

## Helping Communities Help Themselves:

### Swaziland's Innovative Community-Based Response to HIV and AIDS



KaGogo Social Centres • Neighbourhood Care Points • Indlunkhulu Fields

## **Background**

The small southern African nation of Swaziland, with a population of just more than 1 million people, has the highest recorded HIV prevalence in the world. There are approximately 200,000 people living with the disease in the country.

HIV is ravaging the people of Swaziland, shaping the lives of not only those that are infected, but of their families, friends, neighbours and communities. It has decimated national capacity, carving out a generation of young, productive citizens that were once teachers, nurses and family breadwinners. Food insecurity threatens thousands of families and self-sufficiency in food has declined from 60% to 40% over the last three years.<sup>1</sup> HIV has impacted the nation's economy as well, reversing decades of progress in Swaziland's national economic objectives.

Perhaps one of the most visible effects of the epidemic has been the dramatic increase in the number of orphaned and vulnerable children (OVC). There are currently 70,000 OVC in Swaziland today. That number is expected to rise to more than 120,000 by 2010, encompassing more than 10% of the population. The education, feeding, care and support of these children present an enormous challenge to the country.

From this, it is clear that AIDS is a crisis of such magnitude that it must be treated as an emergency. New thinking and creative initiatives are essential to mobilize entire communities to respond to the epidemic. The National Emergency Response Council on HIV and AIDS (NERCHA), together with several government ministries, focused their attention on impact mitigation for OVC with energy and commitment. Through NERCHA, the country established innovative community-based initiatives founded on traditional Swazi practices. Each of these measures picks up where family and extended family cannot. Often, relatives are themselves so decimated by HIV that the community remains the next and only level of care available. In Swaziland, the burden of HIV has shifted from the family to the community. NERCHA and government recognized this and created measures to create community capacity. These measures, rooted in community ownership, strengthen and deepen Swazi culture while bringing a creative, effective response to the growing numbers of orphaned and vulnerable children.

## **Innovations**

### **KaGogo Social Centres**

Spurred by the emergency nature of the epidemic in the country, NERCHA saw the need to organize the development of a community centre to provide services and coordinate the impact mitigation response.

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<sup>1</sup> ECHO, "Humanitarian assistance to vulnerable groups in Lesotho and Swaziland affected by combined effects of drought and HIV/AIDS."

KaGogo (literally meaning grandmother's house) has traditionally been a part of every homestead, serving as a safe haven or place of refuge. KaGogo is also known as the central gathering place for family; a neutral place for discussing family matters and resolving disputes. NERCHA revived the concept to mobilize and empower communities in the response to HIV, choosing to construct KaGogo Social Centres in every chiefdom throughout the country.



A KaGogo Social Centre being built by the community.

NERCHA, with help from the Deputy Prime Minister's office, began mobilizing communities on the KaGogo Social Centre concept in 2003. NERCHA felt that participation and ownership of KaGogo Centres by community members was a key element to their success. The community mobilizations brought all the key players in the community together to work as a team. Communities were enthusiastic about the KaGogo Centres because the concept is one rooted in tradition and retains its significance in the

era of AIDS.

Additionally, all the KaGogo Centres were built by the communities themselves. While NERCHA supplied financial and technical contributions with the help of a Global Fund grant, the communities provided labour and much of the local building materials. This ensured the community members would feel a sense of pride and ownership in the building and how it is used.

While the KaGogo Centres were being developed, the communities were encouraged to elect community coordination committees to oversee the running of the Centres. The committees use the Centres to collect basic data about OVC and other vulnerable groups within the community. This data helps to shape national policies and responses to HIV and AIDS. The KaGogo Centres also provide a formal and physical centre for coordinating community initiatives and a forum for discussions and meetings about how to respond to the epidemic's impact in the local area. The Centres have been used to coordinate and distribute emergency food in areas affected by drought and food insecurity. NERCHA envisions that the KaGogo Social Centres will eventually be able to provide other essential services for OVC and other community members, such as socialisation and other trainings.

To date, more than 50% of the centres have been completed nationwide and more than 30% have been constructed up to roof level. NERCHA also recently allocated funds to hire full-time managers for each KaGogo Social Centre. These local hires act as a liaison between the KaGogo Centres, the community and the national government. The managers also ensure that the KaGogo is being used properly as the coordinating centre for community interventions for HIV and AIDS.

### Neighbourhood Care Points



A Neighbourhood Care Point in Ngome, Swaziland that offers feeding and informal education to local orphaned and vulnerable children.

The community coordinating committees established for the KaGogo Social Centres performed the essential task of identifying orphans in the community, drawing up a list of those needing assistance and authorizing the list for the government. But something more was needed. The lists of names had faces and stories attached; they were more than mere statistics. The government needed to respond to these children in need. An idea, taken from a rural community in

Swaziland, was born. Several women in a small rural community had realized the scale of the orphan problem in their area and began cooking for and looking after these children in their own homes or under a tree, with food and money from their own households. This concept sparked the Neighbourhood Care Point (NCP) initiative. This initiative, developed and implemented by communities, was then scaled up by UNICEF and other partner NGOs. Because of its success, NERCHA is now making it a nationwide approach.

NCPs were established to provide day-to-day support to orphaned and vulnerable children and enable them to be cared for in the communities in which they were raised. Coordinated by the Deputy Prime Minister's Office (DPM) and NERCHA, a massive mobilization campaign began around the issue. The government also enlisted the help of UNICEF. Meetings were called with chiefs, local leaders and volunteers from each community to work together to establish NCPs. Volunteer care workers approved by each chiefdom were trained to provide psychosocial support to the children, as well as to cook and teach them basic survival skills. NERCHA/UNICEF initially provided cooking pots and food,

but eventually the communities supplied the food themselves or began vegetable gardens for the NCP. The DPM's office and World Food Programme also supply food for those NCPs that need it. Water tanks and gutters were donated and the communities constructed structures and pit latrines with technical support from the DPM's office and other partners.

Many NCPs provide informal education to children, but perhaps more importantly, they highlight the numbers of children who fall outside the formal education system. NCPs have become an effective means of directing children into formal school education. In addition, NCPs provide a safe environment for older siblings to leave younger brothers and sisters so that they may attend school.

There are more than 625 NCPs in Swaziland with more than 40,000 children registered in them, and these numbers are expanding. With food assistance and coordination from KaGogo Centres, NCPs provide at least one hot meal a day to children. These care points have given communities a sense of empowerment and hope by providing a cost-effective, stable and caring structure for children who would otherwise have nothing. NCPs enable children to come together daily with other children in a safe environment to eat, learn and play. Above all, NCPs have made OVC visible within the communities in which they live, and brought people together to find solutions to the challenges they face.

### Indlunkhulu Fields

Indlunkhulu fields were a traditional practice that had long since lapsed, whereby



Community members working in the Indlunkhulu fields. These fields will benefit the vulnerable population in the community.

a Chief allocated land for the community to grow food for the vulnerable members in the community. The reinvigoration of the Indlunkhulu fields programme began in 2002. NERCHA facilitated a process of consultation with traditional leaders and the Ministry of Agriculture and helped mobilize the communities. NERCHA also provided silos for communities to store food from Indlunkhulu to be distributed to needy members of the community. Silos and food distribution are coordinated through KaGogo Centres.

All community members participate in both the growing and distribution of the crops, ensuring the process is transparent and trusted so the food goes to those who most need it. The main beneficiaries of the fields, orphaned and vulnerable children, also participate in the farming, gaining agricultural skills and knowledge they could no longer receive from their parents.

## **Conclusion and Way Forward**

These initiatives have given communities throughout Swaziland a sense of self-reliance and ownership in their response to HIV and AIDS. These responses illustrate much that can be replicated and adapted for other communities in Swaziland and beyond.

Each of these initiatives builds upon the other. KaGogo Centres coordinate the communities' response to HIV and AIDS. NCPs care for orphaned and vulnerable children and get food supplies and assistance from KaGogos. Indlunkhulu fields supply NCPs and vulnerable people with food stored in silos coordinated and managed by KaGogo Centres. The initiatives are interrelated and are stronger because of their connections to the others.

In addition, the country has taken an active role in monitoring these initiatives to analyse continued gaps or the need to make improvements. Swaziland's HIV/AIDS Programme Monitoring System (SHAPMoS), launched by government in 2006, is a data collection system that allows the nation to track progress made on HIV programmes throughout the country. The data collected by SHAPMoS helps Swaziland to monitor the effectiveness of initiatives such as those described here, and to use the data to plan more effectively in the future.

While driven and instituted by government, the KaGogo Centres, NCPs and Indlunkhulu field projects rely on local participation. Through these programs communities have been empowered to mobilize resources, create sustainable and innovative solutions and to rely less on outside assistance.