



African Education Fund - SWAZILAND

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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

- People receiving support: 498
- Number of groups: 19

Microcredit, championed by Muhammad Yunus and the Grameen Bank, has the capacity to help raise families from poverty. Small loans allow individuals (usually women) to expand microenterprises and increase income.

This has enabled success for groups engaged in sewing, informal trading and market stalls, chicken raising, baking, and skin lotion production. For example, microfinance has enabled sewing groups to purchase fabric needed to obtain order tenders from schools and small companies. Without the small loans the women would be unable to purchase the fabric needed to complete the orders. Market traders benefit by being able to obtain more stock – usually vegetables, fruit, and baked goods. As a result, the market stall looks more inviting to the customer and at the end of the day the woman has sold more and earned more. Several of the groups disperse annual earnings at the end of the year, around the time school fees need to be paid.

Our microcredit program has expanded considerably in the past 6 months adding approximately 350 new loan recipients. The loans continue to be small ranging between \$50 - \$500, shared between 10-50 women in a group. It is the prerogative of the group to allocate the funds for purchase of materials benefiting the whole group or to rotate a portion of the funds among the

individuals. We have learned that groups already involved in an activity are far more likely to be successful with the loan than women with an idea but limited prior experience. Of the 19 projects we have provided loans to, only one has not been able to maintain loan repayment. In the coming year we plan to expand the program to an additional 10 groups with a total of 150-250 new members.



Traditional basket weaving

EDUCATION: From pre-school to post-high school

Care points

We have continued to support early childhood education via support for 'Care Points.' These are community managed facilities created to provide educational opportunities and a hot meal to children orphaned by the AIDS epidemic in Swaziland. The Care Points are managed by the Ministry of Health and some have been constructed by the Ministry of Health. Most of the care points have



Teaching at a Care Point

been built by the local communities or with support from large NGOs including World Vision and UNICEF. Attendance is free of charge. The teachers at the Care Points are generally untrained and unpaid community volunteers.

We have provided valuable support to four Care Points providing educational materials, funds to roof a building, furniture, and most significantly hands-on training to the Care Point teachers. In June, Ellinor Angel spent 4 weeks working with the teachers at four Care Points.

We hope that Ellinor's work at the Care Points will lead to further involvement and wider impact. Through Ellinor's initiative we are developing plans for further teacher education and provision of educational resources and ground rules for Care Points and for children at Care Points to follow. We are planning meetings with responsible authorities in the Ministries of Health and Education and the Office of the Deputy Prime Minister for Planning.

Adult Literacy

A new AEF program is to support adult literacy using the Care Points in the afternoons when they are not needed for children. Adult women and men are taught basic reading and writing. We plan to provide books and other supplies.

Primary Schools

As of January 2010 the Government of Swaziland started offering free primary school to Grade 1 students. However, all children currently in grades 2-6 are required

AEF volunteer Ellinor Angel made a four week visit to Swaziland in May and June of this year. She writes:

My trip went very well, better than I could have hoped. With the help of Bongani Mdluli, the local MP, I made about twenty visits altogether to four care points near Nkambeni where I observed and participated in the classroom activities. The dedication of these women, all community volunteers with no training and little education of their own, is very impressive. Two of the four care points still had only mud huts for their school, but construction of concrete block buildings was proceeding and meanwhile the teachers were conducting lessons in an adjacent church. Bongani told me that all the care points in his area now have solid permanent buildings. I also visited a private preschool (which they call a "crèche") to see what it was that the care points were modeling themselves on. I distributed various books and classroom materials. I also started a circulating collection of teaching materials with different themes that the four care point teachers could exchange with each other during the course of the school year so that everyone would have a chance to use each set. On my final day, Bongani brought all the teachers from the four care points together so that we could hold a workshop and have a final wrap-up. His assistant Philisiwe did a terrific job of translating. Some members of the local community came too that afternoon to say goodbye, which was very heartwarming. I also had a chance to attend a Saturday health day in one of the care point communities. On other weekends I indulged myself with visits to see the wildlife at Hlane Game Reserve and Kruger, just over the border from where I was staying in Tshaneni.

to pay school fees. In addition, costs for school uniforms and supplies remain a barrier for the poorest children. Thus, this year we have increased the number of children supported to 45 with school fees (mostly grade 2 students) and 30 with providing school uniforms (mostly grade 1 students). This triples the number of students supported during the 2009 school year and is an important advance in achieving the AEF mission.

HEALTHCARE

Primary health days

Through our community primary health days, over the past 6 months we have evaluated 400 patients and dispensed \$5000 worth of medication. The medical problems we see continue to be diverse including



Checking blood pressure at health day

tuberculosis, cancers, pneumonia, high blood pressure, and chronic back pain. We plan to continue primary health days. Our current additional plan is to source medications to treat intestinal worms, a common ailment especially among children.

Health Motivators and TB patient support

Since the start of our community programs we have worked with the “Rural Health Motivators” in holding the

health days and identifying needy children for scholarships. In each of these activities their enthusiasm and dedication has impressed us. Thus we asked what additional activities they would most like to be doing. The answer was to help people with TB survive their illness. Having seen many people with likely TB during the primary health care days, I was happy to follow the lead of the community health motivators. We have started a small program in which they visit the patients at least weekly, supply a basic food packet if needed, and are able to contact a nurse at the regional TB clinic if the person is having trouble. This has also been enthusiastically received by the regional TB clinic. We are currently working on additional roles for the health motivators to identify people who need further testing for TB at the TB clinic. To date, we have provided assistance to approximately 40 patients with TB.



TB control nurse speaking at health literacy event

*Financial Statement
December 2009 – June 2010*

Expenses (US dollars)	
Microcredit	2000
Scholarships	6000
Care Points (supplies & building)	1000
Emergency transport vehicle repairs	500
Health literacy (activities & training)	500
Food packets	200
Water projects	500
Youth training / sports	200
Salary (Justice & Phelisiwe)	800
Miscellaneous (Website, postage)	180
 TOTAL Expenses to date	 11,880

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

Projected expenses for 2010-11: scholarships (6000), clinic building materials (25,000-35,000), community health education & mobilization (5,000), teacher training (1000), well drilling and water projects (4000), care point support (2000), transport (600), microcredit (2000)

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 the local community health motivators we hold 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 partner NGOs for HIV testing and pre-natal and infant care awareness.

Clinic Building

A dream of the Nkambeni community is to have their own clinic. Our goal is to build a clinic in an area accessible to most of the community, soliciting advice and participation from the community, the chiefs, and the health motivators and coordinating with the Ministry of Health. The process may seem inordinately slow, but is essential to assure community participation and ownership of the project.

WATER

2010 has been a good year for water in the Nkambeni area. First of all, the rains were good from February to May. Secondly, a community/government /AEF supported water project was finally successfully completed. This project made use of an existing well and pump and added a secondary pump and piping. It has brought clean water to approximately 2000 people. We have also drilled two



Philisiwe and Justice

wells and fitted them with hand pumps. These have gone to areas inaccessible to other water schemes. Following our partnership model, the communities provided labor and the Swaziland Ministry of Natural Resources supplied the pumps. I anticipate that these projects will provide immediate benefit because these projects were completed at the start of the dry season. However, several communities still have limited access to water and depend on contaminated and distant water sources. We are optimistic that we will be able to bring hand pumps to these communities in the future.

OTHER UPDATES

Bongani Mdluli continues to lead on-the-ground work through his energy, leadership, and community connections. In addition, we have added two part time members to the AEF team. Philisiwe is managing accounts and working with the microcredit program. Her energy and organization are the reason we have been able to expand our support to many more people. Justice is directing activities with the Community Health Motivators and is liaising with the TB control officer at the regional TB clinic.

HOW TO HELP

- Sponsor a primary school student (\$125 / year)**
- Contribute to building the clinic**
- Sponsor a water well (\$2500)**
- Hold a fund raiser**

Make a tax-deductible contribution to the African Education Fund

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