

Illustrative Program Description¹

HIV-AIDS AND URBAN YOUTH EMPLOYMENT

Subject:	Urban Youth Employment Opportunities Initiative
Target Group:	Young Women and HIV/AIDS affected Municipalities
Period of performance:	3-5 years
Place of Work:	Urban municipalities in South Africa, Lesotho, Swaziland, Botswana, and Zambia
Summary:	Create employment opportunities within the health sector for youth, with a priority to young women, infected and affected by HIV-AIDS. The project will provide participants with a set of transferable skills that can be applied to other employment sectors or increase their earning potential within the health care service delivery system. Participants will secure livelihoods and will have increased awareness of HIV/AIDS and high risk sexual behaviors. The program will empower and enhance municipalities to address the impact of HIV on their citizens through emphasis on improved policy formulation, implementation and linkages with service providers.

I. BACKGROUND

USAID through the Education Office (EGAT/ED), Urban Programs Office of Poverty Reduction (EGAT/PR/UP) of the EGAT Bureau and the Africa Bureau Health Team supported efforts toward identifying program models for addressing HIV/AIDS and Livelihood issues among urban youth. One of the first results of this initiative is the production of a desk study² on the relationship between urban youth unemployment and the spread of HIV/AIDS. The report provides useful insight into the relationship between AIDS and urban unemployment through an analysis of the cultural, sociological, epidemiological and demographic factors that shape the HIV/AIDS pandemic in Southern Africa. In April 2005, key stakeholder groups from the four focus countries of Lesotho,

¹ In order to be as concrete as possible, this illustrative program description targets specific countries. This however doesn't answer a specific request from USAID.

² *Desk Study on Urban Youth Employment In HIV/AIDS Municipalities:*

The Case of Zambia, Swaziland, Botswana and Lesotho

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March 2005. (Full desk study and executive summary are available through EQUIP3)

Swaziland, Botswana and Zambia came together to review findings of the desk study and develop livelihood approaches to address HIV/AIDS. Representatives from South Africa were also in attendance.

The Livelihood Perspective

Participants noted that although significant global progress has been made in the response to HIV/AIDS around prevention education, treatment, care and support, there has not been an explicit focus on addressing the connection between urban youth employment and HIV/AIDS. Young people and especially poor youth bear the brunt of the epidemic due to their economic vulnerability. For example, young women are sometimes forced into transactional or commercial sex work to earn an income as an alternative to formal employment in order to meet their basic needs for food, clothing, and shelter. Youth who are poor have an increased risk of infection because they are more likely to be in poor health and leave sexually transmitted diseases untreated, yield to pressure to exchange money or goods for sex, and migrate to find work in urban centers where the chances of risky sex is higher. Youth infected with HIV face heightened economic challenges. As they fall sick, their ability to provide for themselves and for others who depend on them declines. Discrimination among infected youth makes it harder for them to find work, retain a job, and work productively, which brings them into a vicious cycle of unemployment and lower quality of life.

Youth vulnerability in contracting HIV/AIDS due to poor or non-existent economic support is exacerbated by the absence of decent and productive work opportunities or a social support network. As a result, there has been a massive influx of young people into the informal sector pursuing informal sector livelihood activities that are not linked to market opportunities and in most cases lack growth orientation and competitiveness. Most of these informal sector activities take place in urban centers creating additional challenges for municipalities--most of which do not have the capacity to address the interconnected issues of HIV/AIDS, insufficient supply of health services needed, youth unemployment, and the lack of better livelihood opportunities for youth.

The Health Perspective

As the number of HIV/AIDS cases rises, there is a corresponding increase in the demand for health care services. The hospitalization rate in particular increases as HIV infection progresses to AIDS. The 2001 Swaziland Human Development Report estimated that people living with HIV/AIDS occupied half of the beds in some Swazi health care centers. The World Bank estimated that by 2004, the number of hospital beds needed for AIDS patients had exceeded the number of beds available in Swaziland. They predicted this threshold would be reached in Namibia by 2005.

As the epidemic matures, therefore, the demand for care for those living with HIV/AIDS rises. Yet at the same time that the demand for health services increases, more and more health care professionals are themselves infected by HIV/AIDS. For example, Malawi and Zambia are experiencing a five or six-fold increase in health worker illness and death rates. Increased workloads for those health care professionals who remain also contribute

to increased emigration by health professionals to other countries, where their work is also in high demand, and is better paid.

The case for an integrated solution

As a result of the ever increasing incidence of HIV/AIDS and the corresponding decrease in availability of health care professionals, access to health care services targeting those impacted by HIV and AIDS grows more limited. One promising avenue for affordably increasing the availability of care—while simultaneously offering marginalized urban youth and young women in particular a sustainable livelihood generation opportunity—is to focus on increasing the number and capacity of home based health care providers available to urban dwellers affected by HIV/AIDS.

By training and providing entrepreneurial support to a new corps of home based care aides we are able to address *both* youth livelihood *and* HIV/AIDS programming in urban municipalities in an *integrated* matter. Such an approach provides opportunities to address problems associated with urbanization, youth unemployment, micro-economic development, and HIV/AIDS. Furthermore, by targeting the activity to urban centers and actively involving municipal leaders in the program, we can maximize the unique context provided by municipalities and local governments for multi-stakeholder collaboration around integrated youth livelihood, micro-economic and HIV/AIDS service provision. With their capacities strengthened, municipal stakeholders can enable more conducive social, political and economic environments to address poverty and HIV/AIDS.

II. ACTIVITY DESCRIPTION

As the HIV/AIDS crisis deepens, municipal leaders throughout southern Africa are confronted with a complex set of issues. Among the many difficult questions policy makers and service providers confront daily are the following:

- What can municipalities do to slow the spread of HIV/AIDS among poor men and (particularly) women under age 25—currently the demographic with the most rapidly increasing rate of HIV/AIDS infection?
- How can municipalities better meet the needs of their many citizens who are already suffering from HIV/AIDS at a time when hospitals and clinics are severely understaffed (as health care workers themselves fall to HIV/AIDS)?
- What support can municipalities offer the many individuals who, because of HIV/AIDS, are unable to earn a living to support themselves and their family?

The Urban Youth Employment Opportunities Initiative is designed to address each of these questions, with a particular focus on the many at-risk young women residing in cities throughout South Africa, Botswana, Zambia, Swaziland and Lesotho.

Project Goal: Increased opportunities for sustainable employment among at-risk urban youth in Southern Africa.

Project Objectives³:

- Build the entrepreneurial capacity of young people (with a particular emphasis on women) to provide health care services for HIV/AIDS affected urban communities.
- Change attitudes, knowledge and behavior about HIV/AIDS transmission.
- Improve the quality of HIV/AIDS and Livelihood services available to young people (and young women in particular) at the municipal level.
- Build municipal level involvement, coordination and collaboration in the HIV/AIDS sector for improved service delivery.
- Facilitate multi-sectoral synergy and linkages in addressing youth livelihoods and HIV/AIDS.

Guiding Principles

- Building the assets and capabilities of young people and young women in particular will secure decent and productive livelihoods in HIV/AIDS affected municipalities.
- Municipal government involvement will create an enabling environment to improve service delivery and employment opportunities.
- Facilitating multi-sectoral synergy and linkages to address youth livelihoods and HIV/AIDS is the most sustainable approach to developing vibrant local economies.

Main Activities

The project objectives will be met through two main and related activities: a) training and small business development support for at-risk youth (and young women in particular) in the area of home based care delivery and b) capacity building for municipal level service providers and policy makers in the areas of HIV/AIDS-related service delivery and at-risk youth programming. The proposed activities would have duration of 3-5 years and would target 1-3 municipalities per country, and at least 500 young entrepreneurs per municipality.

³ It should be stated that, although the desk study revealed a growing demand and shrinking supply of affordable health care services for those affected by HIV/AIDS and others, the desk study itself does not constitute sufficient basis upon which to build the proposed initiative in a given country. We therefore recommend that before the proposed initiative is undertaken, a market analysis of the home based care sector—particularly with regard to the appropriateness of this sector for youth livelihood generation—should be undertaken.

Activity A: Home Based Care Delivery Training and Small Business Development Support for At-Risk Youth

This activity will result in a corps of trained home based care providers who own their own small business and contract with government, the private sector and NGOs charge clients a nominal fee for service. These providers will be primarily young at-risk women living in the urban areas in which they work.

For this activity, we will identify a group of ‘training organizations’ and ‘contract organizations’. ‘Training Organizations’ include quality home based care delivery and micro-enterprise development NGOs; ‘Contract Organizations’ include government, NGOs and private sector groups who have a need for home based care providers and who are willing and able to pay for these services.

‘Training Organizations’ and their role: We will work with these groups to develop a hybrid training curriculum that offers targeted young women and men hands-on, learner-focused training in the specifics of home based care delivery as well as best practices in community enterprise development through solidarity groups. Training will include emphasis in basic numeracy, literacy and job readiness skills. It will include classroom and workshop-based instruction as well as apprenticeship/ internship components. Upon completion of the formal training period, targeted participants will shift from being trainees to young entrepreneurs who receive home based care service delivery contracts from government, NGOs and/or the private sector. The core set of job-readiness skills gained during this program will be transferable to other employment sectors to increase the employment ability of targeted youth.

‘Contract Organizations’ and their role: These organizations will be those who currently have responsibility for, but are unable to reach (due to cost or low capacity) populations of HIV/AIDS-afflicted individuals needing home based care. We will link contract organizations with trained young entrepreneurs, providing an accompanied approach in which youth are able to grow their business by offering affordable rates and still receive support and training.

The proposed activities will include, but will not be limited to:

- Training youth in job and business skills that are transferable to various sectors in areas such as how to set up a home base care enterprise;
- Developing entrepreneurship skills and support structure for accessing business development support, mentoring and credit;
- Linking selected youth to financial services, assisting youth in integrating community economic enterprise activities into existing HIV services related to care, treatment and support;

- Providing complementary non-formal community based education programs for older orphans and vulnerable children of people living with AIDS (PLWA) to enhance their employability and basic education needs;
- Facilitating access to technical and vocational skills training for orphans and vulnerable children (OVC) through improved market driven curriculum and training,
- Engaging private sector in developing opportunities for internships and apprenticeships *inter alia*.

Activity B: *Capacity Building for Municipal Level Service Providers and Policy-makers*

This activity will result in a cohort of municipal leaders from the government, private and NGO sector who are effectively responding to the livelihood generation and HIV/AIDS related needs of their constituencies.

The recent desk study revealed that municipal level governments lack both the internal capacity and the overall leverage with national government, service providers and international donors to effectively plan, coordinate and address the HIV/AIDS and livelihood development needs of their constituencies. Drawing upon data from the desk study, municipalities can design policy guidelines to support youth employment and the provision of HIV/AIDS service delivery. Such guidelines will improve existing municipal policies and practices and set the stage for policy changes that could improve economic opportunities while addressing HIV/AIDS constituent health needs.

III. EXPECTED RESULTS

1. Increased number of youth livelihoods opportunities available to youth
2. Acquisition of transferable skills for employment across sectors
3. Increased access to quality HIV/AIDS health services
4. Increased knowledge about HIV and risky behaviors
5. Expanded social support networks
6. Improved municipal level involvement and coordination in HIV/AIDS service delivery

IV. SERVICE EMPLOYMENT MODEL

Through this program, we are bringing together proven effective practices in youth development. This Service Employment Model to address health sector needs could potentially be replicated in other employment sectors.

For such a model to be successful it would need to have the following essential components:

- *Relevant work* – In order to open opportunities for youth to engage in relevant work and create better livelihoods in a sustainable way, strengthening specific and technical skills is important but not sufficient. While some sectors fade away and others emerge, youth need transferable skills to adapt to such changes effectively.
- *Youth Participation & social support network* – This model recognizes that youth involvement is essential to maximize the impact of the program and proposes a participatory approach that creates a platform for youth to participate and develop ownership. Genuine youth participation will also generate a social support network for participants, increasing their sense of belonging and giving them a safety net as they create better livelihoods.
- *Entry, process, & exit* – The proposed model will consist of practical training combined with necessary support services (e.g. counseling) for youth to learn transferable and health care-specific skills. The process will be systematic but flexible in order to allow various entry points throughout the program. Efforts will be made to connect this process with existing in-country health care certification institutions. The exit strategy of the model is embedded throughout the process as participants engage in practicum in existing health care institutions. At the end of this practical program, participants will have the necessary skills and business acumen to continue work in the health sector, move to another sector, or start a new business. The exit strategy will open concrete opportunities for participants to improve their livelihoods, facilitating the placement of youth in existing health care providers, giving them a small grant to start or improve a business, or facilitating their placement in continued education institutions.