

JESU KUKHANYA CARE POINT



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1. BACKGROUND

1.1 SWAZILAND

The Kingdom of Swaziland is a landlocked country in Southern Africa, bordered to the north, south and west by South Africa and to the east by Mozambique.

General:

Swaziland is a small country no more than 200km north to south and 130km east to west. The Anglo Boer war saw Britain make Swaziland a protectorate under its direct control. Swaziland gained independence in 1968. Swaziland is a member of the Southern African Development Community, the African Union and the Commonwealth of Nations. The head of state is the king, who appoints the prime minister and a small number of representatives for both chambers and parliament. A new constitution was adopted in 2005.

Economy:

Swaziland's economy is dominated by the service industry, manufacturing and agriculture. Some 75% of the population are employed in subsistence farming, and 60% of the population live on less than the equivalent of US\$1,25 per day. Swaziland's main trading partner is South Africa and its currency is pegged to the South African rand. Swaziland's economic growth and societal integrity is highly endangered by its disastrous HIV epidemic.

Health:

Swaziland is critically affected by the HIV and AIDS pandemic, which is now an existential threat to its society. As reported in the 2009 CIA World Factbook, Swaziland has the highest HIV infection rate in the world (26% of adults and over 50% of adults in their 20s. Swaziland also has the lowest life expectancy at 32 years. From another perspective, the last available World Health Organisation data in 2002 shows that 61% of all deaths were caused by HIV/AIDS. This means that 2% of the Swazi population dies from HIV every year.

In 2004, Swaziland acknowledged for the first time that it suffered an AIDS crises, with 38.8% of tested pregnant women infected with HIV. In the same year Prime Minister Themba Dlamini declared a humanitarian crises due to the combined effect of drought, land degradation, increased poverty, and HIV/AIDS. Life expectancy has fallen from 61 years in 2000, to 32 years in 2009. There were 16 physicians per 100 000 persons in the early 2000's. Infant mortality was at 110 per 1000 in 2005, with the WHO showing that 47% of all deaths under 5 are caused by HIV/AIDS.

1.2 THE DLAMINI FAMILY

William and Pontso Dlamini have been part of the HEA team since 2003. Before this William was a full-time pastor with Jesus Miracle Centre in Bloemfontein and Pontso had an administrative position at Lebone House, an orphanage for HIV/AIDS affected children in Bloemfontein. In 2003 they moved to Witbank/Emalaheni and joined in the work of HEA.

In 2006 William and Pontso moved to his native Swaziland where they are now residing in Mantabeni/KamBetse. Here they are serving their community and nation to see transformation come to Swaziland.

William and Pontso have four children, Stembiso (13), Blessing (8), Mpumelelo (4) and Nkosi (1).

1.3 Previous Projects

When William and Pontso moved to Mantabeni in 2006, there were no running water in the community. Swaziland had experienced a four year drought and all the springs were almost dry. Close to their home there was one spring that still held water, but here the people from the 700 homesteads of KamBetse and the cows competed for the water. If the cows got there first, all that was left, was muddy water for the people.

Therefore in 2007 HEA in association with Corpus Christi Middelburg launched the Water project. Engineers from the assembly helped the people of KamBetse to build a reservoir over the spring to keep the source clean. The water then goes into a watertank of 5000lt. In June 2007 the village of KamBetse saw water running from a tap for the first time. The water from the first tank now flows to 6 tanks throughout the village.

Other projects include the provision of Maize and clothes to poor and needy families as well as School fees for some of the orphans.

2. JESU KUKHANYA CARE POINT

2.1 THE STARTING POINT

William and Pontso soon identified the need for a care point for the orphans in the village. Currently there are 60 orphans registered with the care workers that has no immediate family left. We realised that for the culture of Swaziland we cannot and wish not to remove the children from the homes they are staying at, but wish to leave them immersed in their own culture. William and Pontso started to invite the kids over to their home once a month for a meal and to hand out new clothes and maize to the families caring for them.

We went to the chief of the village and he allocated a piece of land to us where we could set up a building where these kids could come every day after school for a meal and help with their school work.

And so the project for the Jesu Kukhanya Care Point started.

2.2 THE BUILDING

We received sponsorship to build the building and with the help of the community started to build in May 2010. The building is almost finished with only the roof to be finished.

The building consists of a large dining hall, kitchen, washroom, storeroom and office comprising a total of 105m².

2.3 THE PROGRAMME

The 60 identified orphans will come to the care point every day after school. Here they will receive lunch and if needed help with their schoolwork.

Next to the building there is also a piece of land given by the chief that will be used for a vegetable garden. The children will work in this vegetable garden and will be taught how to grow vegetables and maize etc.

A record will be kept of each child including scholastic reports, monthly clinic visits, family currently staying at etc.
Every family will also be helped with the layout of a vegetable garden at their homes, and will be taught how to keep the garden.

2.4 MONTHLY COSTS

Currently the monthly costs after the completion of the building will comprise approximately R8000. This will include the food, admin costs, gas etc.

3. HOW CAN YOU HELP?

Help can be given in the form of Monetary sponsorships towards the project, or by becoming part of the Adopt-an-Orphan side of the funds.

With Adopt-an-Orphan you can Sponsor a child for R100 per month. You will then receive a report with a photo every six month consisting of school reports and health reports.

4. BOARD

This project is run under the supervision of Harvest Evangelism Africa in Association with Corpus Christi Middelburg.

All financial matters are handled by the committee consisting of William Dlamini, Pontso Dlamini (HEA Team Members and Missionaries supported by Corpus Christi), Marinelle Smith (HEA Team Member and full-time pastor with Corpus Christi), Jean Smith (Senior Pastor Corpus Christi) Willie Nel (Treasurer Corpus Christi).