With the 2004 release by UNAIDS of the latest figures, Swaziland officially becomes the country with the highest HIV/AIDS prevalence in the world: an estimated 38.8 percent of its people are living with the virus. Almost half of all Swazi women between the ages of 20 and 29 are infected. AIDS in this small southern African kingdom has killed entire families, one by one, and left orphans in the care of grandparents — or with no care at all. At least 15,000 households are now headed by children. In the middle of this battle against the epidemic, Swazis are fighting widespread drought for the fourth consecutive year, and many fields are left bare from neglect because so many farmers — mainly women — are sick or have died. The food emergency makes the AIDS crisis that much worse.

Swaziland is one of the largest recipients of Global Fund money per capita — money which is desperately needed for antiretroviral therapy and for voluntary counseling and testing centers, training of counselors and provision of kits for home-based care. The Global Fund will also pay for community “mothering” schemes, ensuring a minimum standard of care for orphans. Resources are being invested in a country which has chosen to rehabilitate traditional systems to cope with new problems, and where communities are pulling together so the epidemic does not tear them apart.

In this poster series by award-winning photographer Gideon Mendel, you will meet the people who live through the daily reality of Swaziland’s AIDS epidemic. And you will learn why and how the Global Fund is supporting them.
VUSI AND LOMBUSO

LIFE AND LOVE AFTER ARVs

VUSI MATSEBULA, 33 years

I have been on treatment since 2002. It has given me hope and my life has changed. Before, I was living in a situation where there was absolutely no hope for any kind of treatment.

Last year I got married to my beautiful wife Lombuso, and she has been an inspiration in my life. She is a mentor, who has been very supportive. I am able to remember how to take my medication because of her constant support. I am so grateful to have a woman like her.

One day in March 2003, I saw this beautiful woman, and by June I had made up my mind that this was the missing part of life. The wedding was on November 1, 2003 and it was a beautiful day in our lives – for me, especially. When I learnt about my HIV status, I was so devastated that I almost committed suicide. But standing there in the aisle waiting for my wife, my beautiful wife, it was like a dream come true, it was like a miracle. I thought, “God is this really happening?”

Our story sends a message to a million people out there who are also devastated knowing their HIV status, and who are thinking that maybe they will be dead tomorrow. The message is that there is life after knowing your HIV status.

We wanted to make our wedding with all the visibility needed to spread the message. So then this idea came to me — we can make a special design for our rings. We designed them to have a red ribbon as a sign of our commitment — to each other and to other couples who might need information on HIV.

Our rings are made of reddish stones that form the red ribbon. They are so beautiful. My wife’s ring is also decorated with diamonds.

During the early stages of my infection, there was absolutely no information about HIV. We knew that there was this disease that was killing people, but it was not a disease that was recognized in my country.

So you know, the messages that we got were so hopeless. “You get AIDS, you die.” And that was it. There was nothing mentioned even about HIV at that time, it was only about AIDS. You were never given the opportunity to even dare think about having life and getting married, let alone having a baby.

Our story sends a message to a million people out there who are also devastated knowing their HIV status, and who are thinking that maybe they will be dead tomorrow. The message is that there is life after knowing your HIV status.

We are one of the luckiest couples to have lived this long, and also that the Global Fund has arrived and found us well and alive so that we now may benefit from their help. Now I am on treatment, and we know sooner or later a cure will be available.

A lot of people have passed away, and it was a setback for us, to see our friends and comrades going down the drain, but it was also an inspiration. If they were able to take it to the point of death, it also meant to us that it was possible to take it that far.

Thank God for the availability of this ARV treatment, because now I am able to do my job very much better than before. You know HIV work is very demanding of your energy. You need to give yourself fully — emotionally and everything — and it eats you up. Sometimes you have to work in intense heat, and before I started treatment, I was so tired I couldn’t do anything. But now I can work throughout the day without getting fatigue and stuff like that. So the treatment has played a major role in making my work effective in the communities.

What I am saying is that the treatment is really good, and I encourage those people who are really much in need to consider this treatment. Hope has been given to us in this hopeless situation. Now I am able to look back and realize that with the help and assistance given from above, I have been able to turn my scars into stars. I am grateful.

LOMBUSO MATSEBULA, 27 years

It is true, like my husband has said, after HIV there is life — it goes on. You are able to get married. We got married, and it came through. You know I didn’t want too much publicity or media, but somehow I had to accommodate the fact that the whole ceremony would be made public. My husband is like a celebrity now, and you have to adjust to the fast life of it.

God willing, we are looking forward to our first baby — God willing. I am not pregnant yet, but we have seen the doctors and we have taken the viral load and the CD4 counts. We are on the track, yes.

Over two years, a Global Fund investment will ensure that 95% of all health facilities in Swaziland will be equipped and trained to offer services to prevent transmission of HIV from mothers to children. Global Fund money will also increase the number of people on antiretroviral treatment from 1,500 people to 13,000 by 2005.

Photography by Gideon Mendel/Corbis
PRINCE GIJA II

PRINCE GIJA II, 43 years

I am the chief of this area of about 2,000 people. Traditionally the chief is the father of the community, so everything that happens is reported to him. So basically, I have to take care of all the problems in the community.

We have seen a growing number of orphans – not only through HIV and AIDS, but a lot, because people die in great numbers now. Much greater numbers than we used to know.

In the community we have up to 350 orphans. Some have lost just one parent; some have lost both parents. We do have some families here where the kids are living alone, and in our tradition it was not supposed to be like that. Children should not live alone.

HIV and AIDS have been recognized by the government, by the King, and by the elders of this country as a really serious problem. Even in this community we have been talking about it, preaching about it to the elderly people, the young people and even the small kids.

The Royal family is teaching us to go back to our roots, reminding us of how we were living before. You know, we lost something as we were moving forward – we lost something about being human. Buntfu.

Buntfu is a Siswati expression, like Ubuntu in Zulu. It’s a word that encompasses a lot of meanings. There is love in there, there is trust, and there are feelings. Buntfu is a word that describes being human – how you relate to your neighbor, how you relate to the person sitting next to you, how you feel for that person. Buntfu relates to HIV/AIDS. You don’t just ignore that person, and say, “Oh, he has got AIDS. I don’t have to be concerned about him, he is dying by himself.” Buntfu is to take care of him, is to teach even the ones who haven’t contracted the virus. Buntfu is to take care of the person next to you, to have feelings for him, to love him, to provide for him.

Before, what used to happen was if an elderly lady, for example, was living by herself, the chief had the power to say to the neighbor, “Can you take care of that elderly lady, you cook for her?” or if kids are orphaned, the chief has the power to assign anybody to take care of those kids. Now the King and NERCHA [The National Emergency Response Council on HIV/AIDS] are saying, “Let’s go back to those roots.”

In our culture, we shouldn’t have orphans when a relative is still alive. It is a community, we used to know each other, help each other. It was an extended family, and we have lost it now. So now the King is telling us to go back to our roots.

This building was named kaGogo, which in Siswati means “the elderly grandmother who will take care of children in need”. It is supported by NERCHA in Swaziland. It is for the orphans mainly, but will also store all things that will be assisting us in fighting HIV and AIDS.

We are growing food for the orphans in the way it was done by Swazis a long time ago. Traditionally, food grown on communal fields was used to assist any member of the community who had problems. Now people come to the fields maybe once or twice a week to do the ploughing, and come harvest time they come back again to reap the food. That food is stored in storage containers and used whenever it is needed for orphans and destitute people.

My dream in this community is to see everybody able to support themselves. I would love to see everybody having enough food, enough money and not to come and cry and beg someone else for money. People should be self-empowered. That is my dream.

The Global Fund is supporting the Swazi National Emergency Response Council on HIV/AIDS in a new project to build unique kaGogo structures in all chiefdoms. These are to be used as focus points for orphan care and AIDS awareness-raising activities. (One of these structures, almost complete, can be seen behind Prince Gija in his picture.)
GLADNESS ZWANE
VOLUNTEER COOK

GLADNESS ZWANE, 37 years
I am just working for the orphans, here at the care point. I am not paid, but I’ve got love enough to do this job, for the community. It is because of the sympathy that I have for the children who have no parents that I volunteered to cook.

There are four of us women on the roster. We arrive here early in the morning. First we wash the pots, make fire, then we put on the water and just cook the porridge. If we have beans, we cook beans. Then at one o’clock, or half past one, the children come from school. First of all we pray, and then they wash their hands. They make a queue and we dish out the food. Then they sit down and eat.

They rush at times because they are hungry. The problem is with those who go to school early in the morning without any food. They come here in a rush because they are so hungry. Sometimes the older ones try to move the young ones away, but we control them. After the food has been dished, I mark the register – because if one is absent I must go to his home to ask where he is today. After that we have some games, and then they depart, go back home.

Oh, they are happy. They are happy, even to be together.

We have 106 children at this care point. Twenty have no parents, they are double orphans, and 15 are single orphans. The other ones are from the community. I want each and every one to have a healthy life, and to understand that he is somebody on this earth.

Some orphans are through HIV, but other parents died of other causes. The problem is this: before, we were not alerted and many parents died because of not knowing what makes us catch HIV. Now the community is sure that HIV is there, and it kills. Now they know how not to get it. And those having HIV know what they must do in order for their lives to be longer.

I am doing all sorts of other things, like going to schools and teaching people about HIV/AIDS. I am a Lihlombelekekholelo. In English, that means I am “a shoulder to cry on”. I am also part of the community home-based care team, which is going to be taught to take care of the orphans and the people who need help. We have not started yet.

My dream is to see my community educated. Every child wants to be educated. I dream that one day a child from this care point can be prime minister.

The Global Fund, through the Swazi National Emergency Response Council on HIV/AIDS, will pay 10,000 “community mothers” for their work with orphans. The Fund is also funding community kitchens to ensure that the children are fed every day.
NOSIPHO NDLANGAMANDLA
ELDEST CHILD IN GRANDMOTHER-HEADED HOUSEHOLD

NOSIPHO NDLANGAMANDLA, 11 years
My parents were sick and died. It was very sad for me. My grandmother takes care of us. I have two sisters and no brothers.

I like going to school. At the school, I learn and play with my friends and go to our vegetable plots. After that we can pray.

If I finish school, I want to be a teacher.

LOMKHOSI ZWANE, age unknown
I had four children, and they all died and left these grandchildren under my care.

I'm not sure what really killed them, because they had different illnesses. The one had some swellings all over the body, and the other had persistent headaches, the other one had diarrhoea and vomiting for a long time, until she died.

I've got seven grandchildren, but I stay with only three. I'm not doing enough for my grandchildren because I can't afford anything. I get help from my neighbors. They come and give me some food. That is how we are living.

When I have soap, I wash the clothes and I also bathe the children. When I cook I give them food, and when there is any ploughing I send some oxen to come and plough their fields. I also give them seeds.

I do it out of sympathy with their situation. It is a terrible situation and you can’t just pretend that there is nothing happening to your neighbours when they are so desperate.

I have been chosen as one of the carers. I feel the responsibility is now high. Before I was just doing it voluntarily, but now that I have been assigned to continue doing it, I feel I need to do more.

My only problem now is that the granny is also sick. They want to get her eyes operated, and she is also asthmatic. These are all problems on my shoulders.

The Global Fund is contributing towards helping the Ministry of Education in Swaziland enrol and keep over 70,000 orphans in schools. The Fund is also, through the Swazi National Emergency Response Council on HIV/AIDS, funding community kitchens to provide a daily supply of food to orphans. A portion of the food comes from traditional land that is being revived by communities after years of neglect, as well as from the Deputy Prime Minister’s Office with support from UNICEF.
ZANDILE MASINA

ZANDILE MASINA, 26 years

I discovered last year, June 2003, that I am HIV positive. I lost weight and I had a rash all over my body. My baby died last month. He had diarrhoea.

I started ARVs about six months ago. In the beginning it was a bit difficult, but now I am used to it. After taking the ARVs, the rash subsided and the diarrhoea stopped. Now I feel healthy and my body has started to go back to its normal weight.

I feel sad when I see other people having the same problem I had. I have seen my neighbours being very sick without anyone helping them. During that time there was no care supporter here in this place. So when I heard that care supporters are needed and will be trained, I thought I should join that group.

I visit the patients and I counsel them to go to test for HIV. I go out to visit the sick people at home and if they need to have their laundry washed, I will do it. I usually take some gloves, some multivitamin tablets and some Panadols when I go.

Most of the people in this community know that I am HIV positive. I tell them about my status so that they can be assisted. While I was still very sick – lying down and very thin – they were saying, “Oh, this virus has taken her, and she is going to die.” That is what they were saying about me. Now that I am better they come to me and ask, “What happened, because you were dead? What did you do? Tell us!” Then I tell them that the thing that helped me is that I tested, I was counseled, and I got the right drugs for this virus and that is why I am now better. I tell them that they should do as I did. I feel so confident and strong talking about this disease.

The only problem is that we do need some food. At the hospital they talk about the three food groups we are supposed to eat, but we need some money to buy those types of food. We find that when we visit the patients, they have nothing in the house.

Some of our patients don’t take the drugs because they are afraid that the drug will not work if they have no food in their stomachs. Also, some of our patients want to go see their doctor in the hospital, but because they don’t have money for the bus fare, they just stay at home until such time as they die.

I have attended about eight funerals of my patients who have died. We go to the family and pray with them and attend the funeral.

I pay nothing for the ARVs except the bus fare when I go to fetch them. I fetch the ARVs once a month. If they were not free, I would not access them because I would not have enough money.

My husband is not working, but we have some rooms outside which we ask people to stay in. We collect rent – that is how we survive.

My dream is that I keep well always, and that I am able to take care of my child until he is big enough.

A Global Fund grant is funding the building or renovation of 20 voluntary and counseling centers, many of which are situated within chiefdoms, making them easier and quicker to access than traditional health centers further afield.
I want to tell you my story about the day I started my antiretrovirals (ARVs). It was December 2002 and my CD4 count was 21. I started taking the ARVs myself, but I was not able to buy them for life. It is like you are paying an installment, and that is a big problem if you are not working. You may not afford to continue taking the drugs one month because you have no money. I was paying $550 a month (US $89). Later I got the ARVs for free, sponsored by the Global Fund. It was very difficult for me when I couldn’t afford to buy the ARVs because I knew that I would develop resistance.

I was first diagnosed in 1998. It was a big shock, but after some time, when I went to support group, I realized that I was not alone, so the shock was better other than that.

For now, I am just helping at the hospital where they are distributing the ARVs. The clients ask questions, and because I have experience taking the ARVs, I can answer. We just counsel them about the ARVs and we encourage them to take the ARVs every day at a particular time. Because if you are taking the ARVs at 7am, you are supposed to take them also at 7pm every day, with a good diet. It is difficult for some people who started their ARVs when they were very sick. When they discovered that they were OK they just decided to stop taking the ARVs which is not good for them.

My dream is to see Swaziland out of this HIV disaster. I would be very glad if we could see an end of this problem, but if it is not possible, I want to see that it is being managed well. Otherwise, I think we will continue to have the problem of HIV for a long time. That is why I am telling my story so that people can learn from my experience.

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VENDA MAMBA, 15 years

My parents were both sick and they died. The one died in 2002, the other one died last year. It was very sad.

I am doing Standard 4 at a nearby school, but I also watch over my brothers and sisters.

These are the brothers and sisters under my care. I have been looking after them for one year now. Simphiwe Mamba is ten years old, Chazile Mamba is eleven years old, Ncamiso Mamba is nine years old, Thoko Mamba is five years old, Msebenzi Mamba is seven years old.

All the children go to school. The Swaziland government is paying for our school fees, but it is difficult for us to get uniforms and exercise books and books.

There is no one who is looking after us, apart from our granny who checks on us. Otherwise we are having it hard, making ends meet.

It is very difficult to get food. We go about asking for food from neighbors and our relatives. We get food from the soup kitchen in the community. We can only go there after school, so in the morning we just eat anything that our granny who checks on us. Otherwise we are having it hard, making ends meet.

I see this as a very big responsibility on my shoulders. It is hard for me to be a parent because I am also a child. If my brothers and sisters fight, I have to come in between and help them. I can also take them to the neighbors or my granny to sort out their arguments. On the weekends I wash the children’s clothes and clean the house. Sometimes in the afternoon, I will go and join other boys of my age for football. I am also the one who cooks for the kids, and I teach the girls to cook as well.

What we do every day? When we wake up, we cook soft porridge and wash and go off to school. Before we even leave for school we all go to the river and fetch water. We do that in the morning and in the evening before seven o’clock, when it is still light. I am so happy to be able to go to school. I hope to finish school and get a job as a soldier.

My dream is that we get something to eat on a regular basis.

CHAZILE MAMBA, 11 years

My parents all died. Venda, my elder brother, takes care of us.

I walk a very long distance to school. It takes 30 minutes. I like going to school. I wish that I can finish my education and go to work.

THAB’SELIE MSHAYISA, teacher

Chazile Mamba only likes Siswati. She does not play, she is just serious all the time. She always comes late to school.

I teach 42 pupils in my class. Half of them are orphans. I feel very sorry because I lack money to help them. It is very painful to have such kids because sometimes they come to school very dirty and are unable to talk. They are very hungry.

There is no one to teach them how to be a good pupil.

The Global Fund is supporting an innovative project which uses communal land to feed orphans and people living with HIV/AIDS. Communities are reviving land previously left bare from neglect and collectively producing crops that are used to supply community kitchens. The meals dished out by these kitchens often represent the only meal some orphans receive in a day. The Global Fund is also contributing to a scheme run by the Ministry of Education to keep orphans in school.
Maria Ngidi, 70 years

I had seven children and all are dead except for one who is married and lives very far away. The last daughter just died in September.

I take care of three grandchildren. The others are my great-grandchildren. It’s very difficult to look after them, because I am old now and there is no one there to help me.

I am being helped by my neighbors and also by the Royal kraal. The children can get a meal from the community kitchen, but it is a little bit far for the young ones to go on their own. They need my help, and I am not able to move.

I do get a pension which is £100 [US $16] for three months, and that helps me get some salt and sugar for my kitchen.

I am also in need of shelter because the rains caused my house to fall down. So I need something to sleep in, because the rains are coming and I will be sleeping outside.

My dream is, if only I can be given something to eat, or if I can be given some seeds and tools, then maybe my neighbors could help with harvesting and weeding.

When I die? I don’t know, I think the Chief will see to the future of the children.

With funding from the Global Fund, the Swazi National Emergency Response Council on HIV/AIDS is providing support for seeds, tools and other farming necessities to all chiefdoms. Traditional fields allocated for this purpose are communally worked and the food distributed to those who need it, especially orphans and vulnerable children.
MKHONTA FAMILY
ISAAC (18) CARES FOR HIS BROTHERS AND SISTERS ERIC (7), YALILE (6), PHILILE (13), LINDOKUHLE (7) AND DANZILE (5)
THULILE DLAMINI

HOME CARE VOLUNTEER

THULILE DLAMINI, 25 years

I am looking after the people who are sick in this area. The ones that are terminally sick, not some easy sickness. I counsel them and give advice on how to treat the illness, and what food to eat. I have done this volunteer work for three years. Since I started, about 30 people have died from this disease.

I walk a long way to see the patient, and the stomach feels empty, and that makes me weak. I think it is a two-hour walk from where I live to where the patient stays. There is no shortcut.

I visit Futhi about three times a week. I take her clothes to wash in the river, sometimes even the blankets, because she cannot walk fast enough to the toilet. Sometimes she is too weak to bathe herself and I help her do that.

Today her heart is so black. She had no appetite, and when she started to walk, she fell down.

I have volunteered to do this work because I have seen that there are many people my age in this area dying from this sickness. They die sooner than they should, because they are afraid to tell their people what they are suffering from. But if I come, they can tell me everything, and I can give them advice. It is so hard to tell the parents. To the parents, they say they have headaches or stomach ache – they can’t say what they are really suffering from.

They feel better when other people visit them, and give them advice. That makes me feel very happy in my life. Though these young people have parents, they often do not help. The parents say, “At your own risk.” They just leave the child in that condition and go to the fields, or wherever they want to go. Sometimes when I come to work, I find that he has hunger in his stomach. I cook for him and sometimes I even take my own things when I go to that home, because these are not the rich homes, they are poor homes. Some patients are staying with old people who cannot even afford to buy sugar.

The clinic says you must give them a balanced diet, but where is the balanced diet in this homestead that you are supposed to give? There is nothing. They eat sour porridge in the morning and in the evening. Sometimes they eat spinach and cabbage every day. Some patients can’t eat those things at all, because they have sores in their mouths.

There are so many things the patient needs. Sometimes, the old people ask me to take the patient to the hospice, and the patient dies on the way. I am happy to do this work. There is nothing I gain, other than to see that patient die happy in his heart. I earn nothing. No, I am not working, I plough the fields. My father-in-law sometimes gives me money, or my husband, but not all the time, because men are men.

The Global Fund is helping the Swazi National Emergency Response Council on HIV/AIDS to provide basic medicines and hygienic materials to volunteers for their home visits to people living with HIV/AIDS.