



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

This newsletter serves as an update for each of AEFs activity areas and also comments on current events in Swaziland.

Financial crisis in Swaziland

The Government of Swaziland has heavily depended on participation in the Southern African Customs Union for revenue. In 2010 the Customs Union re-calculated proportional distribution of receipts to make the disbursements more reflective of customs sources. For Swaziland, this has meant a 40% reduction in revenue from the Customs Union. To fill the gap, the Government is negotiating with the International Monetary Fund to secure an emergency loan. Part of the requirements from the IMF for a loan is to reduce wage expenditures which account for nearly 50% of the budget of the Government of Swaziland. Individuals with high salaries are to have a cut of 10% in annual salary. It is unclear how wage reduction will affect teachers or the hiring of additional teachers. It is also unclear how this will affect the planned provision of free primary school education and improved services at care points.

Education

Primary school scholarships

In January 2010 the Swaziland Government began to provide 'free' primary school education. This was introduced for children entering first grade. This was expanded from first grade to first and second grade in January 2011. However, children not entering first or second grade still need to pay school fees. In addition, children in the 'free' education grades still need to have a uniform and still need to pay various book and other fees. Inability to have a uniform or pay these fees leads to exclusion from school. An additional barrier to access to school is knowledge by the parent or guardian of the rules regarding fee payment.

AEF helps by identifying children that should be in school and assisting with either school fees (if in grades not yet included in free education) or providing school uniforms. This year (2011 school year), AEF has provided uniforms for 246 children and paid school fees for 30 children.

Care points

AEF has been assisting several care points in the Nkambeni community. The care points are pre-primary school feeding and enrichment centers meant for orphans and established in response to the AIDS orphan crisis in Swaziland. However, while established for children who have lost one or both parents (to AIDS) this is not an enrollment requirement.

AEF volunteer, Ellinor Angel spent 4 weeks in June 2010 working with four care points to provide guidance to the care point teachers on teaching and the use of educational material and to provide enrichment to the children. In addition, she brought a supply of age and context appropriate books and other educational materials. During this visit she noted several opportunities to improve the care points. Ellinor is generously creating a

series of workshops to provide teaching skills and hands-on demonstrations to teachers from 14 care points. She will return to Swaziland to lead these workshops in April – May 2011 at Mrs. Mdluli's care point in Nkambeni.



Mrs Mdluli's Care Point

Health

Building a Clinic

We are continuing to work with the Ministry of Health to fulfill needs for a health clinic. We have received assistance from the Ministry of Works regarding the new clinic and obtained quotes on building materials. The Ministry of Health remains enthusiastic. We have delayed starting construction due to uncertainties regarding the Ministry of Health ability to manage the clinic given the current financial crisis in Swaziland. However, we anticipate some clarity in the coming months.

Health literacy days



Health motivator performing at health day

Basic community health education can be effective to dispel myths, impart information, and inform regarding available services. We continue to hold these health promotion days using drama, song, personal stories, and presentations to deliver messages. Because of the burden of HIV and TB in Swaziland with 25% of adults infected

with HIV and over 1% newly infected with TB each year these are focus topics. The health days are also an important time for the community to learn the role of the health motivators.

Rural health motivator program

The Rural Health Motivators are woman volunteers from the community. They are nominally organized and supported by the Ministry of Health, but have not been given a clear role by the Ministry of Health. AEF began working with the Health Motivators in 2007 asking them to assist in identifying needy children for scholarships. Because they know their neighbors they were very helpful with this role. In 2009, we met with a group of health motivators to discuss what additional ways we could work with them. At that meeting they expressed frustration with the lack of a clear role, the lack of support from either the community or the district health clinic, and, importantly, their desire to help people with TB.



Health motivators with Bheki, Christopher, & Bongani

Thus our TB patient support program began. The program involves (1) record keeping of the patients supported, (2) weekly visits to TB patients, (3) provision of food packets to patients in need, and (4) communication with the health clinic regarding patients not completing their treatment. The Rural Health motivators have been enthusiastic about having a role and especially about the very positive response from the community. Rather than being ignored, they are now sought out and their advice heeded. Presently 32 health motivators form our program. However, the district hospital has asked us to increase the area covered by our health motivator program approximately 4-fold. As of March 2011, we have provided food for 109 patients. We hope that by the end of 2011 we will have achieved the coverage requested by the district hospital.

In addition, the district hospital has asked us to involve the health motivators in community-based TB screening. In January 2011 we held a training, in conjunction with the Ministry of Health, for 63 health motivators on TB

screening and sputum collection for TB assessment. Success in TB control certainly begins at the community level. We hope by effectively rolling out screening we will be able to start to control TB in the country with the world's highest rates of TB.

To handle oversight, liaising with clinics, and management of the health motivators, we have added a highly motivated director of health programs to our project: Bheki Tfusi. We have equipped him with a bicycle to manage health motivators in an area with greater than 30km radius.



Bheki Tfusi on bicycle

Community clinics

Dr Hoffmann has continued to hold community health days to diagnose, treat, or re-assure people in the community. The last health day was coordinated with the health motivators to try to assure that the sickest patients would come to the clinic. In 2010 we held four community clinic days and saw approximately 300 patients.



Waiting to be seen at community clinic

Microenterprise

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. At present the method of loans that we are using is to provide the group with a sum (between \$100-\$400) which is either used for a single purchase or for distribution among group members. The members then pay the money back with interest, with the returned funds all available for redistribution within that group.

In October 2010, Silke Hoffmann visited Swaziland and met with micro-enterprise groups, visiting 13 of the groups to which AEF has provided microloans.

Silke wrote " When asked what the greatest benefit of increase in earning the responses were varied. The marketing ladies, getting very little in loans, were happy to be able to buy extra food for husband and children. I had a heated discussion with one group over their concern for their husbands. 'Unemployment is very high for adult males' was the answer. My response, then your husband can fetch the water, often hours of walking to a source, and carrying the water home. Perhaps the husband could cultivate a garden and grow vegetable for the family and market or even sweep the home, these tasks are all performed by girls and women. This was greeted with laughter and smiles."

A recent change in our microfinance program is that the woman who was monitoring the loans, Philisiwe Dzimba obtained a job in town and is no longer working with AEF. However, we have found an able and enthusiastic replacement in Gideon Silindza. We have also used this as an opportunity to address one of the problems that Philisiwe faced: lack of transport to more remote groups. We have provided Gideon with a bicycle which he uses to reach some of the groups. He is currently meeting with each group to understand their needs, their ability to continue to repay loans, and ways to improve the program.

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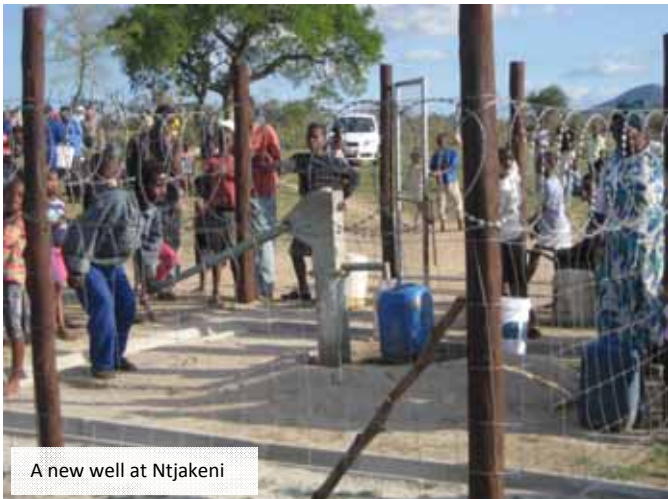
With more than 400 women benefiting from loans, we continue to receive very positive feedback from participating women and interest from other groups to become part of the microenterprise project. In the coming 6 months we will expand to several additional market groups.

Water Projects

Access to water and especially clean water is essential for health. In 2010 we successfully drilled three wells and fitted them with hand pumps. Hand pumps are the best means to provide water in rural areas with limited or no access to electricity for electric pumps (which have high

operating and repair costs). The well at Ntjakeni serves approximately 400 people, providing access to clean water. Prior to the provision of this well, the most reliable water source was the Nkomati River approximately 4 kilometers away. You can imagine how much close and clean water has meant to that community. We are continuing to identify communities with severe water needs to drill wells for hand pumps.

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A new well at Ntjakeni

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