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.

Swaziland

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 - Update

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.

Care point teachers during a workshop

Although the crisis began in 2010, it persists to 2012. The government has resisted reforms in governance that would be mandated to receive a loan from the IMF. As of now, the response has been cutting services. This includes cutting the expansion of free primary school education, reducing mobile clinic outreach and vaccination days, and delaying rural development projects.

Education

Primary school scholarships

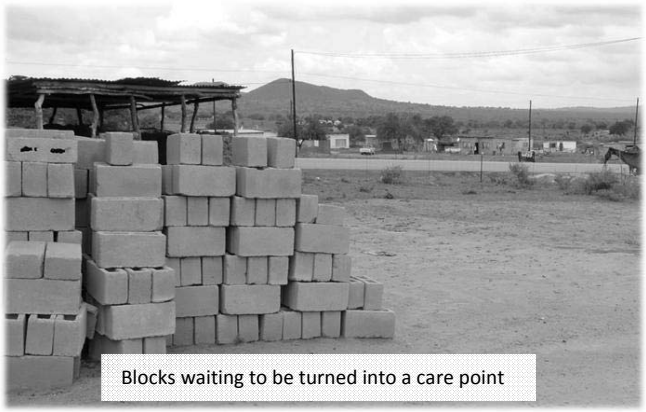
In January 2010 the Swaziland Government began to provide 'free' primary school education. This was introduced for children entering first grade. This was expanded from first grade to first and second grade in January 2011. However, children not entering first or second grade still need to pay school 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. AEF assists 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. In 2011, 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 or other vulnerable children and established in response to the AIDS orphan crisis in Swaziland.

AEF volunteer, Ellinor Angel has spearheaded efforts to develop a learning environment at the care points through teacher training, teacher mentoring, and provision of

educational materials. In June 2011 she held workshops over a period of 4 weeks for teachers from 10 care points in the Nkambeni area. She also worked with primary school teachers. The local chief thanked her for her efforts and the local education authorities have been very appreciative. In September 2011, Ellinor returned to focus efforts on 4 care points. She provided mentoring to the teachers and identified other areas of need. This included assessing care point buildings. Over the past two years, UNICEF and other organizations have provided some support to care point construction – such as delivering a pile of concrete bricks. However, the communities have generally lacked resources to turn the bricks into fully completed buildings. Three care points needed floors and windows for children to move from outside shelter to having a classroom to use. One needed to be turned from a brick pile into a classroom. AEF funds expedited this.



Blocks waiting to be turned into a care point

1 month

Nearly complete, early January 2012

Ellinor plans to return again in May 2012 to continue to strengthen pre-school education. She has also been invited to provide guidance at local primary schools to elevate the level of primary education. Her efforts are very valuable and greatly appreciated by the community and the teachers she has been guiding.

To assist with turning the block pile into a classroom, we had the help of James Hunt. He came to South Africa and Swaziland to visit his grandson, Alexander. In the process he helped with the building construction and with making wooden benches for the building. The teacher, Mrs Nubunga, is excited to start 2012 with a classroom for her 50-60 children.

Care point children

Health

Building a Clinic

We are moving along slowly but surely in clinic construction. We are continuing to work with the Ministry of Health to fulfill needs for a health clinic. The clinic building is nearly finished with the exception of interior and exterior painting.

Zandonda-Kagcuga clinic

Outdoor latrines have also been constructed for staff and patients. What remains to be built is housing for nurses. The community is at work making concrete building blocks. Once these are ready and the foundation has been dug to the satisfaction of the building inspector, the nurses' housing will be built. We are anticipating that all will be complete during 2012. However, depending on community labor and community financial contributions does mean a slower process. It also means community ownership and pride – which are essential to the long term success of the clinic. On a visit by Silke and Bill Hoffmann to the clinic site in January 2012 Silke wrote: "The drive 6-7 km took us over a rough road. The clinic is located in a rural area, surrounded by hills and lush

vegetation (the abundant vegetation created by the recent summer rains). Joseph Dlamini, chairman of the clinic committee, greeted us at the door to the clinic. The exterior looks beautiful. It just needs a coat of white wash. The interior has not been finished. It looks specious with a waiting area, examining rooms and pharmacy dispensary. Plaster and paint will make it into a wonderful place for the residents to receive care. Two outbuildings had been constructed, including toilets for the patients use. The completion of the nurses' residence was stalled by the lack of diesel fuel for a front loader to dig the foundation (promised by the Ministry of Public Works) and by community volunteers busily planting crops. Every rural clinic has to furnish a residence for the nurses who tend to patients in the clinic. The incidence of TB is high in this area. At this time patients have to walk 5-6 km to the nearest clinic daily to receive an antibiotic shot. It means the follow up care is sporadic because of the distance to receive medication and the weakness of the patient. A delightful surprise was found just 500 meters from the clinic, a new well drilled by AEF. Children were delighting in pumping the water into large canisters. They loaded them onto donkeys carrying them up into the hills."

Financial Summary Jan 1 to Dec 31, 2011

Income total		33797
Donations	33652	
Sales of baskets, cards, plants	145	
Expenditures total		54812
Education: scholarships, uniforms	7032	
Care point construction	6317	
Health care: food, supplies	3727	
Medical clinic construction *	27985	
Water wells	5371	
Microfinance	71	
Swazi worker stipends	1943	
Office: rent, utilities, supplies	1653	
Transportation: bicycle, truck, other	713	
Income/Expenditures Surplus (Deficit)		(21015)
Balance January 1, 2011		59256
Balance December 31, 2011		38241
Balance Increase (Decrease)		(21015)

In-kind donations:
Sewing machine, sewing materials, medications, school supplies, volunteer effort

* The medical clinic construction used funds carried over from previous years. It should be completed in 2012.

Health literacy days

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, we emphasize these topics. The health days are also an important time for the community to learn the role of the health motivators. Each event has a slightly different focus, but the overall emphasis is on adherence to TB or HIV medications and testing for TB.

Health day with soccer balls given to team representative after correctly answering questions about TB (balls donated by Kick TB)

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 and started a TB support program with them in 2009. 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 TB 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. Furthermore, the district hospital has asked us to

Health motivator training day

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increase the area covered by our health motivator program. As of March 2011, we have provided food support to 109 patients and now cover a population of approximately 17,000 through the health motivator effort. In January 2012 we held a training session for 60 health motivators on TB and HIV related issues, with the assistance of nurses from the district hospital. In addition, we provided tote bags, TB masks, and other supplies to help them with their work.

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, basket weaving, and skin lotion production. However, oversight of this program is a challenge. Thus we have been very cautious with expansion and we did not provide loans to any new microfinance groups in 2011. However with over 400 individuals, mostly women, currently benefiting we are in no rush to increase the number.

Water Projects

2011 has been a slower year for water projects. We drilled two wells in remote areas without good access to water. Unfortunately, despite working with a geologist, both wells were dry. We have identified additional sites that we are more confident of the presence of water and are working to get wells drilled. At present, due to the financial crisis we have to contract with private drilling services rather than the government drilling service.

Well at Zandondo-Kagcuga

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With the subject line "email newsletter"

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-deductible contribution to the African Education Fund
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