinkhundhla</i> throughout Swaziland.
Region:	The largest geographical unit in Swaziland. Swaziland consists of four regions, each of which is divided into numerous <i>Tinkhundhla</i> .
<i>Tinkhundhla:</i>	Plural of <i>Inkhundhla</i>
<i>Umpakatsi:</i>	An administrative subdivision smaller than an <i>Inkhundhla</i>

ACKNOWLEDGEMENTS:

This study was conceptualised by RHVP and HelpAge International, who noticed a gap in the literature with regard to impact studies of the OAG in Swaziland relative to other cash transfer programmes in southern Africa. Both organisations then co-funded the study and collaborated with the research design, whilst UNICEF Swaziland provided in-country logistical support.

At RHVP, the research for the study and then the data analysis and writing of the report was undertaken by Jennifer Orr, Katharine Vincent and Tracy Cull. Nomfundo Mbuli and Colleen Anderson provided administrative support.

At HelpAge International, inputs into the research design, analysis and write-up were coordinated by Stephen Barrett, Bethan Emmet, Andie McPherson and Lara Newson.

At UNICEF Swaziland, initial enthusiasm for the study was expressed by Kumiko Imai and Muriel Mafico. Zodwa Dlamini-Mtethwa provided the details of enumerators and assisted with identifying relevant local contact persons.

The concept note for the study and survey instruments for both recipients and non-recipients were circulated via e-mail to the Swaziland Social Protection Steering Committee for their input and comments, and the Director of Social Welfare in the Office of the Deputy Prime Minister was consulted and gave his approval for the surveys to take place.

The research assistants who administered the surveys were: Sabelo Dlamini, Fikile Gama, Thokozani Gina, Gugu Shongwe, Mbongeni Bhembe, Sthembile Sibiya, Helen Mgadula, Nonhlanhla Sibandze, Siphwe Masuku and Samu Zondo.

Research assistant supervisors were Sanele Mhlanga and Noncedo Tshabalala; and data entry was undertaken by Bethusile Khumalo and Mabandla Mziyako.

Various other people have provided useful inputs and comments both at the preparatory phase and during the drafting of the report. We thank David Croome from the National University of Lesotho for useful discussions regarding the Lesotho Old Age Pension impact studies. Dr Stephen Devereux of IDS, Stephen Barrett of HelpAge International and Nicholas Freeland and Philip White of RHVP provided constructive comments on the first draft of the report. Danya-Zee Pedra edited the report.

1 Background and introduction to the report

1.1 Background to the study

Cash transfer schemes have grown in popularity over recent years in southern Africa, with a number of NGO-led pilots and government-led programmes taking place in Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. As with other mechanisms, a lot of attention has been paid to the impact of these schemes on reducing the vulnerability and poverty levels of the scheme recipients, with a number of summative evaluations and impact studies available. To date, however, no study has attempted to assess empirically the impact of Swaziland's Old Age Grant (OAG). Given that it is one of the few national government-led programmes (as opposed to short-term NGO-led pilots) in southern Africa, this is a big gap. Donors and government ministries, particularly ministries of finance, typically need to be convinced of the impact of such an intervention before making a commitment to support.

HelpAge International funded a similar study assessing the impact of Lesotho's Old Age Pension that was undertaken by the National University of Lesotho in 2007¹. Given the similarities between the two kingdoms in terms of size, location, number of pension/grant beneficiaries and period of time that has elapsed since the introduction of the cash transfer, it was decided to utilise a similar methodology, such that the results would yield empirical evidence on the impact of Swaziland's Old Age Grant as well as enabling a useful comparison. Given their interest in the impact of cash transfers to help the elderly, together with their involvement in the Lesotho pension impact study, HelpAge International co-funded this research with RHVP, and also collaborated in the research design.

Since neither RHVP nor HelpAge International has an office in Swaziland, it was necessary to find a third partner that was based in-country and could provide context-specific advice on the appropriateness of the methodology as well as assist with logistical support. Both through its regional office in Nairobi and country offices in southern Africa, notably Malawi, UNICEF has been a proponent of cash transfers as a means of reducing vulnerability. In particular, recent evidence from other impact studies shows that in countries with a high number of orphans and vulnerable children (OVC), such as Swaziland, the receipt of a pension often improves child health and welfare given that so many are now cared for by their grandparents. UNICEF Swaziland was indeed keen to be involved in the study for this reason, and agreed to provide in-country logistical support, such as the identification of enumerators to act as research assistants, and providing access to other related networks and actors within Swaziland.

Swaziland has a Social Protection Steering Committee which comprises government and civil society representatives, together with a number of International NGOs operating in Swaziland². The concept note and survey instruments were circulated by UNICEF via e-mail to all Social Protection Steering Committee for their comments.

Government representation on the Social Protection Steering Committee is provided by the Director of Social Welfare in the Office of the Deputy Prime Minister who, at the time of this study, was also in charge of cash transfer programmes in Swaziland, including the Old Age Grant. Having verbally expressed support for an impact study on several occasions between 2007 and 2009, when initially mooted, he was also consulted on the team's preliminary scoping visit to Swaziland in July 2009. He continued to be interested in an impact evaluation, and was kept in the loop via e-mail

¹ Croome, D. & Mapetla, M. (2007): The Impact of the Old Age Pension in Lesotho: Pilot Survey results of Manonyane Community Council Area, Roma. Institute of Southern African Studies, National University of Lesotho.

² NGO members of the Social Protection Steering Committee members represent Save the Children, World Vision, International Labour Organisation, United Nations Development Programme, National Emergency Council on HIV and AIDS and UNICEF.

during the time of development of research design and survey preparation. Just before fieldwork commenced in October 2009, he withdrew official support for the second part of the proposed research, which had been to look at the Electronic Disbursement Programme³, on the grounds that these changes in delivery mechanism were too new to be evaluated. He did, however, provide permission for the impact study with beneficiaries to take place.

1.2 Introduction to the report

The report describes and analyses the results of 402 household surveys undertaken throughout Swaziland in November 2009 as part of an assessment to determine the impact of the Old Age Grant (OAG) on beneficiaries. The purpose of this study is to add to the growing body of empirical evidence on cash transfers in southern Africa, through an analysis of their impact at a household level, as well as a discussion on beneficiary experiences of the various delivery mechanisms offered to date.

The above purpose is articulated through the following aims:

- 1) To evaluate the impact of Swaziland's OAG on the vulnerability and well-being of beneficiaries; and
- 2) To evaluate the beneficiaries perceptions of the various delivery mechanisms offered to date.

The report draws evidence from a national survey of OAG beneficiaries (n=402), where sampling took place throughout 10 *Tinkhundhla* (districts) within the four regions of Swaziland, using a questionnaire with both closed and open-answer questions. In addition, two NGOs representing the elderly in Swaziland were interviewed to provide further context and qualitative recent historical data of beneficiary experiences with receiving the OAG.

The report is structured as follows: section 2 outlines the methodology employed, detailing research design, sampling frame, design and piloting of the questionnaire, administering the survey, and the process of data analysis. Results are presented in the subsequent sections. Section 3 presents the demographic characteristics of beneficiary respondents, highlighting gender and age, education status, marital status, and household size and composition. Section 4 illuminates the main impacts of the Swazi OAG by presenting the sources and quantity of income and assets relative to outgoings and expenditures of both beneficiary recipients, highlighting self-reported changes since receiving the OAG. Section 5 then turns to experiences with registration for the OAG and the various delivery mechanisms available to date: SwaziPost, *Tinkhundhla* centres, and the recent Electronic Disbursement Programme (EDP). The report concludes with some practical and policy recommendations for improving the efficiency and effectiveness of the OAG on poverty reduction amongst the elderly in Swaziland.

1.3 Background to the survey

1.3.1 Swaziland

Swaziland is a land-locked country bordered by South Africa and Mozambique, with approximately 81% of the population living in poverty on less than \$2 per day⁴. Swaziland consists of four distinctive regions, each of which has been subdivided into 55 *Tinkhundhla*, or districts (see Figure

³ <http://www.wahenga.net/node/1246>

⁴ UNDP, 2009: Human Development Reports: Swaziland. Available from: <http://hdrstats.undp.org/en/buildTables/rc_report.cfm#> See Annex 8 for Reference Statistics and Sources.

2). An *Inkhundhla* (singular of *Tinkhundhla*) is a grouping of chiefdoms that acts as an administrative unit⁵. Approximately 84% of Swaziland's poor live in rural areas, most of whom practice subsistence agriculture. It is estimated that 66% of the population is chronically food insecure, a situation which is further exacerbated by recurrent drought conditions⁶.

Swaziland has an estimated HIV prevalence rate of 26.1% among adults⁷ and 39.2% among pregnant women⁸. The 20-49 age group experiences a high mortality rate, often resulting in children and the elderly left alone in some families⁹. This has led to a high prevalence of OVC, with an estimated 70,000 orphans¹⁰ out of a total population of approximately 1.1 million people¹¹. Table 1 illustrates the low life expectancy at birth, the decreasing rate of natural population increase, as well as the decreasing child dependency ratio and an increasing old age dependency ratio, indicative of the HIV/AIDS pandemic.

Table 1: Human development indicators of Swaziland (UNDP, 2009)¹²

Indicator	Reference year	Value
<i>GDP per capita (PPP US\$)</i>	2007	4,789
<i>Annual growth of GDP per capita (%)</i>	1990 – 2007	0.9
<i>Population living below \$2 per day (%)</i>	2000 – 2007	81
<i>Adult literacy rate (% aged 15 and above)</i>	2007	79.6
<i>Gini index</i>	1992 – 2007	50.7
<i>Life expectancy at birth (years)</i>	2007	45.3
<i>Annual rate of natural increase of the population (%)</i>	1990 – 1995	3.1
	2005 – 2010	1.4
<i>Child dependency ratio</i>	1990	97.8
	2010	67.1
<i>Old age dependency ratio</i>	1990	5.5
	2010	5.9

The high numbers of OVC in Swaziland have led to a strain on families and communities throughout the country. OVC face many stresses and may drop out of school, have to face social stigma, face poor health and nutrition, and potentially be exposed to exploitation. In many cases, where there is no family left to look after OVC, child-headed households emerge, which are highly vulnerable¹³. Where grandparents remain in households, OVC are often cared for by them. In certain cases, where grandparents are very old, OVC even have to look after their grandparents.

The proportion of elderly people in the population is increasing, as illustrated in Table 2, due to the high mortality rate of 20-49 year olds. Rural areas also have a higher proportion of elderly people,

⁵ EISA (2008) Swaziland: Tinkhundhla Electoral System. Available from:

<<http://www.eisa.org.za/WEP/swatinkundla.htm>>

⁶ IFAD (2007) Enabling the rural poor to overcome poverty in rural Swaziland. Available from:

<<http://www.ifad.org/operations/projects/regions/pf/factsheets/swaziland.pdf>>

⁷ UNAIDS (2008) Swaziland. Available from:

<<http://www.unaids.org/en/CountryResponses/Countries/swaziland.asp>>

⁸ UNICEF (2008a) UNICEF Humanitarian Action Report. Available from:

<http://www.unicef.org/har08/files/har08_Swaziland_countrychapter.pdf>

⁹ UNICEF (2008b) Swaziland. Available from: <<http://www.unicef.org/swaziland/overview.html>>

¹⁰ UNICEF (2008b) Swaziland. Available from: <<http://www.unicef.org/swaziland/overview.html>>

¹¹ UNDP (2008) Human Development Report Swaziland. Available from:

<http://hdrstats.undp.org/countries/data_sheets/cty_ds_SWZ.html>

¹² UNDP, 2009: Human Development Reports: Swaziland. Available from:

<http://hdrstats.undp.org/en/buildTables/rc_report.cfm#> See Annex 8 for Reference Statistics and Sources.

¹³ International HIV/AIDS Alliance (2008) Orphans and Vulnerable Children Support Toolkit. Available from: <<http://www.aidsalliance.org/sw464.asp>>

as well as significantly more female-headed and elderly-headed households than urban areas. In addition, the number of household members in rural areas is substantially higher than urban areas. These pressures indicate a particularly high level of vulnerability in rural areas, with many households facing a multitude of stresses, including HIV/AIDS, drought-related crop productivity challenges, and general economic stagnation. In order to address this situation of poverty and vulnerability, social protection has been employed.

Table 2: Demographic profile of Swaziland (SHIES, 1995 UNDP as cited by Dlamini, 2007)¹⁴

Indicator	1995	2006	Urban	Rural
<i>Population proportion of elderly (60 yrs +)</i>	4.5%	5.3%	2.8%	4.9%
<i>Male headed households</i>	72.6%	-	77.8%	69.9%
<i>Female headed households</i>	27.4%	-	22.2%	30.1%
<i>Elderly headed households</i>	13.5%	-	6.7%	17%
<i>Average size of households</i>	6.3 persons	-	3.8 persons	7.6 persons
<i>Average size of elderly headed households</i>	7.7 persons	-	4 persons	8.5 persons

1.3.2 Social protection

The concept of social protection has recently gained momentum within the development sector in southern Africa. Social protection refers to initiatives that focus on poverty reduction, by providing support to the poorest and most vulnerable in a society¹⁵. The concept extends the well known term of a ‘safety net’ which has been widely used to date. Safety nets refer to relatively short-term social interventions that protect lives and ensure a basic level of subsistence, usually in response to crises such as droughts. While safety nets are related to social protection, there is a distinction between the scope, duration and objectives of safety nets, when compared to broader social protection measures, which takes a more proactive than reactive approach to vulnerability reduction. Figure 1 illustrates the objectives of different social protection initiatives, and situates safety nets within the broader frame of social protection.¹⁶

¹⁴ Dlamini, A. 2007: A CANGO/RHVP Case Study on Public Assistance in Swaziland. Report written for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg.

¹⁵ UNDP, 2006: Social Protection – The Role of Cash Transfers, Poverty in Focus, International Poverty Centre. Available from: <<http://www.undp-povertycentre.org/pub/IPCPovertyInFocus8.pdf>>

¹⁶ Devereux, S, 2006: Social protection mechanisms in southern Africa, Regional Hunger & Vulnerability Programme

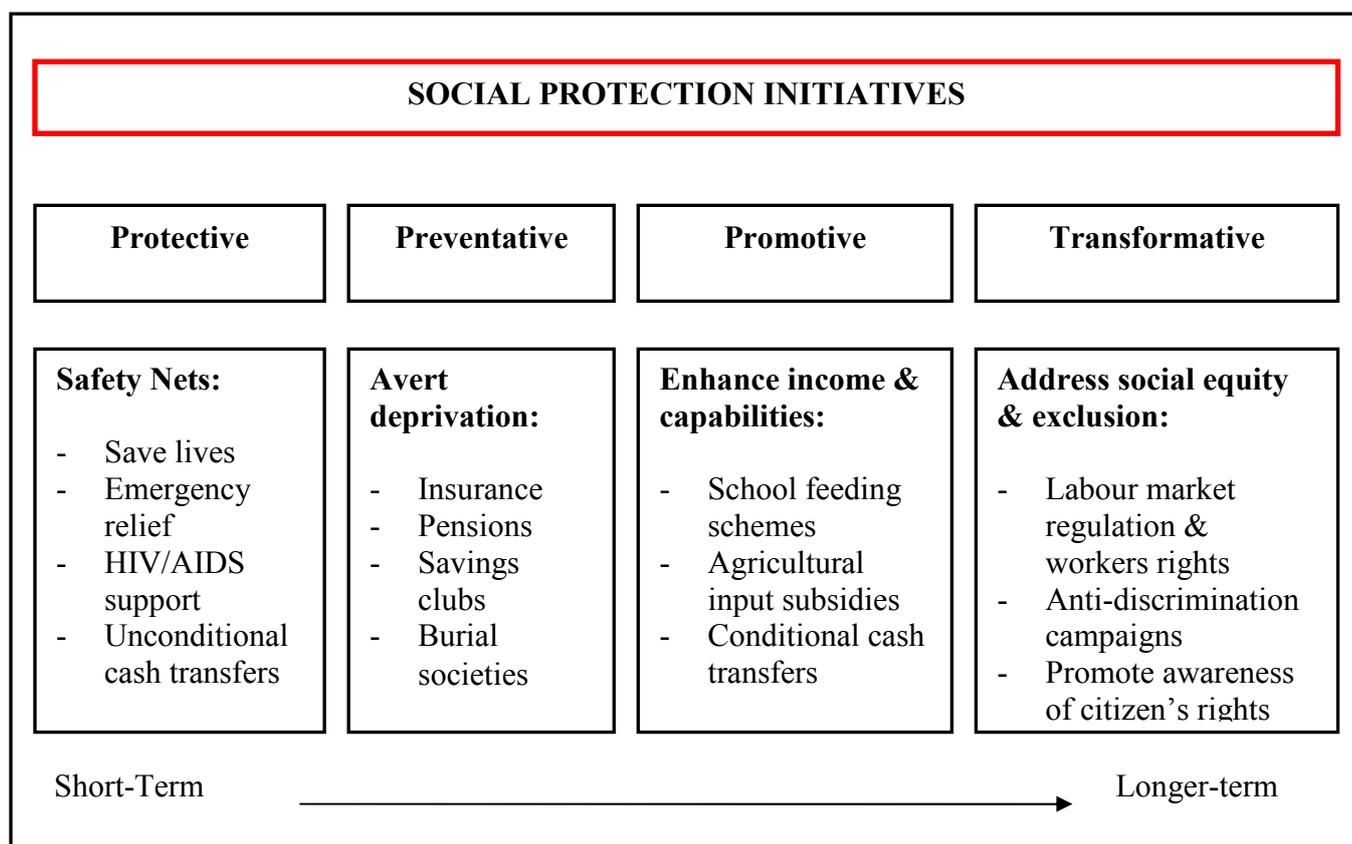


Figure 1: Social Protection objectives (Devereux, 2006)¹⁷

A social protection instrument that has received considerable attention in the last few years is the cash transfer. Humanitarian interventions have tended to focus traditionally on food aid, but this reactive form of assistance at best allows a return to the status quo, which is often still a situation of chronic vulnerability. Given that recurrent episodic crises exist in certain regions, including southern Africa, more innovative approaches to poverty and vulnerability reduction have emerged, which take a longer-term perspective and try to reduce vulnerability such that the occurrence of hazards such as drought can be better withstood. Cash transfers have a number of wide-ranging benefits apart from promoting food security. The predictability of cash transfers allows recipients to take a longer-term planning perspective with regards to their livelihoods. In addition, various impact studies have shown that cash transfers result in substantial benefits to recipients' self-esteem, social status and empowerment¹⁸. The distributive effects of cash transfers can also be substantial, often impacting the nutritional, education and health status of household members¹⁹. In this way, it has been shown that receipt of a pension in a household can also benefit children (and other household members), as appropriate education and healthcare can be afforded²⁰.

¹⁷ Devereux, S (2006): Social protection mechanisms in southern Africa, Regional Hunger & Vulnerability Programme.

¹⁸ Pelham, L., Nyanguru, A. and D. Croome. 2005. Country case study report on Lesotho's Old Age Pension. London: Save the Children/HAI/IDS; Mvula, P.M. 2007. The Dowa Emergency Cash Transfer (DECT) Project: A study of the social impacts. Report prepared for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg; Save the Children UK, HelpAge International, and Institute of Development Studies. 2005. Making cash count. Brighton: Institute of Development Studies. Available online at http://www.wahenga.net/uploads/documents/library/STC_IDS05_report.pdf.

¹⁹ For a review, see Vincent. K & Cull, T (2009): Impacts of Social Cash Transfers: Case Study evidence from across southern Africa. Conference paper No. 47, *II Conferencia do IESE "Dinamicas da Pobreza e Padrões de Acumulação em Moçambique"*, Maputo, 22 e 23 de Abril de 2009

²⁰ Ardington, E. and F. Lund. 1995. Pensions and development: social security as complementary to programmes of reconstruction and development. *Development Southern Africa* 12 (4) : 557-577; Lund, F. 1993. State social benefits in South Africa. *International Social Security Review* 46 (1) : 5-25; Moller, V. and A. Sotshongaye. 1996. "My family eat

Cash transfers can either be unconditional, where cash payments are made to households or individuals without requiring any kind of behavioural obligation; or conditional, where payments are conditional upon the use of specific services, such as school attendance²¹. Conditional cash transfers have typically been very popular in Latin America, where the political economy context is distinct and where infrastructure (for example schools and health care clinics) is sufficiently widespread to enable the attachment of conditions. In Africa, unconditional cash transfers tend to predominate.

Cash transfers form a growing part of social protection programmes in southern Africa, with schemes in Botswana, Lesotho, Mozambique, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Many of these schemes have been small pilot projects, often funded by donors and implemented by NGOs. The middle income countries, such as Mauritius, Seychelles, Botswana, Namibia and South Africa have the longest history of national cash transfer schemes, in the form of old age pensions. However, the positive impact shown by them has encouraged some lower income countries to also introduce national schemes. Examples include Lesotho, which has an Old Age Pension and now a Child Cash Transfer Grant; Swaziland, which has an Old Age Grant; and Zambia and Mozambique, which are both considering the introduction of a social pension. Outside of southern Africa, other low income countries that have established, or are in the process of establishing, national social pensions include Kenya, Uganda, Nepal and Bolivia. Although classified as a middle income country on aggregate, a large proportion of Swaziland's population are poor, and they have introduced an Old Age Grant as their flagship example of a cash transfer.

1.3.3 Swaziland's Old Age Grant

The OAG was adopted by the Government of Swaziland in 2005 in response to the extreme vulnerability experienced by the elderly. King Mswati III stated at the launch of the OAG:

'One outcome of the HIV/AIDS pandemic is the effect on our elderly. HIV/AIDS continues to kill a lot of our young people who leave behind orphans and uncared for elderly parents. Some of these elderly people sometimes go without basic support and yet they are expected to also care for the orphans. The nation recognised this problem at Sibaya meetings, and requested government to address the challenge. We are happy that Her Majesty the Indlovukazi (The Queen Mother) has already taken the lead, through Philani Maswati, to show us all that we must care for the elderly people and to ensure their last days are full of happiness and fulfilment. It is in the light of such difficulties, in which our elderly people live, that government has decided to increase the annual allocation to the social security fund to E30²² million for the benefit of our elderly poor citizens.'

(HMK, Mswati III, 2005, Speech from the Throne)²³

this too": pension sharing and social respect among Zulu grandmothers. South African Journal of Gerontology 5 (2) : 9-19; Moller, V. and M. Ferreira. 2003. Getting by...Benefits of non-contributory pensions for older South African households. Cape Town: Institute of Ageing in Africa, 87p; Devereux, S. 2001. Social pensions in Namibia and South Africa. IDS Working Paper 379. Brighton: IDS.

²¹ HelpAge International, IDS, Save the Children UK, (2005): Making Cash Count, Lessons from cash transfer schemes in east and southern Africa for supporting the most vulnerable children and households.

²² The Swazi Lilangeni (plural: Emalengeni) is pegged to the South African Rand. In March 2010 US\$1=E7.2

²³ Dlamini, A. 2007: A CANGO/RHVP Case Study on Public Assistance in Swaziland. Report written for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg.

The Swaziland OAG is managed by the Department of Social Welfare, which is housed within the Office of the Deputy Prime Minister. Cash payments are made quarterly to Swazi citizens who meet the eligibility criteria, namely that they are over 60 years of age, are not receiving another (private) pension, and provide proof of identification such as a passport, ID card or affidavit from the chief. They must also then register by completing a form which is then submitted to the Department of Social Welfare for checking and addition to the recipient database.

The OAG was first delivered through SwaziPost branches, until 2007 when there were some problems and the Department of Social Welfare started delivering the OAG through *Tinkhundhla* (district) centres. In July 2009, the Electronic Disbursement Programme (EDP) commenced, where Swazi Bank, the Swazi Building Society, First National Bank, Nedbank, Standard Bank and SwaziPost partnered with the Department of Social Welfare to offer electronic disbursement of the Old Age Grant. The EDP has been implemented through a phased approach.

- Phase 1: encouraging the 3,500 Old Age Grant recipients already in possession of bank accounts to receive their transfer electronically.
- Phase 2: Encouraging the remaining 60,000 Old Age Grant recipients who do not already have a bank account to open a cost-free bank account, through which they can access their transfer monthly (as opposed to quarterly) with one free transaction per month. Beneficiaries can instead opt to receive the OAG through SwaziPost.

The initial value of the OAG started small and has rapidly increased over the past four years, although it is still lower than the transfers made in neighbouring South Africa. The value of the OAG has increased from E240 quarterly in 2005, to E300 per quarter in 2006, to E500 per quarter in 2008, and then to E600 per quarter in 2009 (see Figure 2).

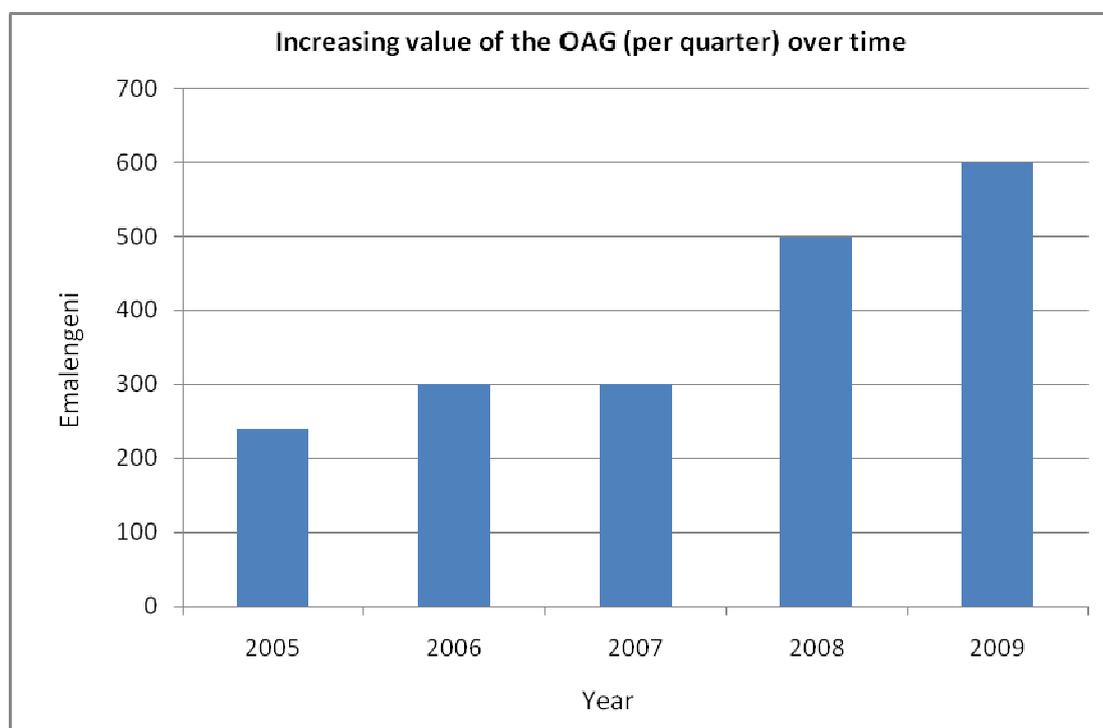


Figure 2: Increasing value of the OAG (per quarter) over time

1.3.4 An impact assessment of the Swaziland OAG

As cash transfers gain credibility as an effective form of social protection, especially in southern Africa, there is growing demand for empirical evidence on their impact and how they are being

delivered, which is essential to advocate for their expansion and improved cost-efficiency. Pilot short-term cash transfer projects in southern Africa that have been evaluated to date include Zambia's Social Cash Transfer²⁴, Malawi's Food and Cash Transfer²⁵ and subsequent Dowa Emergency Cash Transfer²⁶, Malawi's Social Cash Transfer in Mchinji²⁷, The Cash and Food Transfers Pilot Project in Lesotho²⁸, and Namibia's Basic Income Grant pilot²⁹.

In Swaziland, the only short-term pilot project that has been evaluated to date is the Emergency Drought Relief (EDR) Project. This was introduced in 2007/08, as a response to the drought and food crisis, by Save the Children UK. Over 6000 drought-affected households in the Lubombo and Shiselweni Regions were provided with a half ration of food and the equivalent amount of cash, over a period of six months. The EDR Project served as not only a humanitarian intervention, but also as a pilot for introducing cash transfers as a response to acute food insecurity in Swaziland. The EDR Project showed that cash improves nutrition and dietary diversity and allows the purchase of essential non-food items. It also illustrated that cash is invested in assets and livelihoods; with women often being empowered through receiving cash. In addition, cash delivery systems were seen as appropriate, timely, safe, well-targeted and scalable³⁰. While the EDR Project served as a valuable assessment of cash transfers in Swaziland, the project design was limited in terms of the location and duration of the project.

As well as short-term pilot projects, a number of national long-term programmes in southern Africa have been evaluated to date. These include South Africa's suite of cash transfers³¹ (particularly the old age pension³², child support grant³³ and disability payments), Mozambique's *Programa de*

²⁴ MCDSS/GTZ. 2007. The pilot social cash transfer scheme in Zambia: summary report. 6th edition. MCDSS: Lusaka. Available online at

www.socialcashtransferszambia.org/mediapool/28/282961/data/Scheme_documents/SCT_Summary-report_6th_.pdf;

MCDSS/PWAS/GTZ. 2005. External monitoring and evaluation report of the pilot social cash transfer scheme, Kalomo district, Zambia. Lusaka: MCDSS/GTZ.

²⁵ Devereux, S., Mvula, P. and C. Solomon. 2006. After the FACT: an evaluation of Concern Worldwide's food and cash transfers project in three districts of Malawi, 2006. Lilongwe: Concern Worldwide.

²⁶ Mvula, P.M. 2007. The Dowa Emergency Cash Transfer (DECT) Project: A study of the social impacts. Report prepared for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg;

²⁷ Miller, C., Tsoka, M. and Reichert, K. 2008. Impact Evaluation Report: External evaluation of the Mchinji Social Cash Transfer pilot. Boston: Boston University School of Public Health, 56pp.

²⁸ Devereux, S. and M. Mhlanga, 2008. Cash Transfers in Lesotho: An evaluation of World Vision's Cash and Food Transfers Pilot Project.

²⁹ Haarmann, C., Haarman, D., Jauch, H., Shindondola-Mote, H., Natrass, N., van Niekerk, I. and Samson, M. 2009. Making the Difference! The BIG in Namibia. Basic Income Grant Pilot Project Assessment Report, April 2009. Windhoek: BIG Coalition, 103pp.

³⁰ Devereux, S & Jere, D., 2008: Choice, Dignity and Empowerment? Cash and Food Transfers in Swaziland – An evaluation of Save the Children's Emergency Drought Response.

³¹ Samson, M., MacQuene, K. and I. van Niekerk. 2005. Addressing inequality: policies for inclusive development. A case study of social security in South Africa. Final report for the Inter-Regional Inequality Facility. Cape Town: EPRI; Samson, M., Lee, U., Ndlebe, A., MacQuene, K., van Niekerk, I., Ghandhi, V., Harigaya, T. and C. Abrahams. 2004. The social and economic impact of South Africa's social security system. EPRI Research paper 37. Cape Town: EPRI; Woolard, I. 2003. Impact of government programmes using administrative data sets: social assistance grants. Project 6.2 of the 10 year review research programme.

³² Moller, V. and M. Ferreira. 2003. Getting by...Benefits of non-contributory pensions for older South African households. Cape Town: Institute of Ageing in Africa, 87pp; Barrientos, A. 2005. Non-contributory pensions and poverty reduction in Brazil and South Africa. IDPM working paper. Manchester: IDPM.

³³ Williams, M.J. 2007. The social and economic impacts of South Africa's child support grant. EPRI working paper 39. Cape Town: EPRI; Aguero, J., Carter, M. and I. Woolard. 2007. The impact of unconditional cash transfers on nutrition: the South African Child Support Grant. Working Paper 39. Brasilia: International Poverty Research Centre.

Subsidio de Alimentos (food subsidy programme), and its predecessor, *Gabinete de Apoio à População Vulnerável* (GAPVU)³⁴, and Lesotho's Old Age Pension³⁵.

Swaziland's OAG has been in existence since 2005, but as yet no major studies of its impact or delivery mechanisms have taken place. By providing useful evidence on the impact of the OAG, the success of the scheme and the various delivery mechanisms can be evaluated. In addition, an impact evaluation can act as a useful baseline against which future impacts can be monitored.

As such, the purpose of this study is to bridge the gap, and aims:

- 1) To evaluate the impact of Swaziland's OAG on the vulnerability and well-being of beneficiaries;
- 2) To evaluate the beneficiaries' perceptions of the various delivery mechanisms offered to date.

³⁴ Datt, G., Payongayong, J., Garrett, L. and M.T. Ruel. 1997. The GAPVU cash transfer program in Mozambique: an assessment Washington DC: IFPRI; UNICEF, 2007. *Perfil dos Beneficiários do Programa Subsidio de Alimentos*, Maputo, Kula, Estudos e Pesquisas Aplicadas, Lda (in Portuguese); Taimo, N.V. and R. Waterhouse, 2007, REBA Case-Study of the Food Subsidy Programme of the National Institute for Social Action (INAS), Johannesburg.

³⁵ Croome, D. & Mapetla, M. (2007): The Impact of the Old Age Pension in Lesotho: Pilot Survey results of Manonyane Community Council Area, Roma. Institute of Southern African Studies, National University of Lesotho; Pelham, L., Nyanguru, A. and D. Croome. 2005. Country case study report on Lesotho's Old Age Pension. London: Save the Children/HAI/IDS; Croome, D. and A. Nyanguru. 2007. The impact of the Old Age Pension on Hunger and Vulnerability in a mountain area of Lesotho. Report written for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg.

2 Methodology

2.1 Research design

The aim of this study was twofold: to evaluate the impact of Swaziland's OAG on the vulnerability and well-being of beneficiaries, and to evaluate the beneficiaries' perceptions of the various delivery mechanisms offered to date. Given that the primary unit of social organisation in Swaziland is the household, and that resources are typically pooled within a household³⁶, this study looked at households containing at least OAG beneficiary. A household is defined as a group of persons eating and living together.

Impact evaluations commonly look at the social and economic situation of beneficiaries after the transfers have taken place, compared to a situation if the transfers had not been made. The 'counterfactual' measures would have happened to beneficiaries in the absence of the intervention, and impact is estimated by comparing counterfactual outcomes to those observed under the intervention. The key challenge in impact evaluations is that the counterfactual cannot be directly observed, but must be approximated with reference to a comparison group. Since there is widespread uptake of the OAG amongst eligible Swazi citizens, a control group is unavailable to compare the role played by the OAG. Other studies, such as the evaluation of the Old Age Pension in Lesotho, have used the next-best available demographic group (i.e. those on the cusp of eligibility) as a pseudo-control group. However, in Swaziland the time that has elapsed since the introduction of the OAG is short enough that beneficiary respondents of all ages are able to recall how their circumstances have changed, and thus responses are based on self-reporting. The advantage of this method is that respondents can be asked a wide range of questions on their well-being, education and income. A limitation of this approach is that recall bias may occur when beneficiaries have a differential ability to remember certain details about their history. Furthermore, it is also difficult to assess the impact of other factors that affect beneficiaries since the introduction of the OAG in 2005. A sample size of 400 was aimed at, which is around 1 per cent of the OAG beneficiaries³⁷. This enabled the implementation of a survey instrument that elicited both quantitative and qualitative data on households containing at least one OAG beneficiary.

2.2 Sampling frame

Operationalising the research design required decisions to be made regarding the sampling frame for the implementation of the survey instrument. There are estimated to be approximately 65,000 OAG beneficiaries in Swaziland. Beneficiary information, including location, should be held on the central database in order to determine the value of transfers that needs to be made per *Inkhundhla* per quarter (Figure 3). As part of its work with the government Task Team in 2007, RHVP obtained data on the distribution of OAG beneficiaries per *Inkhundhla* at that time from the Department of Social Welfare, and mapped them using *Tinkhundhla* boundary spatial data obtained from the Swazi Post Office. In order to encapsulate regional differences, but also ensure widespread availability of beneficiaries, a two-stage stratified random sample was used.

³⁶Targeted social programmes that provide cash transfers to the poor often have consequences for the behaviour of untargeted individuals due to income sharing within households. Because of income pooling within households, these grants have broad household impacts. Samson et al (2004), "The Social and Economic Impact of South Africa's Social Security System", Finance and Economics Directorate, Department of Social Development, EPRI, Cape Town pg 55

³⁷ The sample size is significant at the 95% confidence level with a confidence interval of 4.

The six *Tinkhundhla* with the greatest numbers of OAG beneficiaries (1102-1393) were selected, which happened to be spread across all four regions: Ntfontjeni and Motshane in Hhohho; Lomahasha and Siphofaneni in Lubombo; Sandleni in Shiselweni; and Mgwemphisi in Manzini. The next four *Inkhundhla* were chosen from the category with the second highest number of OAG beneficiaries in 2007 (853-1101); and in order to maintain geographical spread were chosen from the three regions with the highest population density: Madlamgampisi in Hhohho; Mtsambana in Shiselweni; and Mkhiweni and Ludzelude in Manzini. Thus two *Tinkhundhla* each in Lubombo and Shiselweni regions were sampled (the less populated regions), with three *Tinkhundhla* each in Hhohho and Manzini regions. The sample size of 400 is based on this geographical spread and is sufficient for validity of the sub-sample, as each *Inkhundhla* yields data for 40 beneficiary households.

Within each selected *Inkhundhla*, a community (in certain cases two communities) was randomly selected for administering the questionnaire. Figure 3 represents the geographical spread of the selected *Tinkhundhla* across the country. The sampling distribution is skewed towards rural areas, which reflects the fact that the majority of OAG beneficiaries retire to rural communities.

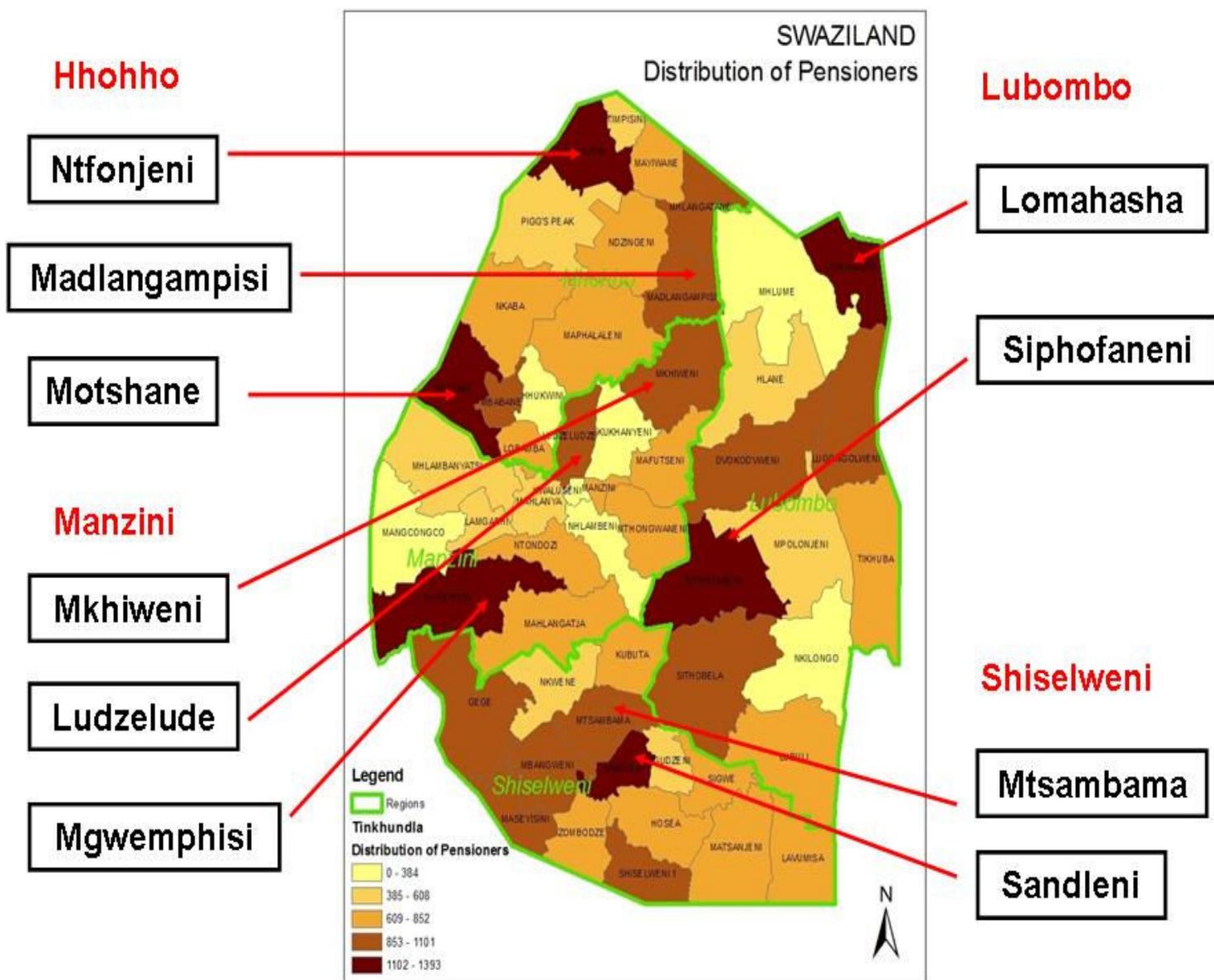


Figure 3: Map of the 55 *Tinkhundhla* in four regions in Swaziland, highlighting the 10 *Tinkhundhla* selected for sampling

Table 3 shows the selected communities which were chosen within each *Inkhundhla*. Within the selected communities, 40 household questionnaires were undertaken. In total 402 questionnaires were completed, due to extra time in one community.

Table 3: Selected communities per *Inkhundhla* and region where questionnaires were administered

Region	<i>Inkhundhla</i>	Community
Hhohho	Motshane	Enduma Nduma
Hhohho	Madlangampisi	Nkambeni
Hhohho	Ntfonjeni	Mshingishingini
Manzini	Mkhiweni	Mbelebelni
Manzini	Mgwemphisi	Bhadzeni 1 Bhadzeni 2
Manzini	Ludzeludze	Ludzeludze
Lubombo	Lomahasha	Lomahasha
Lubombo	Siphofaneni	Madlenya
Shiselweni	Sandleni	Sizandlala
Shiselweni	Mtsambama	Mbandlana

2.3 Design and piloting of household questionnaire

A household questionnaire was developed with inputs from the Lesotho Pensions Impact Group's surveys on the impact of the Old Age Pension in Lesotho³⁸ with numerous revisions in order to be appropriate to the Swaziland context. The questionnaires included a SiSwati version of each question, to assist field enumerators when conducting interviews. Copies of the questionnaires are included in the Annexure.

A survey team was assembled in order to administer the household questionnaires. The survey team consisted of a RHVP supervisor who was responsible for the overall management of the fieldwork component; two local supervisors who were responsible for co-ordinating the research assistants; 10 research assistants who administered the household questionnaires; and two data entry clerks, who input the data into spreadsheets. Assistance was also provided by UNICEF, based on their previous experience of working within the various *Tinkhundhla* in Swaziland, to identify a contact person in each community. They were then approached in advance of the arrival of the survey team to assist with the acquisition of local permission from the village chief to undertake the questionnaires.

A week of training was provided prior to undertaking the survey, in order to describe the aims of the study and allow the enumerators to familiarise themselves with the household questionnaires. A Fieldworker Training Manual was prepared, which described the background for the survey; methodology planning and logistics; as well as duties of team members. Each question was discussed, the rationale behind it described, and also translated into SiSwati, in order to assist enumerators in getting the most informative responses as possible when conducting the questionnaires. Once a SiSwati version of the questionnaire was completed, a pilot survey was conducted in a community adjacent to Mbabane, to test whether there were any modifications which had to be made to the questionnaire. This ensured the final questionnaires were easy to use, culturally appropriate and suitable for obtaining the information required for the study.

³⁸ Croome, D. & Mapetla, M. (2007): The Impact of the Old Age Pension in Lesotho: Pilot Survey results of Manonyane Community Council Area, Roma. Institute of Southern African Studies, National University of Lesotho; Croome, D. and A. Nyanguru. 2007. The impact of the Old Age Pension on Hunger and Vulnerability in a mountain area of Lesotho. Report written for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg.

2.4 *Administering the survey*

Once the household questionnaires had been designed and pilot tested, the survey was administered over a period of two weeks in November 2009. The first week's surveys were conducted in Manzini and Hhohho regions, targeting the selected *Tinkhundhla* and communities in the sampling frame each day. The second week's surveys were administered in the northern Hhohho region as well as in the Lubombo and Shiselweni regions. Permission had been sought in advance of arriving in the selected community and the community contact person was contacted on arrival to assist with the identification of areas where target households were located. With official permission and an explanation of the questionnaire purpose, only very few respondents declined to participate, citing previous engagements to which they had to attend.

Each of the 10 research assistants undertook four household questionnaires per day, with the duration of each questionnaire varying from 30 minutes to one hour. After 10 days of fieldwork, this led to 402 questionnaires completed with beneficiaries (two more than planned due to extra time in one community) of the OAG.

2.5 *Data analysis*

Completed questionnaires were delivered to two data entry clerks, who designed data entry spreadsheets for input of the questionnaire data. Data was input into the Statistical Package for Social Scientists (SPSS) programme. No data cleaning was required since extensive time in the preparation of the survey, coding, and training of enumerators meant that answers accurately reflected the questions. The spreadsheet formed the basis of the quantitative analysis on the impact of the OAG. This data was supplemented through discussions with local representatives from local NGOs *Pilani Miswati* and *Umtfunti MeSwati* Old Age Association, who represent the elderly in Swaziland.



Figure 4: Survey team who administered the survey



Figure 5: Research assistants completing questionnaires

3 Demographic characteristics of beneficiary respondents

Section 3 presents demographic characteristics of the 402 beneficiary respondents. While the response rate of all questions in the questionnaires was very high, certain respondents did not answer every question. As such percentages may not always add up to 100%.

3.1 Gender and age

The age of the beneficiary respondents ranged from 60 – 99 years of age, with an average age of 70 years. The majority of beneficiary respondents (65%) were female, with the remaining 35% male. Figure 6 shows the age distribution across male and female beneficiaries.

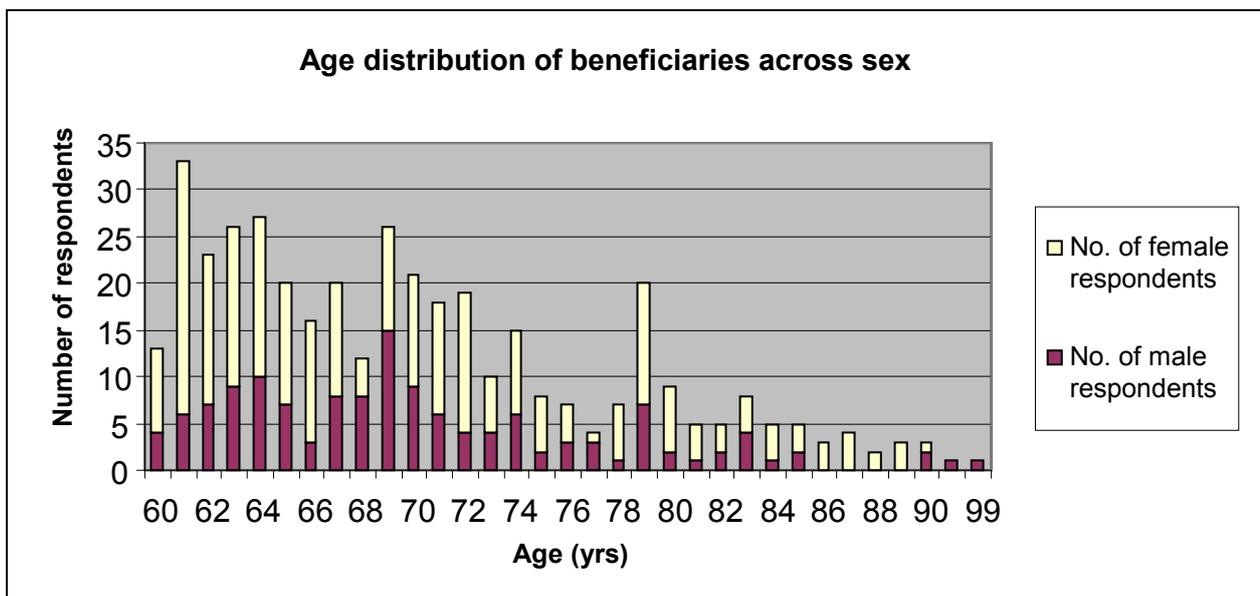


Figure 6: Age distribution of beneficiaries across sex

3.2 Education status

Respondents were asked about the level of education that they had received. The majority of beneficiaries (54%) had no schooling, followed by 35.8% who had primary schooling only (see Figure 7). Given their age profile, this is to be expected since access to education has improved over time (particularly for girl children), with Swaziland achieving universal primary education by 1985 (a situation that has subsequently deteriorated given a weakening economy and the escalation of orphans due to the HIV/AIDS pandemic).

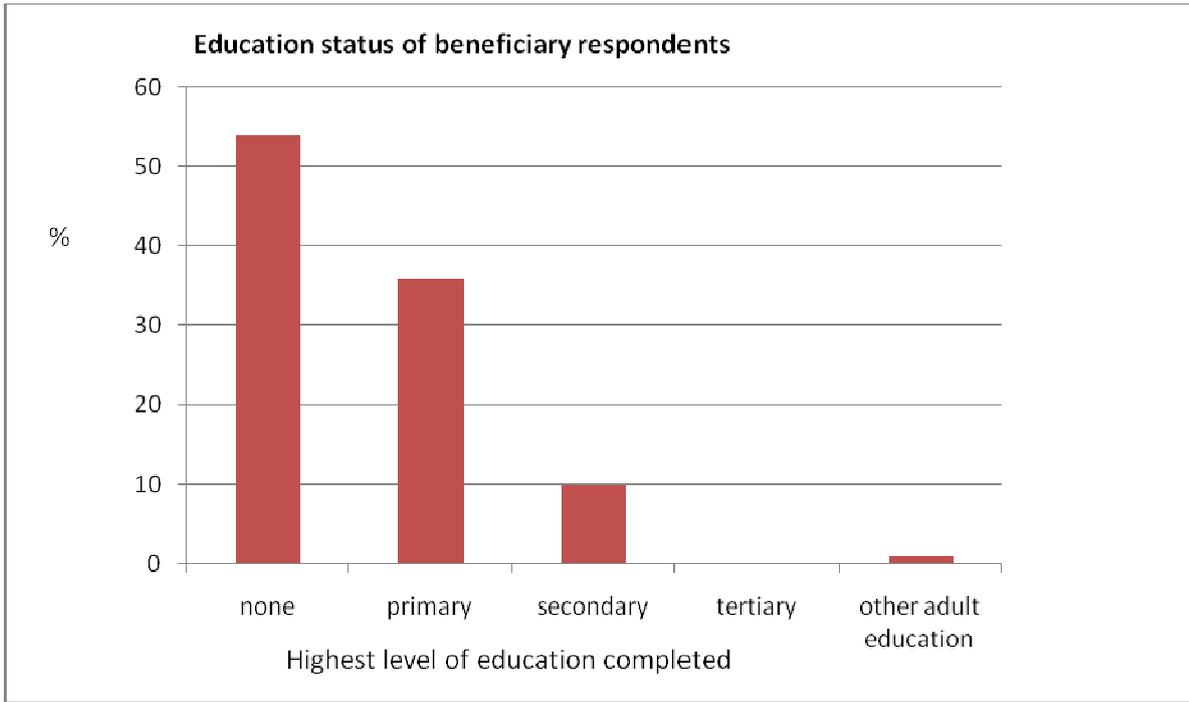


Figure 7: Education status of beneficiary respondents

3.3 Marital status

Figure 8 reveals that 50% of beneficiaries are married, 41% are widowed, 2% are divorced, 2% are separated and 5% have never been married. This is in keeping with the age-specific death rates and the reality that many of the beneficiaries have spouses who have passed away.

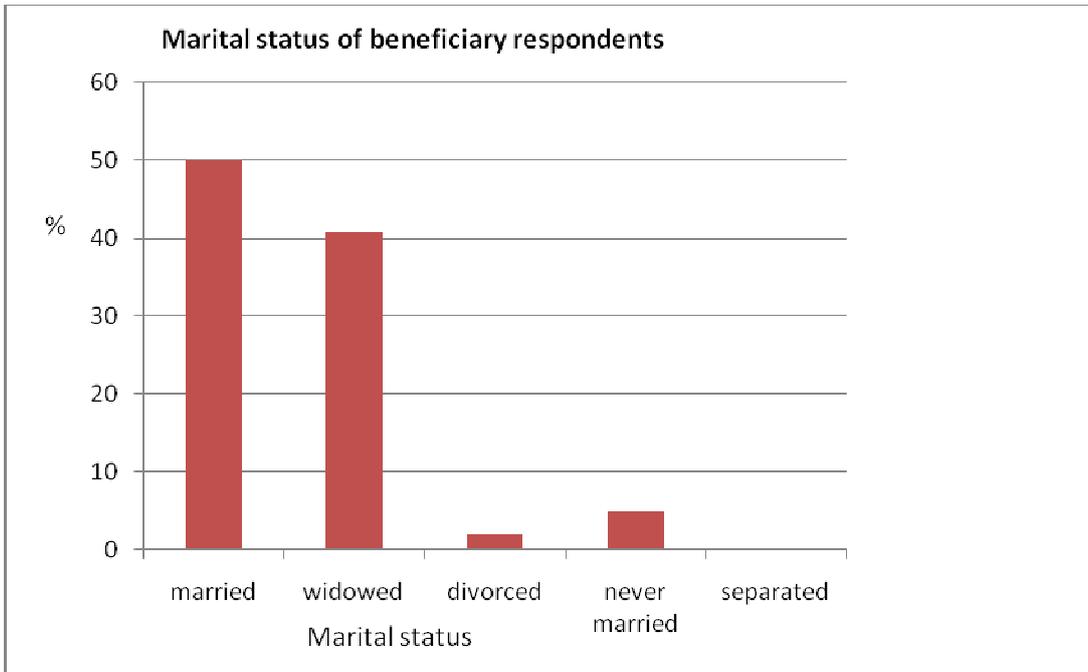


Figure 8: Marriage status of beneficiary respondents

3.4 Household size and composition

3.4.1 Number of adults

Respondents were asked how many adults lived in their household. The majority of beneficiary households had between 1 and 4 adults per household. Table 4 represents the number of adults per beneficiary respondent household.

Table 4: Number of adults per beneficiary household

No. of adults in household	Percentage of beneficiary respondents (%)
0 adults	9%
1 adult	22%
2 adults	24%
3 adults	19%
4 adults	11%
5 adults	5%
6 adults	5%
7 adults	3%
8 adults	1%
9 adults	0.5%
10 adults	0
11 adults	0.3%
12 adults	0.3%
13 adults	0.3%

3.4.2 Status of headship

Respondents were asked to identify the head of the household; 81% of beneficiary respondents cited themselves. Respondents' spouses were the next largest group, comprising 12% of beneficiary households. The remaining 5% of beneficiary respondents named their sons, with 1% naming their daughters, and none citing parents due to their relatively older age and the unlikelihood that parents would still be alive.

As far as OAG impact is concerned, the sex of the household head is arguably of greatest importance, as existing literature suggests that women heads of household are more likely than men to spend income for the benefit of all household members³⁹. Defining household headship is, however, problematic and dependent upon individuals' perceptions of what constitutes headship. This is further complicated in multi-generational households where headship, as defined in terms of household decision-making, tends to pass gradually from one generation to the next as parents become older. Among beneficiary respondents, 97% of males cited themselves as the household head (with 1% citing a son, 1% citing a spouse, and 1% citing another person). Female beneficiary respondents were more likely to cite a male head of household, with 17.4% citing a spouse, and 7.2% citing a son. However 74.2% cited themselves (and 1.1% cited a daughter). Bearing in mind that 65% of beneficiary respondents were female and 35% male, the number of male- and female-headed households in the beneficiary sub-sample is probably similar.

³⁹ Schatz, E. and C. Ogunmefun. 2005. *Caring and contributing: the role of older women in multigenerational households in the HIV/AIDS era*. Working Paper. Boulder: Institute of Behavioural Science, University of Colorado at Boulder, 25p.

3.4.3 Number of children

Respondents were asked how many children under the age of 18 resided in their households. Figure 9 illustrates that the majority of beneficiary households have children, with an average of four children per household.

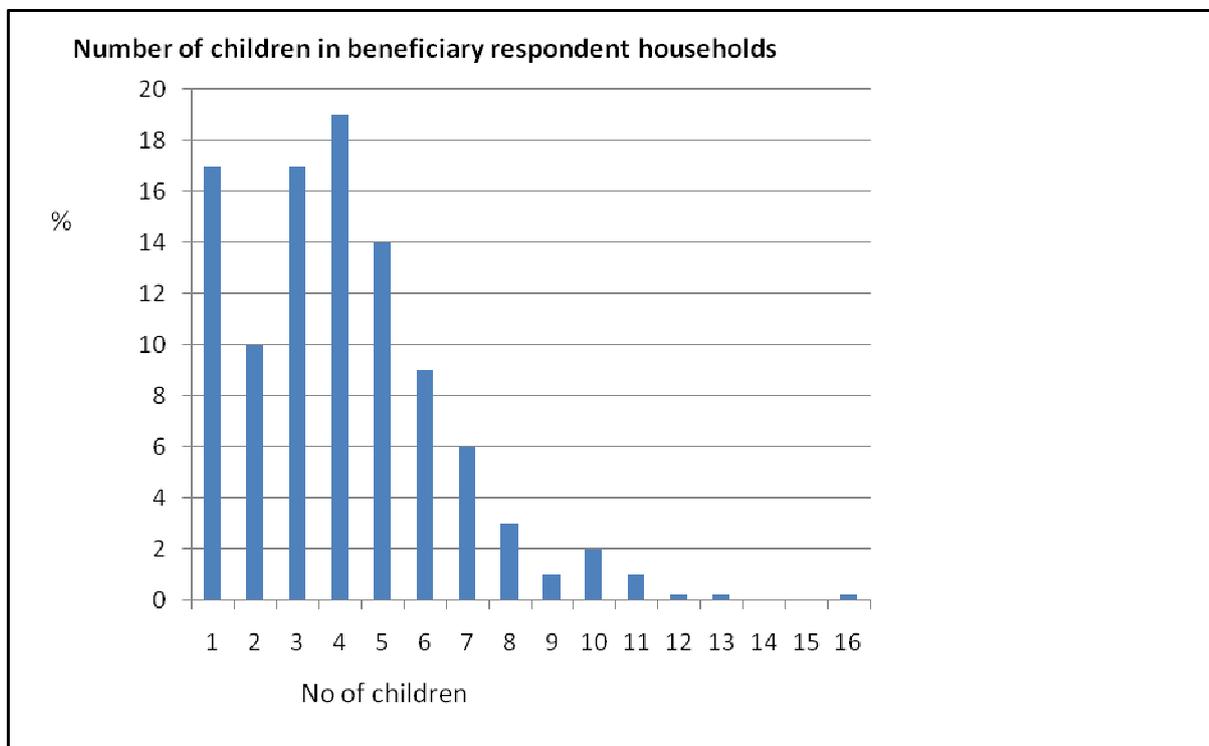


Figure 9: Number of children in beneficiary respondents' households

Respondents were further asked whether there were any orphans residing in their households. 50% of beneficiary respondents stated that orphans were resident in their household. Of this sub-sample, Figure 10 illustrates the number of orphans per beneficiary household. On average, there are two orphans per beneficiary household.

It is notable that several beneficiary households are home to significant numbers of orphans: 3% of beneficiary households house six orphans, 1% house seven orphans, 2% house eight orphans, and 1% house 11 orphans. Typically, adults at or near the age of eligibility to receive a pension, as are all respondents in this survey, have passed the life stage of being responsible for children. However, the high prevalence of HIV/AIDS in Swaziland means that households are increasingly multi-generational. As well as requiring psycho-social support and caring, having children in a household has significant financial implications, both in terms of their daily consumption needs and their education needs. 77% of the children in the respondents' households are enrolled in school. Household expenditure on school per term (which includes fees, uniforms and transportation) ranges from E0 to E6000, with an average of E926 per term⁴⁰. Any OVC are, in theory, eligible for an OVC Education Bursary through the Ministry of Education. While this education bursary assists with school fees, families still have to pay a proportion of school fees, as well as the costs of uniforms, transportation, books and stationery; which can be very difficult especially when there are numerous orphans in a household.

⁴⁰ The Swaziland academic year comprises three terms.

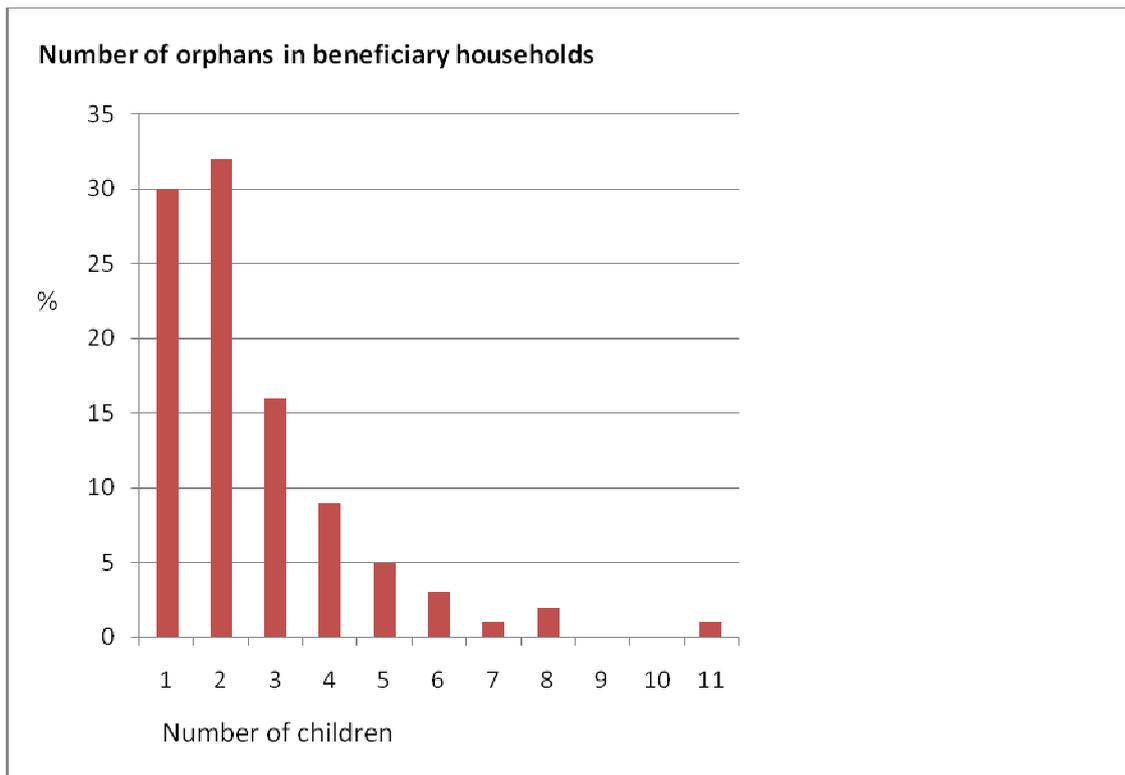


Figure 10: Number of orphans in beneficiary households

Furthermore, an analysis was undertaken to compare how many houses with orphans were female headed vs. male headed. As mentioned above, 50% (n=202) of households interviewed had orphans resident. The majority of orphans are in female beneficiary-headed households.

3.4.4 *Change in household composition over time*

These data confirm the impact of HIV/AIDS on household composition in Swaziland: many households of pensionable age are multi-generational, comprising grandparents, adult children and grandchildren, and indeed often “skip-generation” households, comprising grandparents and orphans (grandchildren and other family members).

Respondents were asked if a family member(s) had died in the past two years. 35% of beneficiary respondents confirmed that this was the case. Table 5 shows which family members have passed away: the greatest proportion was children, with 64% for beneficiary households. The average age of family member passing away in beneficiary respondent households was 34 years, again reflecting the age-specificity of HIV/AIDS-related death rates. No beneficiary respondents had a parent die in the preceding two years, reflecting their age and the fact that their parents are likely to have already passed away.

Table 5: Death of family members for beneficiary respondents in the past two years

Family member	Percentage of beneficiary respondents who had family members die in past two years (%)
Children	64%
Grandchildren	21%
Siblings	5%
Spouses	11%
Parents	0
Other family members	5%

3.5 *Summary of demographic characteristics of beneficiary respondents*

Table 6 summarises the demographic characteristics of beneficiary respondents. The average age of beneficiary respondents is 70 years and, reflecting sex-specific life expectancy, there were more women respondents than males (65:35 in beneficiary households). Also likely reflecting the fact that life expectancy for males is lower than for females, 41% of beneficiary households are widowed.

Only 46% of beneficiary respondents have completed primary and/or secondary school, reflecting the fact that these people would have been at school-attending ages earlier in the twentieth century when educational availability was poorer.

In terms of the households in which respondents reside, the devastating impact of HIV/AIDS in Swaziland is very clear. Although the average number of adults in beneficiary households is two, the fact that 41% of beneficiary respondents are widowed suggests that multi-generational households are common. 35% of beneficiary respondents had experienced a death in the household in the past two years, and in the majority of cases this was the death of an adult, with the deceased having an average age of 34 years. As a result of this, beneficiary respondents report an average of three children and two orphans in their households. If death rates amongst the economically active population were lower, this would be unexpected since fertility rates in Swaziland suggest that by the time they reach 60 (the youngest age of respondents in this survey), their children would be over the age of 18 and thus classified as adults. That the average number of children and orphans in both beneficiary households is so high suggests that grandparents frequently take in their grandchildren and/or other young relatives after the death of their parents, creating many “skip-generation” households.

Children add a financial burden to households: in addition to daily consumption needs for food and clothing, they need to attend school. Even if orphans are eligible to receive the government grant which covers their fees, there are additional expenses of uniforms, books and transport. The fact that half of beneficiary respondent households house orphans may be explained by the fact that the regular receipt of the OAG and resultant guaranteed income may better equip beneficiaries to be able to afford to raise orphans. The next section turns to expenditure patterns.

Table 6: Demographic characteristics of beneficiary respondents

	Beneficiary Respondents
Mean age (yrs)	70 years
Female (%)	65%
Male (%)	35%
Education (%)	No School (54%) Primary School (36%) High School (10%)
Marriage (%)	Married (50%) Widowed (41%) Never married (5%)
No. adults per household (%)	Average 2 adults
Head of household (%)	Respondents (81%) Respondents spouses (12%)
Deaths in household in past year (%)	35% of respondents (64% of subsample children; 21% grandchildren)
No. children per household (%)	Average 3 children
Households with orphans (%)	50%
No. orphans per household (%)⁴¹	Average 2 orphans
Children enrolled in school per HH (%)	74%

4 Financial assets, income, and support networks for beneficiary respondents

4.1 Income and assets

4.1.1 Income, assets & support

Respondents were asked for their main source of income (excluding grants), with the majority stating farming and selling the produce (with some overlap between the two categories: farming and selling produce, and selling livestock, handicrafts and other goods)(see Table 7). The largest category of beneficiary respondents cite no source of income (41%), with the second largest category involved in farming and selling produce (22%), followed closely by selling livestock, handicrafts and other goods (21%). Unsurprisingly, none cite a regular salary, and presumably due to age, ill health and household obligations, none cite piece jobs as a source of income.

Table 7: Beneficiary respondents' sources of income

Source of income	No of beneficiary respondents (%)
Farming and selling produce	22%
No source of income	41%
Formal salary	0%
Selling livestock, handicrafts & other goods	21%
Piece jobs	0%

Income received by beneficiary respondents from a formal salary ranges from E0 – E5000 monthly per household, with an average of E500 per month. Average income from making and selling goods

⁴¹ Percentage is relevant to subsample of survey population that have orphans in household

and home-grown produce is E617. Only 4% of beneficiary respondents receive any income from property rental, ranging from E40 – E3500, with an average of E893 per month. It is not surprising that average income from formal employment, and making and selling goods or home-grown produce is low amongst beneficiaries, as they are older and less able to work. In addition, receipt of the OAG guarantees them a fixed level of income every quarter, thus cushioning them from the need to seek income from other sources.

That said, the fact that some beneficiary respondents do still make and sell goods and home-grown produce is likely enabled by the receipt of the OAG, which allows them to afford necessary inputs. A previous study on the OAG in Swaziland showed how the prospect of a guaranteed income through the OAG did indeed provide access to farm inputs on easy (concessionary) terms, particularly through agricultural cooperatives and credit unions⁴². In order to assess if the OAG has impacted the source of household income, beneficiaries were asked whether the household's main source of income had changed since receiving the OAG. 18% of beneficiary respondents stated that this had changed, with responses including having more money to buy fertilisers, being able to purchase a tractor, being able to buy more goods for their businesses and purchasing livestock. It is certainly the case then that the impact of the OAG is multiplied amongst some beneficiaries, who use the money they receive to generate more money for their households.

There were observed cases of beneficiaries who collect the OAG in Swaziland, also collecting the South African Old Age Pension. The close proximity of many communities to South Africa, as well as the high value of the South African Old Age Pension (R1010 per month in 2009) in comparison to the Swaziland OAG (E600⁴³ quarterly), acts as an incentive to claim both grants, irrespective of the fact that this is fraudulent. The South African Old Age Grant is a means tested grant and is only eligible for South African citizens who receive no other social grant⁴⁴. While it should not be possible to collect both grants, it reportedly happens through beneficiaries either having dual Swazi/South African citizenship or using a family member's South African identity documents to claim the South African Old Age Grant.

4.1.2 Grants, in-kind assistance and contributions from friends and family

The OAG is not the only grant received by many households. 33% of beneficiary respondents had a household member in receipt of other grants, 92% of which were the OVC Education Grants, with the remaining respondents citing a pension (for another household member), Public Assistance Grant and school fee assistance from the NGO World Vision.

In-kind assistance contributes a small amount to household well-being for beneficiaries. 17% of beneficiaries receive in-kind assistance, the bulk of which comprises food aid, followed by farm inputs and assistance through Africa Co-operative Action Trust (ACAT) Christian poverty and farm support programme. A small number of beneficiaries also cited the receipt of school uniforms provided by World Vision. The frequency of this in-kind support varies from monthly to yearly, and exactly when this support might be received is unknown. Thus, whilst it can form an important contribution to household well-being in beneficiary households, the unpredictability of it makes it

⁴² Dlamini, A. 2007. A review of social assistance grants in Swaziland: a CANGO/RHVP case study on public assistance in Swaziland. Report written for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg.

⁴³ The Swazi currency Lilangeni (plural: Emalengeni) is pegged to the South African Rand.

⁴⁴ Department of Social Development, 2010: Old Age Grant. Available from:
<http://www.dsd.gov.za/index.php?option=com_content&task=view&id=106>

difficult to rely on as respondents are never guaranteed that it will arrive in the same way as cash transfers.

Contributions from family and friends provide a small amount, with 20% of beneficiary respondents receiving money, clothes and groceries from family or friends living outside the household. The frequency of arrival of such support does, however, vary, with beneficiaries receiving weekly to every three months.

4.1.3 *Livestock and crops*

Respondents were asked how many livestock they own, as well as whether they grow their own crops or vegetables. 61% of beneficiary respondent households own livestock. The most common form of livestock owned is chickens, owned by 41% of beneficiaries. This is followed by cattle (31% of beneficiaries), goats (16% of beneficiaries), pigs (2.5% of beneficiaries), and finally, ducks (0.5% of beneficiaries). Chicken ownership is likely high due to the fact that chickens are affordable and also represent a source of meat should liquid assets be insufficient to afford to buy from the market. In rural Swazi communities, as across southern Africa, cattle represent a substantial form of wealth, with many people choosing to invest in cattle rather than banking-based savings products should a surplus of money become available. Cattle are also a saleable asset that allows investments to be liquidated should the need arise (many respondents cited the sale of cattle at the beginning of the school year to afford fees, for example). Their greater purchase price relative to chickens explains why they are owned by fewer respondent households. Another contributing factor is likely to be the fact that tending cattle is typically a male activity, and two thirds of beneficiary respondents were female, so it could be that they no longer have the capacity to manage livestock. It may also be that beneficiary households are more impoverished and thus have had to liquidate their livestock assets to facilitate day-to-day consumption needs, although similar levels of income (both actual and in-kind) as shown in sections 4.1.1 and 4.1.2 does not back this up. Another possibility is that beneficiary respondent households are more concerned with day-to-day survival, which is facilitated by the regular receipt of the OAG, and less concerned about asset accumulation given their life stage.

Beneficiaries were asked if they are able to spend more money on livestock after receiving the OAG. Only 9% of respondents confirmed that they spent more money, by purchasing more food, vaccines and medicines for livestock. Individual circumstances will, of course, vary, and mean that various combinations of these three options will be valid depending on the context.

Crops and vegetables are grown by the majority of beneficiary (78%) respondent households. The most popular crop is the staple foodstuff, maize, with almost a quarter of households also growing their own vegetables⁴⁵. In particular, 19% of beneficiary respondents stated that they are able to grow more with receipt of the OAG through buying more seeds, fertilisers, the hiring of tractors, purchase of manure; and purchasing petrol for a water pump. This indicates that receipt of the OAG positively contributes to food security in households of beneficiaries (for more information see Section 4.3).

⁴⁵ These percentages refer to respondents who stated that they grew their own crops (not the entire sample). Respondents may grow more than one type of vegetable and as such percentages do not add up to 100%.



Figure 11: OAG beneficiary and two orphans in front of the household crops. This beneficiary is disabled and relies on help from other family members.

4.2 Outgoings and expenditures

4.2.1 Debts

20% of beneficiary respondents stated that a household member has debts. Of these, over half owe money for farming equipment – perhaps reflecting the fact that receipt of the OAG has enabled them to afford inputs and thus continue to farm. 20% owe money for food, school fees and utility bills, and a smaller proportion of beneficiary respondents owe money for vehicles, business expenses, and accommodation (although interestingly, only 1% of beneficiaries owe money for accommodation, again suggesting that OAG receipt does enable them to secure the means for their daily survival) (see table 8).

Table 8: Status of household debts of beneficiary respondents

Category of debt	Percentage of beneficiary respondents (%)
Food, school fees & utility bills	20%
Farming equipment	52%
Vehicles	9%
Business expenses	13%
Accommodation	1%
Livestock	4%

In order to add a temporal dimension to this snapshot survey, respondents were also asked if their households had experienced financial difficulty in the past year. This was affirmed by 86% of beneficiary respondent households. Furthermore, just under half of beneficiaries (49%) agreed that they had experienced less financial difficulty since receiving the OAG. This suggests that, despite the rapid rate of increase in quarterly transfer since its inception in 2005, the value of the OAG is not sufficient to ensure adequate quality of life at all times for all recipients.

4.2.2 *Health care*

Health care and its associated costs (both in terms of getting to clinics/hospitals and affording medication) typically form a major component of household outgoings among the poor, especially among the elderly. It is not surprising, therefore, that 71% of beneficiary respondents confirmed there have been times in the past year where they could not afford the health care that they needed.

In order to assess if the OAG has had an impact on healthcare spending at a household level, the 71% of beneficiary respondents were asked if they were, nevertheless, more able to afford health care after receiving the OAG. The majority of respondents confirmed that they spent more on health care for themselves after receiving the OAG; however 29% were still unable to afford the healthcare that they needed. Again, this reiterates that whilst the OAG plays a positive role, the amount of the transfer is still insufficient to maintain the health and wellbeing of all recipients.

Furthermore, to assess whether the OAG has any impact on the healthcare of other household members, beneficiaries were asked whether they are able to spend more money on the healthcare of others in the household. 25% of beneficiary respondents confirmed that this is the case, with grandchildren benefiting the most (76%). This confirms findings from similar studies in South Africa, where pension money pooled amongst household members increased the health status of other household members beyond the direct grant recipient⁴⁶.

4.2.3 *Education*

With such a high prevalence of OVC, many of whom are cared for by grandparents, expenditure on education is another regular outgoing from many households. 74% of children in beneficiary respondents' households are enrolled in school. Beneficiary households spend between E100 – E8950 per term on school fees, uniforms and transportation, with an average spend of E952 per term. Only 3% of respondents stated that there were children in their households who were out of school prior to receiving the OAG, who are now back in school. That means that receipt of the OAG only enables school attendance for a small proportion of the 26% of children not attending school prior to receiving the OAG. This can be explained by the fact that many households have a large number of (grand)children, and the value of the OAG is insufficient after other expenses to cover school fees for all children.

4.3 *Food security*

Roughly half of beneficiary respondents (48%) grow most of their food, and roughly half (52%) purchase most of their food.

⁴⁶ Case, Anne. 2001. Does money protect health status? Evidence from South African pensions. NBER working paper series 8495. NBER: Cambridge, Massachusetts.

In order to determine the impact of the OAG on food security, questions were asked about the frequency and quality of meals. Table 9 shows that the majority of beneficiary respondents (46%) eat three meals per day. All beneficiary respondents ate at least one meal per day, and 24% confirmed that household members eat more frequently since receiving the OAG.

Table 9: Number of meals eaten by members in beneficiary households per day

Number of meals household members eat per day	Percentage of beneficiary respondents (%)
Less than 1	0%
1	11%
2	41%
3	46%
4	1.5%

In addition to the quantity of meals, questions were asked on the quality of meals consumed by beneficiary respondent households. Over a third of beneficiary respondents eat meat twice a month; with over 20% eating meat weekly or even twice a week (see Figure 12). When asked if receipt of the OAG had contributed to an increase in dietary diversity and quality of diet, 28% of beneficiary respondents believed that this was indeed the case. Of the 28% of respondents who correlate the OAG with an increase in meal quality, Table 10 differentiates the reason for improved quality.

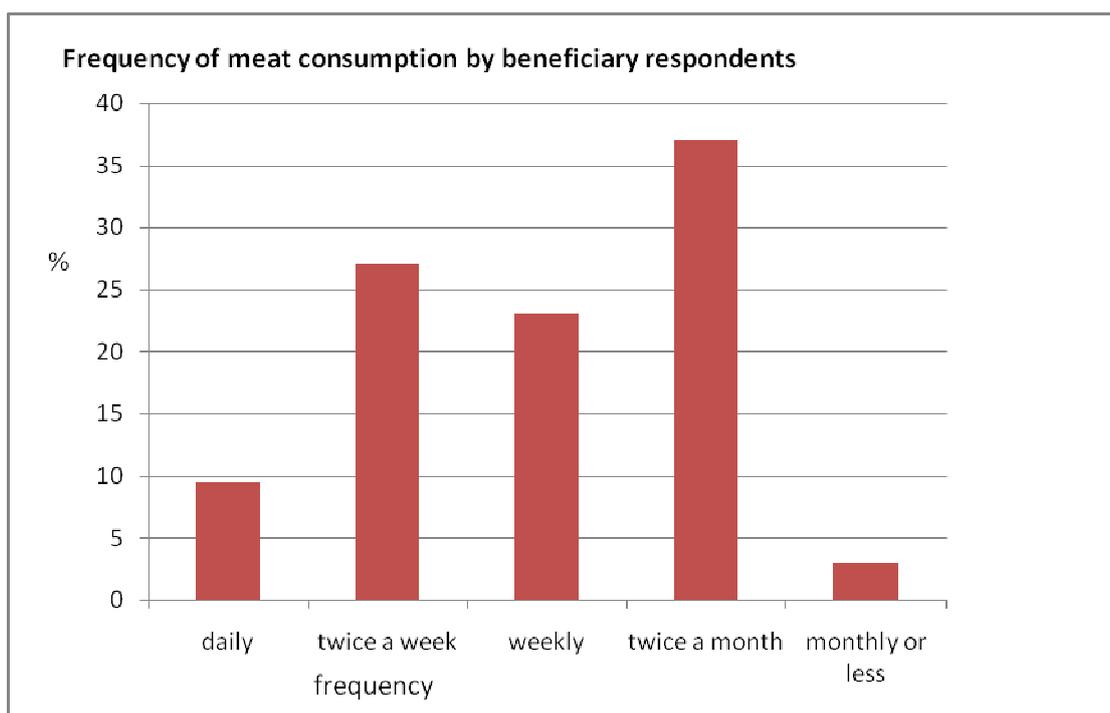


Figure 12: Frequency with which beneficiary respondents eat meat

Table 10: Cause of increase in meal quality after receiving OAG

Increase in meal quality	Percentage of beneficiary respondents (%)
Eating more meat	23%
Eating more vegetables	25%
Eating a greater diversity of food types	53%

29% of beneficiary respondents also confirmed that after receiving the OAG they were able to purchase more foods. Table 11 illustrates which foods are purchased more often after receiving the OAG. The staple foodstuff maize is bought by 65% of beneficiary respondents, ensuring minimum calorific intake; meat is bought by 45%, explaining the increased frequency of meat consumption, and vegetables and other goods are purchased by 37%, explaining increased dietary diversity. It is therefore clear that receipt of the OAG positively influences food security of beneficiaries and their households in Swaziland, and that these impacts relate to improved frequency and quality of meals.

Table 11: Foods purchased more frequently after receiving OAG

Foods purchased more often after receiving OAG	Percentage of beneficiary respondents (%)
Meat	45%
Vegetables	25%
Maize	65%
'Other' – beans, sugar and rice	12%

4.4 Other discernible impacts of the OAG in Swaziland

4.4.1 Status in the household and community

Impact studies and evaluations of other cash transfers have shown that receipt of a grant, regardless of the type, can raise the self esteem and social status of the beneficiary⁴⁷. In the case of OAG receipt, this can change the way the elderly are perceived as a drain on financial resources to active contributors to the household. Indeed, the fact that their presence brings in money enabled 79% of beneficiary respondents to decide how money would be spent in the household, or at least expect that other family members would respect their priorities, with qualitative responses such as:

'I decide what to do'

'I am able to tell my daughter-in-law to buy something'

'I decide what to do with my money'

'I am the eldest, so I have to decide'

Beneficiaries were also asked whether they think they receive more respect as an old person now that they receive the OAG. Only 20% of beneficiary respondents think they get more respect, which could either be attributed to a generally high level of respect as a norm, or to relatively limited impact of OAG on respect levels. Qualitative responses included:

'I am now very important in the community'

'We are able to contribute something now financially'

'I no longer depend on my sons' contributions'

⁴⁷ Pelham, L., Nyanguru, A. and D. Croome. 2005. Country case study report on Lesotho's Old Age Pension. London: Save the Children/HAI/IDS; Mvula, P.M. 2007. The Dowa Emergency Cash Transfer (DECT) Project: A study of the social impacts. Report prepared for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP), Johannesburg; Save the Children UK, HelpAge International, and Institute of Development Studies. 2005. Making cash count. Brighton: Institute of Development Studies. Available online at http://www.wahenga.net/uploads/documents/library/STC_IDS05_report.pdf; Surender, R., Ntshongwana, P., Noble, M. and Wright, G. 2007. Employment and Social Security: A Qualitative Study of Attitudes towards the Labour Market and Social Grants. Department of Social Development. South Africa.

4.4.2 Accommodation

Beneficiary respondents were asked if their household has spent more money on their house since receiving the OAG. Only 12% of beneficiary respondents stated that they have done so, with money spent on renovations and maintenance, painting and the purchase of building materials.



Figure 13: The dilapidated house of an OAG beneficiary. This beneficiary lives alone with her orphaned grandchild.



Figure 14: An OAG beneficiary with her orphaned grandson. This eight-year old boy has to care for his disabled grandmother. He is responsible for buying food when money is available, but often has to beg for food and money.

4.5 Perceptions of the OAG among beneficiaries

Whilst sections 4.1 to 4.4 have interrogated the impact of the OAG with specific focus on income and expenditures in certain categories, beneficiaries were also given the opportunity in the survey to indicate where the OAG has enabled them to acquire goods and services that they otherwise might not be able to afford.

Table 12 shows the percentage of beneficiary respondents reporting a change in expenditure on different goods and services after receiving the OAG. The largest categories of changed expenditure are food (groceries; vegetables and fruit; meat, chicken and/or fish), fuel, clothing and shoes and personal items, thus indicating that the OAG is primarily used for consumption and day-to-day survival. Other important categories of expenditure include utilities (electricity, water and telephone), and personal goods (alcohol and tobacco). Small numbers of beneficiaries also invest the money they receive in risk-sharing mechanisms such as burial societies (which provide funeral services in the event of death of a household member), or use it for the well-being of other people. Arguably the greatest counter-claims with regard to cash transfers are that money will be “wasted” or “misused”. It is thus particularly notable that when asked about the change in spending on lottery and gambling, 48% said this was not applicable (indicating that they do not spend through this outlet in the first place) and the remaining 52% said that their spending in this category has not changed since receiving the OAG.

Table 12: Percentage change in spending after receiving OAG

Expense category	Percentage of beneficiary respondents whose spending on category has changed after receiving OAG (%)
Groceries	68%
Vegetables and fruit	44%
Meat, chicken &/or fish	63%
Rent or bond payment	1%
Electricity	12%
Water	12%
Fuel (Coal, paraffin, wood)	39%
Telephone	5%
Clothing and shoes	44%
Personal items (toiletries, haircuts, personal gifts)	50%
Alcohol and tobacco	7%
Money or goods given to outside household	2%
Burial society dues	3%
Savings	5%
<i>Lottery and gambling</i>	<i>48% not applicable; 52% no</i>

4.6 Summary: impact of the OAG on beneficiary households

The impact of the OAG on different household characteristics is described in Section 3.2, with a summary of each impact illustrated in Table 13. Significant impacts in health care, financial decision-making and spending on groceries, meat and personal items were noted. In addition, many respondents stated in response to open-ended qualitative questions that they spent their OAG on paying school fees as well as on farming improvements. There is thus evidence to show that receipt of an OAG by one member of a household benefits other members of the household; and that receipt of an OAG enables greater food security and even the accumulation of surplus agricultural products to sell.

Table13: Impact of the OAG on household characteristics (change since before receiving the grant)

	Impact of the Old Age Grant
Health care	<i>Respondents:</i> 71% of respondents, who could not afford health care in past year, are more able to afford health care for themselves after receiving the OAG. <i>Household members:</i> 25% of respondents could spend more on health care of other household members after receiving the OAG.
Accommodation	12% of respondents spend more money on accommodation after receiving the OAG.
Education	Only 3% of respondents stated that there were children who were out of school prior to the OAG and after receiving the OAG have returned to school. However, many beneficiaries responded in qualitative questions that they used the OAG to pay for grandchildren’s school fees.
Income	18% of respondents stated that their main source of income changed after receiving the OAG – but for many more respondents they have been able to use the OAG money to increase their earnings from other sources, such as agriculture and handicrafts (making mats).
Financial decisions	73% of respondents have more of a say in how money is spent in the household after receiving the OAG.
Respect	20% of respondents think that they are more respected after receiving the OAG.
Crops	19% of respondents grow more crops and vegetables after receiving OAG.
Livestock	9% of respondents spend more money on livestock after receiving OAG.
Financial difficulty	49% of respondents stated that there was less financial difficulty after receiving the OAG.
Expenses	Biggest changes in spending are for following expense categories: <i>Groceries:</i> 68% <i>Meat, chicken &/or fish:</i> 63% <i>Personal items:</i> 50% <i>Vegetables &/or fruit:</i> 44% <i>Clothing & shoes:</i> 44% <i>Fuel:</i> 39%
Food security	<i>Meal frequency:</i> 24% of respondents eat more meals after receiving OAG. <i>Meal quality:</i> 28% of respondents have an increase in meal quality after receiving OAG. <i>Purchase of food:</i> 29% of respondents purchase more food as opposed to growing more food after receiving OAG. <i>Buying in bulk:</i> 27% of respondents buy more food at a time after receiving OAG.

5 Delivery mechanisms

Swaziland's OAG is also interesting insofar as the government has experimented with a number of different mechanisms for delivering the cash to the beneficiaries. The system for delivering cash transfers has received much attention of late, following evidence from a number of schemes that disproportionate administration costs are spent in this regard. Indeed there is also growing focus on the potential for electronic delivery of cash, which can offer benefits of cost effectiveness and flexibility to both the government and the beneficiaries⁴⁸.

When it was first introduced, the OAG was delivered using a traditional "pull" mechanism, where beneficiaries were "pulled" to a set location at a set time and their cash was transferred physically. This occurred every quarter. The delivery partner at this stage was the parastatal organisation, SwaziPost and Telecommunications, using post offices around the country. After two rounds of delivery, however, SwaziPost defaulted, causing furore amongst beneficiaries⁴⁹. The government then took over the quarterly delivery using *Tinkhundhla* offices as the paypoints, whilst a Task Team was established to investigate alternative delivery mechanisms. The latest development was the Electronic Disbursement Programme (EDP), a three phase programme where five major financial institutions in Swaziland – Swazi Bank, the Swazi Building Society, First National Bank, Nedbank and Standard Bank – and SwaziPost are all partnering with the Department of Social Welfare to offer electronic disbursement of the OAG.

The first phase of the EDP began in July 2009. During this phase, the 3,500 Old Age Grant recipients already in possession of bank accounts were encouraged to receive their transfer electronically. Phase 2 of the Electronic Disbursement Programme, which started in late 2009, entails encouraging the remaining 60,000 Old Age Grant recipients who do not already have a bank account to open a cost-free one with the institution of their choice, through which they can access their transfer monthly (as opposed to quarterly) with one free transaction per month.

In phase 2, recipients also have the choice of accessing their cash through the SwaziPost post office. Once all current Old Age Grant recipients that choose bank accounts are banked, phase 3 will start – a competitive tender process under which any parastatal or private sector partner is encouraged to think creatively to bid on the right to manage the delivery of the Old Age Grant into the future.

5.1 Registration for OAG

In order to receive the OAG, eligible persons over the age of 60 years need to register. Registration for the OAG now requires beneficiaries to have a Personal Identification Number (PIN). Beneficiaries were asked where they registered for the OAG and if they had any problems with the registration process.

⁴⁸Devereux, Stephen and Katharine Vincent. 2010. Using technology to deliver social protection: exploring opportunities and risks. *Development in Practice* 20 (3): 367-379; Vincent, Katharine and Tracy Cull. Forthcoming 2011. Cell phones, electronic delivery systems and social cash transfers: Recent evidence and experiences from Africa. *International Social Security Review*; Vincent, Katharine. 2010. Electronic delivery of social cash transfers: Lessons learned and opportunities for Africa. *Frontiers of Social Protection* brief number 3, RHVP: Johannesburg. Available online at <http://www.wahenga.net/sites/default/files/briefs/FOSP%20-%20BRIEF%203%20-%20Web.pdf>

⁴⁹Vincent, Katharine and Nicholas Freeland. 2008. Social transfer delivery mechanisms at the national level: innovations from Swaziland and Mozambique. In *Social Protection for the Poorest in Africa: Compendium of papers presented during the international conference on social protection, Entebbe, 8-10th September*, p102-109.

The majority of beneficiary respondents (92%) registered for the OAG at *Tinkhundhla* centres. The remainder of respondents named the chief's kraal, *Umphakatsi* (an administrative subdivision smaller than an *Inkhundhla*), social welfare offices and Swazi Post Offices, as registration points.

Beneficiaries were asked whether they had any problems registering for the OAG. 96% of respondents claimed that they had no problems registering. Only a small percentage of respondents had problems, and these problems were related to administrative issues such as not having a PIN number or copies of a birth certificate.

Beneficiaries were asked whether they collect the OAG themselves. 97% of respondents stated that they collect the OAG themselves, with the remaining respondents said their siblings, children or spouse collect it on their behalf. A nominated person is able to collect the OAG on behalf of beneficiaries, if they are registered with the Department of Social Welfare. This provides flexibility for beneficiaries who are bedridden or in a state of health which prevents them from getting to a paypoint.

Beneficiaries were asked through which mechanism their OAG is currently delivered. The vast majority of beneficiary respondents (95%) receive the OAG from *Tinkhundhla*, 5% of respondents have the OAG deposited into a bank account, and only one respondent (0.2%) received it through SwaziPost. This reflects the national proportions of beneficiaries expected to participate in phase 1 of the EDP, where less than 1% of OAG recipients already have bank accounts.

Beneficiaries were furthermore asked if they have always received the OAG through this delivery mechanism. 86% of respondents have always received the OAG through their current delivery mechanism; while 14% have changed the method of delivery. Of those who have changed the way they receive the OAG, 23% used to receive it from *Tinkhundhla* centre and now receive it through a bank account (reflecting participation in the EDP), while 70% of respondents used to receive from SwaziPost and now receive it from *Tinkhundhla* centres.

5.2 *Delivery through SwaziPost*

Beneficiaries who have received the OAG through SwaziPost Offices, whether in the past or currently, were asked a set of questions. 51 respondents, representing 13% of the sample, have received the OAG through SwaziPost at some stage. Of the respondents who have received the OAG this way, 98% received it this way only when the OAG first commenced. Only 0.2% of respondents stated that they currently receive the OAG through SwaziPost. Thus the majority of the data presented in sections 5.2.1 and 5.2.2 reflect experiences with a delivery mechanism some time ago.

5.2.1 *Travel to paypoints*

Beneficiary respondents were asked how long it takes them to travel to the SwaziPost paypoints; by what means they travel to the paypoints, and the costs of travelling to paypoints. This is represented in Table 14, 15 and 16 respectively. For the majority of respondents, it took between 30 minutes to 1 hour to travel to the paypoints. The majority of respondents travelled via taxi to SwaziPost paypoints; spending between E10 and E20. This justifies the reason that SwaziPost was chosen to deliver the OAG in the first place, due to its widespread infrastructure meaning ease of accessibility in terms of time and money for beneficiaries.

Table 14: Travel time to SwaziPost paypoints

Travel time to SwaziPost paypoints	Percentage of beneficiary respondents (%)
<15 minutes	0%
15-30 minutes	26%
30 minutes– 1 hour	52%
>1 hour	22%

Table 15: Travel method to get to SwaziPost paypoints

Travel method to get to SwaziPost paypoints	Percentage of beneficiary respondents (%)
Walk	24%
Taxi	66%
Private car	6%
Other	4%

Table 16: Travel costs to get to SwaziPost paypoints

Travel costs to SwaziPost paypoints (E)	Percentage of beneficiary respondents (%)
<E5	2%
E5 - E10	30%
E10 – E20	36%
E>20	4%
Not applicable	28%

5.2.2 Collection at paypoints

Beneficiaries were asked how long they typically wait at SwaziPost paypoints. Table 17 illustrates that the majority of respondents waited for over an hour at the paypoints. This represents a significant challenge for older persons, who may need access to toilet facilities or have difficulties with standing for long periods of time. The majority of this sub-sample experienced delivery through SwaziPost at the beginning of the programme, in 2005-06, and indeed such problems raised by beneficiaries through their MPs was a contributing factor in government taking over the payment.

Table 17: Waiting times at SwaziPost paypoints

Waiting times at SwaziPost paypoints	Percentage of beneficiary respondents (%)
<15 minutes	2%
15 – 30 minutes	0%
30 minutes – 1 hour	28%
>1 hour	70%

Despite having to wait some time to be served, responses suggested that having got to their turn to be seen, only 8% of beneficiaries utilising the SwaziPost post offices cited problems. These problems related to long queues, a beneficiary's name not appearing on payroll and one claim of staff inexplicably deducting E20 from the OAG payment.

Beneficiaries who currently receive, or have received, the OAG through SwaziPost, were asked whether they were aware of the EDP. 86% of respondents were aware that the OAG could be deposited into a bank account; however only 12% had bank accounts. Given that 5% of this sample

of beneficiaries are currently receiving their transfer into their bank accounts, this means that some beneficiaries with bank accounts are choosing not to receive their transfer through this mechanism. Reasons for this include high transport costs to reach the nearest bank branch.

When those respondents who currently receive the OAG through SwaziPost were asked whether they were planning to ever have the OAG deposited into their bank account, 22% stated that they would due to convenience. So a substantial proportion of the beneficiaries who have not yet had experience with the EDP are considering doing so. Reasons for not wanting to be part of EDP include high transport costs to get to banks; the perception that banks steal money from beneficiaries; and the distance to walk to the bank is too far.

5.3 Delivery through Tinkhundhla centres

Beneficiaries who receive, or have ever received, the OAG through a *Tinkhundhla* paypoint were asked a set of questions. 381 respondents, representing 95% of the sample, currently receive the OAG through a *Tinkhundhla* paypoint.

5.3.1 Travel to paypoints

Beneficiaries were asked how long it takes to travel to the *Tinkhundhla* paypoints. Table 18 illustrates that for the majority of respondents, it took between 15 to 30 minutes to travel to the paypoints. This explains why *Tinkhundhla* centres were chosen to succeed SwaziPost as the paypoints since they are similarly well distributed nationally and thus do not require undue effort to reach.

Table 18: Travel time to *Tinkhundhla* paypoints

Travel time to paypoint	Percentage of beneficiary respondents (%)
<15 minutes	21%
15-30 minutes	42%
30 minutes– 1 hour	31%
>1 hour	6%

Beneficiaries were furthermore asked by what means they travel to *Tinkhundhla* paypoints. Table 19 shows that the vast majority of beneficiaries (79%) walk to *Tinkhundhla* paypoints.

Table 19: Travel method to get to *Tinkhundhla* paypoints

Travel method to get to <i>Tinkhundhla</i> paypoints	Percentage of beneficiary respondents (%)
Walk	79%
Taxi	9%
Private car	4%
Other	8%

Beneficiaries were also asked what they spent in travelling costs to get to the *Tinkhundhla* paypoint, see Table 20. For most respondents, this is not applicable (49%), or a small amount of less than E5 (23%). This does not correlate directly with the high percentage of respondents who stated that they walk to *Tinkhundhla* paypoints.

Table 20: Travel costs to get to *Tinkhundhla* paypoints

Travel costs to <i>Tinkhundhla</i> paypoints (E)	Percentage of beneficiary respondents (%)
<E5	23%
E5 - E10	21%
E10 – E20	7%
E>20	1.5%
Not applicable	49%

5.3.2 Collection at paypoints

Beneficiaries were asked how long they typically have to wait at *Tinkhundhla* paypoints. Table 21 illustrates that most respondents waited more than an hour, with reports of beneficiaries waiting the entire day at paypoints⁵⁰

Table 21: Waiting times at *Tinkhundhla* paypoints

Waiting times at <i>Tinkhundhla</i> paypoints	Percentage of beneficiary respondents (%)
<15 minutes	3%
15 – 30 minutes	8%
30 minutes – 1 hour	33%
>1 hour (This ranged up to whole day)	56%

Only 5% of beneficiary respondents had any problems at *Tinkhundhla* paypoints, with long queues, reportedly rude staff, names not on the payroll and frustration at the alphabetical roll call of beneficiaries cited as examples. Some recipients also mentioned frustration at not being able to collect prior payments, since payments do not roll over if not collected on the specific payment day.

39% of beneficiary respondents who receive the OAG through *Tinkhundhla* paypoints know that the OAG can be deposited into a bank account. Only 23% of beneficiaries who receive the OAG through *Tinkhundhla* paypoint have a bank account; and only 19% are ever planning to have the OAG deposited into their bank account. This low percentage is mainly due to fear of high bank charges, as well as the long distances to banks and associated high travel costs. Another significant factor that was mentioned was the fear of thugs who will steal the OAG, especially when walking to towns to access banking services. A perceived inability to operate an ATM, due to illiteracy or not being educated to do so, was also mentioned, as well as long banking queues, and an inability to save any money.

Beneficiary respondents mentioned some benefits of having the OAG deposited in a bank account, including the ability to use an ATM at any time; not missing a payment if you are not present to collect; receiving money monthly and also being able to save money.

⁵⁰ On the last day of administering the questionnaires, a newspaper reported the death of a 77 year old beneficiary, who collapsed while waiting for over four hours at an *inkhundhla* paypoint in Mbabane East. The newspaper article criticised the length of time that beneficiaries had to wait and the alphabetical order in which beneficiaries were called upon to receive the OAG. Times of Swaziland, 27 November 2009. ‘Gogo (77) Dies Collecting Grants’ pp 1- 2.

5.4 Delivery through EDP

Beneficiary respondents who receive the OAG into their bank accounts were asked how they registered for the EDP. Responses varied from already having a bank account, to registering at *Tinkhundhla* or SwaziPost offices.

No beneficiary respondent had any problems registering to receive the OAG into their bank account.

5.4.1 Travel to paypoints

Beneficiary respondents who receive the OAG through the EDP were asked how long they have to travel to get to the bank/ATM. Table 22 shows that the majority of respondents travel 30 minutes to 1 hour to access the bank/ATM paypoints.

Table 22: Travel time to bank/ATM paypoints

Travel time to paypoints	Percentage of beneficiary respondents (%)
<15 minutes	9.5%
15-30 minutes	33%
30 minutes– 1 hour	48%
>1 hour	9.5%

Beneficiary respondents were asked by what means they travel to get to the bank/ATM. Table 23 shows that the majority of respondents travel via taxi to access bank/ATM paypoints.

Table 23: Travel method to get to bank/ATM paypoints

Travel method to get to paypoints	Percentage of beneficiary respondents (%)
Walk	29%
Taxi	52%
Private car	14%
Other	5%

Beneficiary respondents were asked what they spend in travelling costs to get to the bank/ATM. Table 24 shows that the majority of respondents stated that they spent between E10 and E20 in travel costs to access the bank/ATM paypoints.

Table 24: Travel costs to get to bank/ATM paypoints

Travel costs to paypoints (E)	Percentage of beneficiary respondents (%)
<E5	0%
E5 – E10	9.5%
E10 – E20	43%
E>20	14%
Not applicable	29%

5.4.2 Collection at paypoints

Beneficiary respondents who receive OAG through the EDP were asked how long they typically wait at the bank/ATM paypoints. Table 25 shows that the majority of respondents spent less than 15 minutes waiting at the bank/ATM to access the OAG.

Table 25: Waiting times at bank/ATM paypoints

Waiting times at paypoints	Percentage of beneficiary respondents (%) ⁵¹
<15 minutes	76%
15 – 30 minutes	14%
30 minutes – 1 hour	5%
>1 hour	0%

No beneficiary respondents reported any problems at the bank/ATM paypoints with staff or queues, nor with theft on their way home. However, during discussions with NGOs representing the elderly in Swaziland, cases were mentioned where OAG recipients felt either ignored or discriminated against by bank managers and staff. This was due to a perception of beneficiaries not being part of the usual bank clientele, and not actively contributing to the banks due to the waiving/reduction of standard fees.

80% of beneficiary respondents who receive OAG through EDP stated that they leave money in their accounts instead of withdrawing all of it.

5.5 Comparison of delivery mechanisms

Table 26 provides a comparison of the different delivery mechanisms with regards to travel time, cost and method; as well as waiting times at paypoints. At the present time, *Tinkhundhla* paypoints are the closest to most beneficiaries, who are able to walk to the paypoints, and thus incur lower travel costs than those beneficiaries who travel to SwaziPost paypoints or their banks. Interestingly, whilst electronic delivery mechanisms are often touted as increasing convenience and reducing access costs for beneficiaries⁵², beneficiaries in Swaziland highlighted the limitations of the restricted banking infrastructure as explanations of their reluctance to convert to the EDP (even if they currently have a bank account), as travel time (and thus costs) are similar to those required to access SwaziPost paypoints (and a little more than *Tinkhundhla*). Of course, these figures do not take into account the fact that with the EDP, beneficiaries have the flexibility in terms of the time they access – which can be at their own convenience, as opposed to on a predetermined payday – and thus could theoretically be undertaken in conjunction with other chores and tasks. Once beneficiaries have arrived at a bank, of course the time required for them to receive their cash is much less (less than 15 minutes for most, as opposed to over one hour at both SwaziPost and *Tinkhundhla* paypoints).

Table 26: Comparison of delivery mechanisms

	SwaziPost	<i>Tinkhundhla</i>	Electronic Disbursement Programme (EDP)
<i>Respondents who use delivery mechanism (%)</i>	0.2%	95%	5%
<i>Travel time to get to paypoint</i>	30 minutes – 1 hour (52%)	15 – 30 minutes (42%)	30 minutes – 1 hour (48%)
<i>Travel method</i>	Taxi (66%)	Walk (79%)	Taxi (52%)
<i>Travel costs (E)</i>	E10 - E20 (36%) E5 - E10 (30%)	Not applicable (49%)	E10 – E20 (43%)
<i>Waiting time at paypoints</i>	>1 hour (70%)	> 1 hour (56%)	< 15 minutes (76%)

⁵¹ Not all percentages add up to 100% due to non-responses.

⁵² Vincent, Katharine. 2010. Electronic delivery of social cash transfers: Lessons learned and opportunities for Africa. Frontiers of Social Protection brief number 3, RHVP: Johannesburg. Available online at <http://www.wahenga.net/sites/default/files/briefs/FOSP%20-%20BRIEF%203%20-%20Web.pdf>

Given the current limitations of the banking infrastructure, and the skewed spatial distribution that favours urban areas relative to rural areas, a further analysis was done on delivery mechanisms based on geographical distribution of sampled *Tinkhundhla*. Two largely semi-urban *Tinkhundhla* were compared against two largely rural *Tinkhundhla* to assess the predominant delivery mechanism in each group. Table 27 shows that in this specific comparison, all beneficiaries in rural *Tinkhundhla* received the OAG through *Tinkhundhla* centres, while in more semi-urban *Tinkhundhla*, there are more beneficiaries receiving the OAG through the EDP. This confirms that the distribution of bank branches and ATMs across the country is one of the factors which influence the uptake of the EDP. In more semi-urban areas, banking services are generally more prevalent and as such beneficiaries residing closer to urban areas may be more likely to receive the OAG through the EDP.

Table 27: Comparison of delivery mechanisms in rural vs. semi-urban *Tinkhundhla* (for location of *Tinkhundhla* see Figure 3)

Delivery mechanism	Rural <i>Tinkhundhla</i>		Semi-urban <i>Tinkhundhla</i>	
	Mkhiweni	Sandleni	Motshane	Ludzeludze
<i>SwaziPost</i>	0%	0%	0%	0%
<i>Tinkhundhla</i>	100%	100%	90%	97%
<i>EDP</i>	0%	0%	10%	3%

Table 28 compares the travel time to collection points between the above four selected *Tinkhundhla*. In the more rural *Tinkhundhla* (Mkhiweni and Sandleni), travel times ranged mostly between 15 minutes to 1 hour, while in the semi-urban *Tinkhundhla* the majority of beneficiaries travelled less than 30 minutes to collect the OAG. This is explained by the fact that transport infrastructure is better in semi-urban areas, and the higher density of people means that *Tinkhundhla* paypoints are similarly likely to be nucleated. In the semi-urban *Tinkhundhla*, those beneficiaries that receive their cash through the EDP travelled less: between 15 and 30 minutes.

Table 28: Comparison of travel time to collection points in rural vs. semi-urban *Tinkhundhla*

Travel time to collection point	Rural <i>Tinkhundhla</i>		Semi-urban <i>Tinkhundhla</i>	
	Mkhiweni	Sandleni	Motshane	Ludzeludze
<i>Tinkhundhla</i>				
<15 mins	10%	20%	33%	23%
15 – 30 mins	32%	42%	53%	51%
30 mins – 1 hour	48%	35%	14%	21%
> 1 hour	10%	3%	0%	5%
Electronic Disbursement Programme				
<15 mins	0%	0%	0%	0%
15 – 30 mins	0%	0%	100%	100%
30 mins – 1 hour	0%	0%	0%	0%
> 1 hour	0%	0%	0%	0%

5.6 Attitudes of beneficiaries towards oft-cited concerns about cash transfers

In addition to the economic factors relevant to OAG receipt, for example the costs incurred (in terms of actual transport costs and time costs), other concerns have been raised in regard to cash transfers. These relate to fears for the personal safety of, by definition, vulnerable groups of people who are paid in cash on widely-publicised dates, as well as the potential inflationary effects in the community of regular cash injections. This section also addresses beneficiaries' perceptions of the administrative and delivery process they experience to receive the OAG, and highlights any other concerns voiced by beneficiaries during the survey.

Beneficiaries were asked if they felt safe after collecting their OAG. The majority of beneficiary respondents (96%) feel safe on the way home after collecting their OAG; however a small remainder of respondents stated that they do not feel safe. This is due to being afraid of thugs, especially as some respondents feel vulnerable due to the distances that they have to travel.

Beneficiaries were asked if they have ever had their OAG stolen, with only 3% of respondents stating that this has happened. Incidents include house breakings at night to steal the OAG, a grandson stealing the OAG, and one occasion where thieves broke into the post office and stole all the money due to be disbursed.

Beneficiaries were asked whether they think local traders charge more for goods and services since they know that old people receive the OAG. 22% of beneficiary respondents stated that they think this does happen. Respondents mentioned that

'prices change every now and then'

'prices are hiking all the time'

'traders start charging higher prices since they start receiving OAG'

'hiking of food prices'.

When asked what method of delivery is preferable, 16% of beneficiary respondents said through the bank/ATM as it is safer to keep money in the bank, faster to access money and they are able to save money. It is also convenient for beneficiaries that live in urban areas and beneficiaries receive money monthly. 79% of beneficiary respondents said through the *Tinkhundhla* paypoint as it is closer to their homes, safer and cheaper to receive the OAG this way. Only 0.5% stated they prefer SwaziPost as there are no queues or bank charges. Some respondents also mentioned that they would prefer to receive the OAG monthly.

Furthermore, beneficiaries were asked whether they received the OAG on time, with 75% of beneficiary respondents confirming that it was received on time.

Only 2% of beneficiaries stated that they had any other problems with the OAG. These relate to being registered in the wrong area, administrative errors at paypoints and a strong opinion that the OAG should be paid monthly and not quarterly.

When asked what beneficiaries do if there is a problem with the OAG, respondents stated that they reported the problem to the *Inkhundhla* officials. Beneficiaries noted that when they complained about a problem, the problems were mostly solved.

6 Conclusion

The study had two aims: to evaluate the impact of Swaziland's OAG on the vulnerability and well-being of beneficiaries, and to evaluate the beneficiaries' perceptions of the various delivery mechanisms offered to date. Given the short period of time that has lapsed since the introduction of the OAG in 2005, all recipients are able to recall how their circumstances were before receipt, compared to after. Thus, the methodology employed involved questionnaires with beneficiaries (n=402). The surveys were administered using a two-stage stratified random sampling framework that ensured geographical coverage across the country, whilst taking into account the uneven distribution of OAG beneficiaries throughout the 55 *Tinkhundhla*.

From asking OAG beneficiaries to compare their situation before and after OAG receipt, and through comparing the vulnerability and well-being of beneficiaries relative to the control group, data shows that the OAG has had widespread positive impacts. The most significant impacts were noted in healthcare, financial decision-making and spending on groceries, meat and personal items. In addition, many beneficiaries stated that they spent their OAG on paying school fees as well as on farming improvements, thus confirming that benefits spread to other household members.

An assessment of the various mechanisms through which the OAG is delivered illustrated that the majority of beneficiary respondents prefer to receive the OAG through *Tinkhundhla* paypoints, as these are closer to their homes, safer and cheaper. Some beneficiaries stated that the EDP is the preferred method of delivery as cash is safer, faster to access and banks provide the facility to save, in addition to allowing more flexible access to their cash. A very small percentage of respondents preferred the SwaziPost mechanism, due to short queues and no bank charges.

While each delivery mechanism has its own advantages, problems with the *Tinkhundhla* and SwaziPost paypoints included the long queues and the quarterly receipt of the OAG, which does not roll over if not collected. The government is encouraging the uptake of the EDP, and evidence certainly shows that waiting times to access cash through banks and ATMs is far less than through SwaziPost and *Tinkhundhla* (partly because when beneficiaries are paid into their bank accounts they can access their cash at a time convenient to them, which spreads out the demand on infrastructure relative to the one payday per quarter at SwaziPost and *Tinkhundhla* centres). However, there are some significant challenges to this delivery method, including the limited distribution of banking facilities in rural areas of Swaziland, as well as a high degree of banking illiteracy amongst beneficiaries. The private sector partners under the EDP might consider the rollout of mobile banking services (or wider distribution of point-of-sale devices) in rural areas in order to help alleviate this problem, as part of expanding into new markets and service commitments to "banking the unbanked".

In summary, the OAG has proved to be a valuable social protection intervention for reducing the absolute poverty and food insecurity experienced by so many of the elderly, and their households, in Swaziland. Now that the administrative system and institutional framework for the registration of beneficiaries and disbursement of cash has been established, efforts need to be maintained to continue increasing the value of the transfer. Although the rate of increase to date has been impressive, this has partly reflected the low starting value of the transfer, and efforts should be made to ensure that increases keep it in line with the changing prices of basic goods, to ensure that it maintains its effectiveness in reducing vulnerability.

Household Questionnaire: OAG Beneficiaries

This section consists of the Household Questionnaire for Old Age Grant (OAG) beneficiaries.

SWAZILAND OLD AGE GRANT IMPACT ASSESSMENT
HOUSEHOLD QUESTIONNAIRE
BENEFICIARIES OF OLD AGE GRANT

*Check that there is a member of the household who is receiving the OAG present.
Questions must be answered by the Beneficiary.
Ask permission to undertake questionnaire about the OAG and how it has affected their lives.*

INTERVIEWER DETAILS:

Name of Interviewer: _____
Interview Number (To be assigned) _____
Date of Interview (date/month) _____

Interviewer: ‘Thank you for agreeing to talk to me about your Old Age Grant. When we are talking I will ask you questions about you and your household, and how receiving the Old Age Grant has impacted you. Any information you give will not be linked to your name.’

Sawubona ligama lami ngingu _____ ngisuka enhlanganweni yaka RHVP. Senta lucwaningo kutawutfola kutsi lembasha yebantfu labadzala iyawenta yini umehluko etimpilweni tenu. Konkhe lokusho lapha angeke kuhlanganiswe neligama lakho, futsi kute lomunye lotowati ngako.

PRELIMINARY INFORMATION:

Name and Residence

Family (Last) Name: _____
First Name (s): _____
Village/Town: _____

No.	Question	Coding Categories (Please circle)	Explanation (Please describe in detail where required)
SECTION 1: BENEFICIARY DETAILS			
1.1	How old are you? (<i>Mingakhi iminyaka yakho?</i>)	(Enter age or approximate age in next column)	
1.2	What is the sex of the beneficiary? (<i>Bulili?</i>)	1: Female 2: Male	
1.3	What is your education status? (<i>Wafundza wagcina kabani?</i>)	1: No schooling 2: Primary school 3: High school 4: Tertiary education	
1.4	What is your marital status? (<i>Wenzile yini / watsatsa yini?</i>)	1: Married 2: Widowed 3: Divorced 4: Separated 5: Never married	

SECTION 2: HOUSEHOLD COMPOSITION AND SOCIAL POSITION

<p>2.1</p>	<p>How many people live in this household that are under 18 years old? (<i>Bangakhi bantfwana labengephansi kwemnyaka lelishumi nesiphohlongo labahlala lakhaya?</i>)</p>	<p>(Enter number in next column)</p>	
<p>2.2</p>	<p>How many people live in this household aged over 18 years? (<i>Bangakhi bantfu labangetulu kwemnyaka lelishumi nesiphohlongo labahlala lakhaya?</i>)</p>	<p>(Enter number in next column)</p>	
<p>2.3</p>	<p>Who is the head of the household? (<i>Ngubani inhloko lakhaya?</i>)</p>	<p>1: Beneficiary 2: Son 3: Daughter 4: Spouse 5: Other family member (Explain in next column)</p>	
<p>2.4</p>	<p>Have any household members died in the past 2 years? (<i>Kukhona yini loke washona lakhaya kuleminyaka lemibili leyendlulile?</i>)</p>	<p>1: Yes 2: No If No, skip to 2.6.</p>	
<p>2.5</p>	<p>If yes, what was their position in the household and age? (<i>Nihlobene njani naye lakhaya, bekanangakhi weminyaka?</i>)</p>	<p>(Enter position and age in next column)</p>	
<p>2.6</p>	<p>Are there any orphans in the household? (<i>Bakhona bantfwana labengephansi kwa I8 labatintsadzane lakhaya?</i>)</p>	<p>1: Yes 2: No If No, skip to 2.8.</p>	

2.7	If Yes, how many orphans? (<i>Bangakhi?</i>)	(Enter number in next column)	
2.8	Are the children in the household enrolled in school? (<i>Bakhona yini bantfwana labafundzako lakhaya?</i>)	1: Yes 2: No	
2.9	How much money does the household spend per term on school (fees, uniforms, transportation)? (<i>Nisebentisa malini ngeterm etindlekweni tesikohwa</i>)	(Enter approximate amount in next column)	
2.10	Are there any children who were out of school before the OAG but are now back in school? (<i>Kukhona yini bantfwana bebangfundzi. Lese bafundza loku senicale kuhola?</i>)	1: Yes 2: No If No, skip to 2.12.	
2.11	If Yes, what were their ages and sex? (<i>Bebanangakhi weminyaka nababyela esikolweni, babulili buni?</i>)	(Enter sex & age of each child in next column)	
2.12	Have any orphans or any other children moved into the household after receiving the OAG? (<i>Khukona yini tintsanzane nome bantfwana lase bahlala lakhaya emuva kwekutsi sowucale kuhola?</i>)	1: Yes 2: No	
2.13	Have there been times in the past year when you couldn't afford the health care	1: Yes 2: No	

	that you needed? (<i>Kuke kwenteka yini kulomnyaka lowengcile kutsi ongakhoni kuya emfolampilo ngenca yekubabete imali?</i>)	If No, skip to 2.17.	
2.14	If Yes, are you more able to afford the health care that you need after receiving the OAG? (<i>Nyalo loku sowuhola sewuyakhona yini kuya emfolampilo</i>)	1: Yes 2: No	
2.15	Are you able to spend more money on the health care of other household members after receiving the OAG? (<i>Sowuyakhona yini kumikisa labanye lakhaya emfolampilo emuva kwekucala kuhola</i>)	1: Yes 2: No If No, skip to 2.17.	
2.16	If yes, please explain for who? (<i>Ngubani?</i>)	(Explain in next column)	
2.17	Has the household spent more money on the house since receiving the OAG? (<i>Solo ucale kuhola uke wayisebentisa yini imali leningi kulungisa lakhaya</i>)	1: Yes 2: No If No, skip to 2.19.	

<p style="text-align: center;">2.18</p>	<p>If yes, what have you done to your house since you've had more money available? <i>(Wenteni?)</i></p>	<p>(Explain in next column)</p>	
<p style="text-align: center;">2.19</p>	<p>What changes have you noticed in your lives since receiving the OAG? <i>(Lukhona yini lushitjo lolube khona etimphilweni temu solo wacala kuhola?)</i></p>	<p>(Explain in next column)</p>	

SECTION 3: INCOME, ASSETS & SUPPORT

3.1	What are the main sources of income in the household & who brings it in? (<i>Nitiphilisa ngani lakhaya?</i>)	(Explain in next column)	
3.2	Has the household's main source of income changed after receiving OAG? (<i>Lendlela lenitiphilisa ngayo ishitjile yini solo wacala kuhola?</i>)	1: Yes 2: No If No, skip to 3.4.	
3.3	If yes, how? Please explain in detail (<i>Chaza kabanti?</i>)	(Explain in next column)	
3.4	Does any member of the household receive any grant? (i.e. OVC education grant, military pension, public assistance grant etc) (<i>Khukona yini lakhaya lotfolo lusito lemali njenge: OVC grant, military pension, public assistance grant etc?</i>)	1: Yes 2: No If No, skip to 3.6.	
3.5	If yes, what is received & how regularly is it received? (<i>Lusito luni? Kangakhi?</i>)	(Explain in next column)	
3.6	Does any member of the household receive any in kind assistance (i.e. food parcel, farming inputs)? (<i>Kukhona yini lakhaya lotfolo lusito lolungasilo lemali?</i>)	1: Yes 2: No If No, skip to 3.8.	

3.7	If yes, what is received & how regularly is it received? (<i>Kuba lusito luni? Kangakhi?</i>)	(Explain in next column)	
3.8	How much money does the household receive from formal work monthly? (<i>Malini imali lelefuwa bantfu labasebentako njalo ngenyanga?</i>)	(Enter approximate amount in next column)	
3.9	What is the household's average monthly income from making, selling goods, home-grown produce? (<i>Nitfofa malini ngenyanga etintfweni leititsengiswa lakhaya</i>)	(Enter approximate amount and describe what goods, in next column)	
3.10	Is any money received from property rental? (<i>Ikhona yini imali loyitfofa etintfweni leticashiswako?</i>)	1: No 2: Yes If No, skip to 3.12.	
3.11	If yes, how much money is received monthly? (<i>Uitfofa malini ngenyanga?</i>)	(Enter approximate amount in next column)	
3.12	Do you receive any contributions (i.e. money or groceries) from family or friends living outside the household? (<i>Kukhona yini lokuiffofa etihlotjeni noma bangani labangahlali lakhaya?</i>)	1: Yes 2: No If No, skip to 3.14.	

3.13	If Yes, what do you receive and how regularly do you receive it? (<i>Kuba lusito luni? Kangakhi?</i>)	(Explain in next column)	
3.14	Who decides in the household how money is spent? (<i>Ngubani lowenta sincumo sekutsi imali isetjentiswa njani lakhaya?</i>)	1: Beneficiary 2: Son 3: Daughter 4: Spouse 5: Other family member (Explain in next column)	
3.15	Do you have more of a say in how money is spent, after receiving the OAG? (<i>Uyakhona yini kusho kutsi imali isebente njani emuva kwekutsi uhole?</i>)	1: Yes 2: No If No, skip to 3.17.	
3.16	If yes, please explain. (<i>Chaza</i>)	(Explain in next column)	
3.17	Do you think as an old person you get more respect now that you receive the OAG? (<i>Njengemutfu lomdzala uyacabanga kutsi sowuyahlonipheka yini solo wacala kuhola?</i>)	1: Yes 2: No If No, skip to 3.19.	
3.18	If Yes, please explain (<i>Chaza</i>)	(Explain in next column)	

3.19	Does the household own any livestock? (<i>Ikhona yini imfuyo lakhaya?</i>)	1: Yes 2: No If No, skip to 3.23. (Explain in next column)	
3.20	If yes, how many of each type of livestock? (<i>Uma inkhona tingakhi tinhlobo temfuyo lekhona</i>)		
3.21	Are you able to spend more money on livestock after receiving the OAG? (<i>Uyakhona yini kusebentisa imali lenengi kulemfuyo mase uholile?</i>)	1: Yes 2: No If No, skip to 3.23. (Explain in next column)	
3.22	If yes, how? (<i>Njani?</i>)		
3.23	Does the household grow its own crops/vegetables? (<i>Kulalinywa yini lakhaya?</i>)	1: Yes 2: No If No, go to Section 4.	
3.24	If yes, are you able to grow more crops/vegetables after receiving the OAG? (<i>Soyakhona yini kulima lokunengi emuva kwekuhola?</i>)	1: Yes 2: No If No, go to Section 4	
3.25	.If yes, how? (<i>Njani?</i>)	(Explain in next column)	

SECTION 4: EXPENDITURES

4.1	What do you spend your OAG on? (<i>I-OAG yakho uyisebentisa njani?</i>)	(Explain in next column)	
4.2	Does any household member have any debts? (<i>Kukhona lakhaya lonetikweneti?</i>)	1: Yes 2: No If No, skip to 4.4.	
4.3	If yes, what are the debts for? (<i>Uma tikhona tani?</i>)	1: Accommodation 2: Vehicle 3: Farming equipment 4: Livestock 5: Business expenses 6: Other (Explain in next column)	
4.4	Has the household experienced financial difficulty in last 3 years? (<i>Nike naba yini nebulukhumi bemali kuleminyaka lemitsafu leyengcile?</i>)	1: Yes 2: No	
4.5	Has there been less financial difficulty after receiving the OAG? (<i>Kube khona yini lushiyo kulobulukhumi emuva kwekutsi uhole?</i>)	1: Yes 2: No	
Has spending on these changed after receiving the OAG?		Can you provide an example? (Describe)	
4.6	Groceries (excluding meat, vegetables & fruit) (<i>Grosa</i>)	1: Yes 2: No	
4.7	VegeTables and fruit (<i>Tibhidvo netiselo</i>)	1: Yes 2: No	
4.8	Meat, chicken &/or fish (<i>Inyama</i>)	1: Yes 2: No	

4.9	Rent or bond payment (<i>Kubhadala irent noma sikweneti sendhu</i>)	1: Yes 2: No	
4.10	Electricity (<i>Gesi</i>)	1: Yes 2: No 3: Not applicable	
4.11	Water (<i>Emaniti</i>)	1: Yes 2: No 3: Not applicable	
4.12	Fuel (coal, paraffin, wood) (<i>Kwekubasa nekwekukhanyisa</i>)	1: Yes 2: No	
4.13	Telephone (<i>Lucingo</i>)	1: Yes 2: No 3: Not applicable	
4.14	Clothing and shoes (<i>Timphahla tenicatfulo</i>)	1: Yes 2: No	
4.15	Personal items (toiletries, haircuts, birthday gifts) (<i>Emafutsa, kwenta inhloko, kutsenga tipho</i>)	1: Yes 2: No	
4.16	Alcohol and Tobacco (<i>Tjwala nelugwayi</i>)	1: Yes 2: No	
4.17	Lottery and gambling (<i>Kugembula</i>)	1: Yes 2: No 3: Not Applicable	
4.18	Money or goods given to outside household (<i>Imali nomatintfo lopho bantfu labangahlali lakhaya</i>)	1: Yes 2: No	
4.19	Burial society dues (<i>Bomasi gchwabisane</i>)	1: Yes 2: No	
4.20	Savings (<i>Konga imali</i>)	1: Yes 2: No	

SECTION 5: FOOD SECURITY

5.1	How many meals a day do household members eat? (<i>Nidla kangakhi ngelilanga lakhaya?</i>)	1: 1 meal 2: 2 meals 3: 3 meals 4: Not every day 5: Other (Explain in next column)	
5.2	How often do you eat meat? (<i>Niyidla kangakhi inyama?</i>)	1: Once a day 2: Twice a week 3: Once a week 4: Less frequently than weekly 5: Other (Explain in next column)	
5.3	Do household members eat more meals after receiving OAG? (<i>Solo wacala kuhola senidla kanengi yini lakhaya?</i>)	1: Yes 2: No	
5.4	Is the quality of the meal higher after receiving OAG? (<i>Senidla kudla lokuncono yini loku sowuhola?</i>)	1: Yes 2: No If No, skip to 5.6.	
5.5	If Yes, how? (<i>Usho kanjani</i>)	1: More meat 2: More vegetables 3: More types of food 4: Other (Explain in next column)	
5.6	Does the household purchase or grow most food? (<i>Kudla lokunengi lakhaya ngulokutsengiwe noma ngulokulinyiwe</i>)	1: Purchase 2: Grow	
5.7	Does the household purchase	1: Yes	

	more foods after receiving OAG? (<i>Nitsenga kudla lokunengi yini nyalo loku sewuhola?</i>)	2: No If No, skip to 5.9.	
5.8	If Yes, which food types are purchased more often? (<i>Ngukuphi lokusengwa kakhulu</i>)	1: Meat 2: VegeTables 3: Mealie Meal 4: Other (Explain in next column)	
5.9	Are you able to buy more food at once after receiving the OAG? (i.e. bigger bags) (<i>Seniyakhona yini kutsenga kudla ngelinani lelisetulu loku sewuhola?</i>)	1: Yes 2: No If No, go to Section 6	
5.10	If Yes, please explain	(Explain in next column)	

SECTION 6: DELIVERY MECHANISMS

<p>6.1</p>	<p>Where did you register for the OAG? (<i>Wabhalisa kuphi kuze ukhone kufola lembasha?</i>)</p>	<p>(Explain in next column)</p>	
<p>6.2</p>	<p>Did you have any problems registering? (<i>Kukhona yini bulukhuni lowahlangabetana nabo nawubhalisa?</i>)</p>	<p>1: Yes 2: No</p>	
<p>6.3</p>	<p>If yes, explain what happened & if the problem was addressed? (<i>Chaza kutsi kwentekani nekutsi yacatuleka yini lenkinga yakho?</i>)</p>	<p>(Explain in next column)</p>	
<p>6.4</p>	<p>Do you collect the OAG yourself? (<i>Utilandzela wena yini imbasha yakho?</i>)</p>	<p>1: Yes 2: No If Yes, skip to 6.6</p>	
<p>6.5</p>	<p>If No, who fetches it for you? (<i>Ngubani lokulandzelako?</i>)</p>	<p>(Explain in next column)</p>	
<p>If someone else fetches the OAG on behalf of the beneficiary AND that person is present in the household at that time, ask them the following questions. If they are not present, write that the beneficiary doesn't know for these questions. If the beneficiary fetches the OAG themselves, ask them all the questions.</p>			

6.6	How do you receive the OAG? (<i>Uyiffola kuphi lembasha yakho?</i>)	1: Through SwaziPost 2: Through <i>Tinkhundhla</i> 3: Deposited in bank account	
6.7	Have you always received it this way? (<i>Bowusolo uyiffola kanjena yini?</i>)	1: Yes If Yes, skip to 6.9. 2: No	
6.8	If No, explain (<i>Chaza</i>)	(Explain in next column)	
For Beneficiaries who have received the OAG through SwaziPost: (Please complete even if they are no longer receiving through SwaziPost)			
6.9	When did you receive the OAG through SwaziPost? (<i>Wacala nini kuhola ngeliposi?</i>)	1: When the OAG first started 2: Currently receiving it through SwaziPost	
6.10	How long do you have to travel to get to SwaziPost pay point? (<i>Uhamba sikhatsi lesingakanani kuze kutsi ufike eposini?</i>)	1: <15 mins 2: 15-30mins 3: 30mins – 1hr 4: > 1hr (Explain in next column)	
6.11	By what means do you travel to the SwaziPost pay point? (<i>Uhamba ngani kufika eposini?</i>)	1: Walk 2: Taxi 3: Private car 4: Other (Explain in next column)	

6.12	What do you spend in travelling costs to get to the SwaziPost pay point? (<i>Ubhadala malini kusuka ekhaya iye eposini</i>)	1: <E5 2: E5-10 3: E10-E20 4: E>20 (Explain in next column) 5: Not applicable	
6.13	When you collect the OAG, how long do you typically have to wait at the SwaziPost pay point? (<i>Uma sikhatsi lesingakanani kuze ufole imbasha yakho leposini?</i>)	1: <15mins 2: 15 - 30mins 3: 30mins - 1hr 4: > 1hr (Explain in next column)	
6.14	Have you ever had any problems at a SwaziPost paypoint with the staff or queues? (<i>Uke wadibana nenkinga kulabantfu labasenta la utfola khona imbasha yakho?</i>)	1: Yes 2: No If No, skip to 6.16	
6.15	If Yes, please explain (<i>Chaza</i>)	(Explain in next column)	
6.16	Do you know that the OAG can also be deposited in a bank account? (<i>Uyati yini kutsi lemali songayifola ebhange?</i>)	1: Yes 2: No	
6.17	Do you have a bank account? (<i>Unalo yini libhuku ebhange?</i>)	1: Yes 2: No	

6.18	Are you planning to ever have your OAG deposited in your bank account? (Please explain) <i>(Uyafisa yini kuhola ebhange?)</i>	1: Yes 2: No (For both options please explain in next column)	
For Beneficiaries who have received the OAG through Tinkhundhla (Please complete even if they are no longer receiving through Tinkhundhla)			
6.19	How long do you have to travel to get to the <i>Tinkhundhla</i> pay point? <i>(Uhamba sikhatsi lesingakanani kuze ufike enkhundleni?)</i>	1: <15mins 2: 15-30mins 3: 30mins – 1hour 4: >1hour (Explain in next column)	
6.20	By what means do you travel to the <i>Tinkhundhla</i> pay point? <i>(Uhamba ngani kufika eNkhundleni?)</i>	1: Walk 2: Taxi 3: Private car 4: Other (Explain in next column)	
6.21	What do you spend in travelling costs to get to the <i>Tinkhundhla</i> pay point? <i>(Ubhadala malini kusuka ekhaya uye eNkhundleni?)</i>	1: <E5 2: E5-10 3: E10-E20 4: E>20 (Explain in next column) 5: Not applicable	
6.22	When you collect the OAG, how long do you typically have to wait at the <i>Tinkhundhla</i> pay point? <i>(Uma sikhatsi lesingakanani kuze utfole imbasha yakho eNkhundleni?)</i>	1: <15mins 2: 15 - 30mins 3: 30mins - 1hr 4: > 1hr (Explain in next column)	

6.23	Have you ever had any problems at a <i>Tinkhundhla</i> paypoint with the staff or queues? (<i>Uke wadibana netinkinga lapho utfola khona imbasha yakho?</i>)	1: Yes 2: No If No, skip to 6.25		
6.24	If Yes, please explain? (<i>Chaza</i>)	Explain in next column		
6.25	Do you know that the OAG can also be deposited in a bank account? (<i>Uyati yini kutsi sowungahola ebhange?</i>)	1: Yes 2: No		
6.26	Do you have a bank account? (<i>Unalo yini libhuku lasebhange?</i>)	1: Yes 2: No		
6.27	Are you planning to ever have your OAG deposited in your bank account? (Please explain) (<i>Uyafisa yini kuhola ebhange?</i>)	1: Yes 2: No (For both options please explain in next column)		
For Beneficiaries who receive the OAG in a bank account – If not relevant SKIP to question 6.38				

6.28	How did you register to receive the OAG in your bank account? <i>(Wabhalisa njani kuze kutsi uhole ebhange?)</i>	(Explain in next column)	
6.29	Did you have any problems registering to receive the OAG in your bank account? <i>(Kukhona yini tinkinga lowahlangabetana nato mawubhalisela kuhola ebhange?)</i>	1: Yes 2: No If No, skip to 6.31.	
6.30	If yes, explain what happened & if the problem was addressed? <i>(Kwentekani? Yacatululeka yini?)</i>	(Explain in next column)	
6.31	How long do you have to travel to get to bank/ATM? <i>(Uhamba sikhatsi lesingakanani kufika ebhange?)</i>	1: <15mins 2: 15-30mins 3: 30mins – 1 hour 4: >1 hour (Explain)	
6.32	By what means do you travel to the bank/ATM? <i>(Uhamba ngani uma uya ebhange?)</i>	1: Walk 2: Taxi 3: Private car 4: Other (Explain)	

6.33	What do you spend in travelling costs to get to the bank/ATM? <i>(Ubhadala malini kuyofika ebhange?)</i>	1: <E5 2: E5-10 3: E10-E20 4: E>20 (Explain) 5: Not applicable	
6.34	When you collect the OAG, how long do you typically have to wait at the bank/ATM? <i>(Uma sikhatsi lesingakanani kuze utfole imbasha yakho ebhange?)</i>	1: <15mins 2: 15-30mins 3: 30mins – 1 hour 4: >1hour	
6.35	Do you ever have problems at the bank/ATM with staff or queues? <i>(Uke udibane nenkinga ebhange mawuyotfole imbasha yakho?)</i>	1: Yes 2: No If No, skip to 6.37	
6.36	If Yes, please explain <i>(Chaza?)</i>	Explain in next column	
6.37	Do you withdraw the whole OAG amount or do you leave some money in your account? <i>(Uyikhokha yonkhe yini lemali noma kuba khona loyishiyako?)</i>	1: Withdraw the whole OAG amount 2: Leave money in account	
For ALL OAG Beneficiaries			

6.38	Do you feel safe on the way home after collecting your pension? <i>(Utiva uphephile yini endleleni leya ekhaya mawubuya kuyoffola imbasha?)</i>	1: Yes If Yes, skip to 6.40 2: No	
6.39	If No, please explain <i>(Chaza)</i>	(Explain in next column)	
6.40	Has anyone ever stolen your OAG? <i>(Kukhona yini loke wakwebela imbasha yakho?)</i>	1: Yes 2: No If No, skip to 6.42	
6.41	If Yes, explain what happened? <i>(Kwentekari?)</i>	(Explain in next column)	
6.42	What do you think is the best way to receive the OAG? <i>(Nguyiphi indlela lobona kutsi incono leningaholelwa ngayo?)</i>	(Explain in next column)	

6.43	Why? (Please explain) <i>(Chaza)</i>	(Explain in next column)	
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SECTION 7: PROBLEMS, MONITORING & EVALUATION

7.1	Do you think that local traders charge more for goods since they know you receive the OAG? (<i>Ngekubona kwakho solo nacala kutfolo imbasha intsengo seyenyuka yini?</i>)	1: Yes 2: No If No, skip to 7.3.	
7.2	If Yes, explain (<i>Chaza</i>)	(Explain in next column)	
7.3	Do you receive your OAG on time? (<i>Uyitfolo ngesikhatsi yini imbasha yakho?</i>)	1: Yes 2: No	
7.4	Have you had any other problems with the OAG? (<i>Kukhona yini lenye inkinga loke wahlangana nayo?</i>)	1: Yes 2: No If No, end of the interview.	
7.5	If yes, explain (<i>Chaza</i>)	(Explain in next column)	

7.6	What do you do if you have any problems with the OAG? (<i>Wenta njani mawuhlangana nenkinga?</i>)	(Explain in next column)	
7.7	If you have had a problem and complained, are the problems ever solved? (<i>Uma uhlangana nenkinga iye icatululeke yini lenkinga yakho?</i>)	1: Yes 2: No	

Thank you for your time!

SECTION 8: POST INTERVIEW COMMENTS

Duration of Interview (minutes): _____

General response of the respondent:

Any other comments:

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Indicators		Swaziland
Life expectancy at birth (years)	2007	45.3
Adult literacy rate (% aged 15 and above)	2007a	79.6
Population living below \$2 a day (%)	2000-2007b	81.0
Female adult literacy rate (% aged 15 and above)	1997-2007c	78.3
Total population (millions)	1990 2007 2020d	0.9 1.2 1.4
Annual rate of natural increase of the population (%)	1990-1995 2005-2010	3.1 1.4
Urban share of the population (%)	1990e 1990e	22.9 25.5
Child dependency ratio	1990 2010	97.8 67.1
Old age dependency ratio	1990 2010	5.5 5.9
GDP per capita (US\$)	2007	2,521
Annual growth rate of GDP per capita (%)	1990-2007	0.9
Gini index	1992-2007f	50.7

Notes:

a. Data refer to national literacy estimates from censuses or surveys conducted between 1999 and 2007, unless otherwise specified. Due to differences in methodology and timeliness of underlying data, comparisons across countries and over time should be made with caution. For more details, see <http://www.uis.unesco.org>.

b. Data refer to the most recent year available during the period specified.

c. Data refer to national literacy estimates from censuses or surveys conducted between 1999 and 2007, unless otherwise specified. Due to differences in methodology and timeliness of underlying data, comparisons across countries and over time should be made with caution. For more details, see <http://www.uis.unesco.org>.

d. Data refer to medium variant projections.

e. Because data are based on national definitions of what constitutes a city or metropolitan area, cross-country comparisons should be made with caution.

f. The Gini index lies between 0 and 100. A value of 0 represents absolute equality and 100 absolute inequality.

g. Data are from UNICEF's Multiple Indicator Cluster Survey.

Source:

column 1: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 2: UNESCO Institute for Statistics (2009a). Correspondence on adult and youth literacy rates. February. Montreal.

column 3: World Bank (2009d). "World Development Indicators". Washington DC: World Bank.

column 4: UNESCO Institute for Statistics (2009a). Correspondence on adult and youth literacy rates. February. Montreal.

column 5: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 6: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 7: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 8: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 9: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 10: UN (2008c). "World Urbanization Prospects: The 2007 Revision CD-ROM Edition". New York: UN.

column 11: UN (2008c). "World Urbanization Prospects: The 2007 Revision CD-ROM Edition". New York: UN.

column 12: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 13: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 14: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 15: UN (2009e). "World Population Prospects: The 2008 Revision". New York: Department of Social and Economic Affairs.

column 16: World Bank (2009d). "World Development Indicators". Washington DC: World Bank.

column 17: calculated for HDRO by the World Bank based on World Bank (2009d). "World Development Indicators". Washington DC: World Bank using the least squares method.

column 18: World Bank (2009d). "World Development Indicators". Washington DC: World Bank.