



# African Education Fund - SWAZILAND

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## Newsletter

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### MISSION STATEMENT

We work with local communities in Swaziland to provide scholarships, youth development, clean water, primary health care, and economic opportunity through microenterprise and microcredit.



### UPDATE ON PROJECTS

#### MICROCREDIT: Case studies

##### (1) Sewing cooperative

One year ago we lent \$200 to the Enyogeni Sewing Cooperative (ten ladies with three sewing machines) to purchase materials needed to bid for a contract with a local company to sew uniforms. One year later, they have

completely repaid the loan and have more work than they can do.



microcredit sewing cooperative

##### (2) Body lotion production

The Nkambeni

Women's Cooperative used a loan to start producing natural Vaseline. With their first batch they turned a shop owner in town into a loyal customer. That shop now sells 50 containers a week for the ladies. All income since

repaying the loan has been saved in a bank account. The women will divide the profits just before the start of the new school year to assure that they can afford school fees.

### BUSINESS EDUCATION

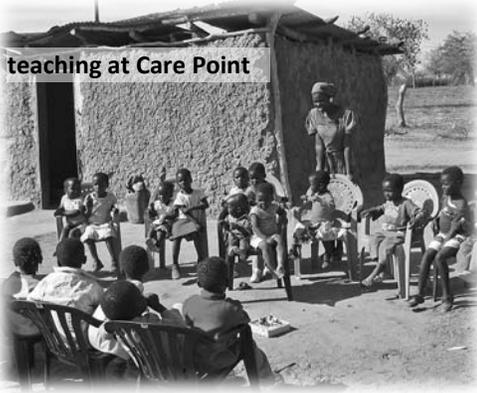
In July, Silke Hoffmann worked with a group of women engaged in baking to teach basic business skills. This is essential for microcredit/microenterprise success because even basic concepts, such as profit = revenue minus expenses is not always intuitive. We are working to formalize the business training and management of the microcredit services to expand access while assuring quality. We expect to have an Nkambeni local involved in this in the near future who we hope to be able to partially compensate for his/her services.

### EDUCATION: From pre-school to post-high school

In response to the enormous challenge of caring for children orphaned by HIV, the Swazi government initiated an approach of keeping orphaned children in the community. The two main aspects to this approach are having grandparents (bogogo) or other relatives provide care for orphans within the community. The second aspect are *Care Points*. The Care Points provide pre-school enrichment along with noon-time meals (at most Care Points) to HIV orphans. Attendance is free of charge. The government (Ministry of Health) has built a few 'demonstration' Care Points, however, most have been built by communities. 'Teachers' are community volunteers, without compensation, formal teaching materials, or curriculum goals.

We are working with Care Points in two ways:

(1) **Enrichment:** In July, Silke Hoffmann and Ellinor Angel spent two weeks working with the very capable, but untrained, teachers at two Care Points to provide educational enrichment. They also identified specific needs for each Care Point to try to address – from learning materials to a building a permanent structure. The Care Point of Teacher Nelsiwe Shongwe is pictured below. With



the labor of the community and the donation of bags of concrete from the AEF, a permanent structure with a roof that doesn't leak and with windows is being built at present.

(2) **Curriculum development project:** We have discussed with the Ministry of Health, Ministry of Education, and the Deputy Prime Minister, (Themba Masuku) under whose portfolio the Care Points fall, regarding developing a simple curriculum and providing a pilot training workshop. We are hoping that with encouragement of the Government and with the enthusiasm of volunteers like Ellinor Angel and the input of local teachers and educators, we will be able to develop a foundation curriculum with activity ideas and hold a pilot workshop. A successful pilot project could be expanded with incorporation into the government budget.

#### PRIMARY SCHOOL FEES



attending school. We are currently paying school fees and

We are also supporting education by assuring access to primary school education for the poorest of the poor and orphaned children who have no means of

providing school uniforms for 27 children to attend primary school. These are some of the hardest working young children at their schools, possibly partly because we have guaranteed assistance with school fees through the completion of primary school if they meet attendance and performance goals. Meeting this guarantee depends on continued generosity of supporters.

#### PHOTOGRAPHY LESSONS

In July, Bill Hoffmann provided additional enrichment to



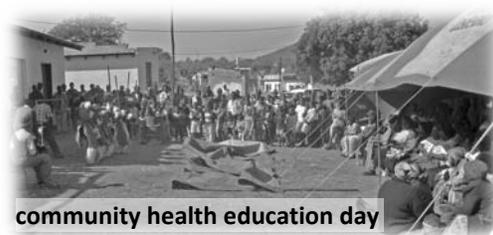
12 students, building their confidence and skill in being aware of the world through photography lessons. Above is a photo taken by one of the young students when they were allowed to take a digital camera home. We thank the Ladies Aid Society of Sandwich, New Hampshire for providing funds for us to purchase digital cameras for this project.

#### HEALTHCARE

In Swaziland 2 out of 10 children die before the age of 5. Even after that age, multiple illnesses sap strength and energy. Good health is almost a prerequisite for a child to learn and a family to prosper. We are addressing health in multiple ways.

#### COMMUNITY HEALTH LITERACY & HEALTHY PRACTICES

Good health starts with avoiding illness and seeking health care when needed. However, such simple concepts are



not intuitive, but learned. Working with local community health

motivators we held a health education day as part of sustained community health literacy component. Other aspects include drama performed by the local HIV support groups and outreach by 'community health supporters' to insure available pre-natal and infant care is being accessed. One specific goal is to increase access by pregnant women with HIV (37% of pregnant women) to existing services to prevent HIV transmission to the baby. Through working closely with the community and with little cost, we believe we can achieve a big health impact.

## ACCESS TO HEALTH CARE

**(1) Rural primary health care days:** Christopher Hoffmann assisted by Jenny Hunt and the support of interpreters and supply of medications (donated from Baltimore and Tucson) set up a clinic in a classroom or other setting in a remote spot. A one-day clinic is held at this location and 60-120 individuals



waiting at a primary health clinic day

receive blood pressure and blood glucose checks and care for illnesses ranging from pneumonia to arthritis. To date, we have provided treatments to approximately 800 individuals aged 2 months to 90 years old.

**(2) Clinic Building:** A dream of the Nkambeni community is to have their own clinic. To provide long term access and

a center for community health outreach, we are working with community



land designated for clinic by local chief

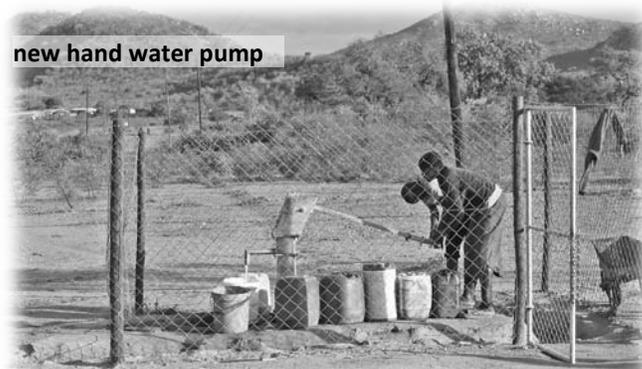
leaders to enable them to build a clinic. When complete, the clinic, as part of the Ministry of Health system, will provide basic health services, family planning, pre-natal care, and HIV testing and care services. In July, Christopher met with local leaders to review plans and

community commitment. He also met with Dr. Xaba, the Minister of Health, who provided a solid endorsement and guarantee of providing two nurses and the Ministry of Health basic medication formulary once it has been constructed.

Building the clinic will increase access to care and will create a focus of community pride and empowerment – a successful project conceived of, planned by, and carried-out by the community. We are actively raising the \$15-20,000 needed for building supplies – the community will supply all the labor. We are well on our way to raising funds for building supplies thanks to the contribution of a generous supporter.

## WATER

The root of many of the health challenges facing poor



new hand water pump

communities is consumption of contaminated water. The people of Nkambeni characterize this problem. When I was teaching high school in Nkambeni from 1992-1994, following heavy rains many students would be absent because they had developed diarrhea. Infants have a worse time, with diarrhea a leading cause of childhood death. The solution is both simple – clean water – and complex – getting clean water to everyone. We are engaged in supplying relatively low-cost deep wells with hand pumps to provide close access to clean water rather than relying on distant and contaminated river water. Five pumps have been installed or are still planned. This work has been possible through the contribution of a generous supporter.

## BONGANI MDLULI - UPDATE

Bongani continues to drive much of the on-the-ground work through his energy, leadership, and community. Additionally, he recently used his position as a Member of

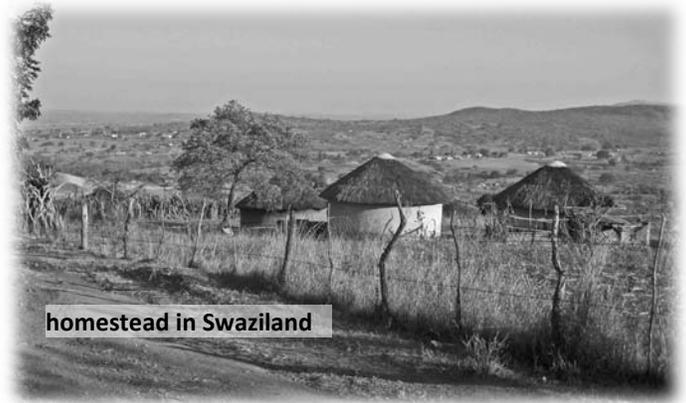
Parliament to negotiate with an agricultural parastatal company to assist with constructing a small gravity fed water system for part of the Nkambeni community. He



**Bongani Mdluli**

has been working shoulder to shoulder with the people of the community to dig trenches for piping for this project. He is also using his position in Parliament to push for

elimination of primary school fees for all students and to improve access to HIV services, especially for children. He continues to organize youth soccer leagues and to provide emergency transportation to the closest hospital with his white Toyota pick-up truck.



**homestead in Swaziland**

### ***Financial Statement Jan to Sept 2009***

#### **Funds Raised (US dollars)**

Monetary & in kind: **25,000**

#### **Expenses (US dollars)**

Microcredit	1000
Scholarships	4,375
Care Points (supplies & building)	600
Emergency transport vehicle	3000
Health literacy (activities & training)	800
Water projects	4000
Youth training / sports	400
Miscellaneous (Website, postage)	180
<b>TOTAL Expenses to date</b>	<b>14,355</b>

**Labor:** none of the time or transportation for labor has been compensated

**Projected expenses for 2010:** scholarships (5000), clinic building materials (10,000-15,000), community health education & mobilization (3,000), teacher training (1000), well drilling (2000)

### ***HOW TO HELP***

**Sponsor a primary school student (\$125 / year)**

**Contribute to building the clinic**

**Sponsor a water well**

**Hold a fund raiser**

**Make a tax-deductable contribution to the African Education Fund**