

Aftermath Mitigation Strategies: an Overview

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The year 2004 began with a tragic earthquake in Bam, Iran in which 50,000 died. The world sent help. The year ended with an earthquake deep in the earth's crust that sent a tsunami wave to the shores of Southeast Asia that has killed 250,000 people. Shocked and concerned, the entire world has responded by sending emergency funds, specialists, food, medicine, rescue efforts, disease control, and temporary shelter. Governments have overturned customs and import laws, and have even suspended immigration policies.

This is how the modern world responded to a single disastrous tsunami. However, in Africa there is a silent earthquake of the same magnitude occurring every month that is not registering on the Richter scales of the global community. It is called HIV/AIDS and it is only truly noticed by the children, spouses, families and villages who lose loved ones at a rate of 250,000 people per month. This disaster is projected to continue its removal of 250,000 people per month for the next 20 years. Africa faces a monthly disaster on the same scale as the one-time tsunami. But while the HIV/AIDS earthquake kills 250,000 people per month, the social tsunami following these deaths is the real horror as it is leaving a wave of millions of children with *nobody* to care for them.

In high school, students are often required to read a book called "the Lord of the Flies." This classic tale tells the story of schoolboys being evacuated from England by ship during World War II. They are shipwrecked on a tropical island with no surviving adults. The story unfolds how the boys establish two rival tribes; they create a society of laws, traditions, customs and survival strategies. First, they learn to kill animals. Next, they develop rituals to sacrifice pigs. Finally they sacrifice Piggy, the clever little boy who wears thick glasses. They even put his head on a pole for religious rituals. This story illustrates the social tsunami that is now facing Africa.

A few weeks ago I was taken to a community that covered a whole mountainside. Homesteads dotted the blue mauve mountains of the Kingdom of Swaziland in the afternoon sun. It was a beautiful scene, but this community had not one person over the age of 10. Here exists a whole community with no surviving adult, no surviving granny, no surviving teenager, no one to care, no one to teach, and no one to lead. This community of children has lost every basic human need. There is real potential here for the anarchy and barbarism of the fictional story "Lord of the Flies" to become a reality for these children of Africa. This is the social tsunami we face in Africa.

There are several possible aftermath scenarios for this social tsunami of HIV/AIDS in Africa. This “tsunami,” like the Indonesian one, demands a positive, immediate worldwide response. This “tsunami” relief effort desperately needs funds, expertise, flexible customs and trade regulations; the mobilization of caregivers, psychologists, healthcare professionals, entrepreneurs and the waiver of immigration laws and requirements. This is required so that Africa will have a future of hope, peace and prosperity.

Heartbreakingly, my country of Swaziland reportedly has the highest HIV infection rate in the world (more than 40 per cent of the adult population), so perhaps we face the most severe reality—the true cost of losing a loved one, or loved ones. Abraham Maslow summarized the basic human needs as security, self-esteem, affection, nurture, shelter, nutrition, health, clothing, and cleanliness. Losing a loved one to HIV/AIDS in Africa means that most, or all, of these basic human needs are not being met.

First, let us look at the *loss of security*. The loss of security comes with losing your caregivers, be they parents or other relatives. As a result, you no longer have a breadwinner or advocate in society, and therefore you have no worth or value in society. In losing your parents, you *lose affection*. In real terms this means the loss of relationship with parents and/or siblings who have died. This translates into relocation, and the loss of siblings and community, as children are moved from place to place, and community to community, seeking someone who will shelter and feed them. Tragically, these children often become the servant or slave of the household of refuge. The *loss of nurture* results in high rates of school dropout and failure. It also means the loss of someone to ensure that these children maintain basic levels of hygiene and health, including immunizations and proper nutrition. The *loss of shelter* often leaves the survivor without a home and without comfort, be it physical, emotional or spiritual. These children also lose protection from the outside world in the physical or legal sense, and can even lack clothing. In not having their basic needs met, these survivors face a loss of civilization, a loss of socialization, and dehumanization as they resort to a survival modus operandi that is often horrendous beyond proportion. This end result is a social tsunami unparalleled in the history of the world. This is not speculation. This is already reality.

The four groups of survivors of loss

The widowers—men left with children and their own compromised health

African men are unskilled in their own personal care as women do all the household duties. They are unskilled in child rearing as this is women’s work. Their compromised health due to HIV infection results in loss of jobs, loss of livelihood, and even the loss of strength to work their fields. This leaves their household without even a food source. There are not many of these widowers, but we have had two children brought to the New Hope Centre whose father was wasted and dying, and another two children brought whose grandfather likewise came for help as he too had lost all.

The widows—women left with children, compromised health and the loss of all legal and social rights

In Swaziland, widows are forced to observe a 30-day period of mourning during which they are forced to sit in hut under a blanket. Thereafter, they must observe a three-year mourning period during which they have to wear black clothes and are not allowed publicly into society. This means that a director of an agency would have to step down from her position for three years. She also faces the loss of land, as land is designated through the man in society. She loses her home because there is no man in her life. If this is not bad enough, she faces the loss of community status, the loss of legal rights, loss of employment opportunities due to a lack of skills, and loss of health as her own health quality diminishes.

The grannies—elderly women with no income and the reality of an ever-increasing household of orphaned children, with no relief in sight

Unlike South Africa and Botswana, Swaziland has no social welfare, no pension schemes, and no child support benefits for the elderly or orphaned children. The loss of a generation of young adults, the breadwinners of society, is a tragedy of multiplying proportions. Skinny, decrepit, depressed old grannies come dragging themselves to the clinic, sick in heart and body, with 11 children trailing behind them. The children all have various symptoms of malnutrition and compromised hygiene, not to mention a myriad of communicable skin, respiratory and digestive ailments. Last week one granny came with a story of all eight of her children dead, leaving her with four grandchildren and no means to care for them, or herself. She has no strength to work the fields, and her four little preschoolers are also incapable of tilling fields. This means that they will have no food source in the seasons to come. More tragically, she has not the physical or emotional strength to discipline and raise up these children in the ways of God or society.

The orphans—children left with no adult caregiver and no advocate in society

This fourth group of survivors is the most vulnerable and most plentiful in society. Initially, orphans are fostered, being passed from relative to relative, homestead to homestead until many run away from abusive situations where they are treated like slaves. They are left unfed and are sexually abused by the boys and men of the homesteads. They end up roaming streets and countryside, scavenging for food and shelter, having lost their families, their communities, their identity, security and certainties of life. Most potently, they have lost all moral, cultural and spiritual guidance. These are the children that are brought into the New Hope Centre in Bethany in the Kingdom of Swaziland. They have tales of physical abuse—being tied to the bed or the chair and beaten with belts or hosepipes; tales of a four-year-old girl sleeping on the floor, only to awaken and find a 12-year-old boy raping her. This is the model supported by some international governmental agencies to keep the orphaned vulnerable child in the

community. It is only a matter of time before they are exploited and destroyed without someone to care for them.

Statistics concerning orphans have been studied and found to be full of discrepancies. UNICEF, government ministries and NGOs all report a diversity of numbers. One thing is certain: the reality is scary and shameful, the earthquake silent and personal, and the social tsunami beyond imagination.

The primary national caregiving solution comes from the mouth of an orphan: "All I need is for someone to care for me and then all my needs will be added unto me." All of these children need shelter, with home and safety; they need water and food with gardens; they need life skills to gain hope and confidence, a foundation of moral principles, nutrition, hygiene and socialization; and they need self-sustenance through entrepreneurship.

The four workable solutions

The workable solutions that have emerged require a variety of ways to provide caregivers. These caregivers need to be trained, to have support groups and networks of clubs that will sustain the caregivers over the long haul. We have identified four groups of solutions, each with their own advantages and disadvantages.

Teenage heads of households

The best and most effective solution we have found is to preserve the homestead by equipping the teenage heads of households. The advantages of keeping the family intact are the preservation of their land and their home and keeping siblings together in their community. With outside advocacy, this can secure their inheritance and it is the very best option when there is a teenager left in the home. This model requires extensive training for the teenagers in home management, gardening for food, entrepreneurship, parenting, discipline, life skills and guidance. They also need personal counselling to deal with their own grief and loss, including the loss of their education and their future, as well as training in confidence, responsibility, and accountability. These teenagers require ongoing support and assistance to carry the weight of responsibility for the family. They also need encouragement to prevent them from succumbing to the temptation of being overwhelmed, or the temptations of entering into illicit means of finance, such as sex, criminal behaviour, alcohol and drug sales, and abuse.

The Masiye Camps in Zimbabwe are a good example of this model.

Placement of trained unemployed youth as household heads

This second model is like the first in terms of keeping the land, home and siblings together in their community with their inheritance intact. It further provides employment and training for stranded unemployed youth. It requires the same training, skill development and support network as the teenage heads of households described above.

This model contains the same temptations as the one described above, but it also contains another major problem—the lack of permanence and security to the orphaned children in the homestead. A hired shepherd may not give his or her life for the sheep, indicating that extensive support and supervision must be provided by the overseeing agency to ensure that care and support is maintained in each household. An upscaled version of this program provides for the clustering of siblings from different homes into one household under the nurture of a trained caregiver who moves about the community giving support and guidance to the children.

The Themba project in Mphumalanga is a successful example of this. This program is a network of hundreds of young people caring for orphaned children in their households, supervising the vegetable gardens and endeavouring to develop and sustain small business projects in the communities.

Fostering children in families

This third model is world-renowned and ideally provides a surrogate caring, loving family to provide all the needs of the child. Inherently, fostering requires a financial assistance program for the families to be able to afford the care of extra children, but this option contains horrendous stories of abuse. Throughout KwaZulu Natal this model was applied through a network of churches and pastors, but the temptation to care for your own flesh and blood is very strong in adverse conditions. The orphaned children were often found to be neglected and working as slaves in the home, while the children of the host family were being fed and educated royally. This is human nature.

This model therefore requires extensive training and surveillance to avoid such abuse. Training is needed in home management, accountability, parenting, discipline, life skills and guidance, as well as training in counselling skills to deal with children's grief and the loss of loved ones, their community and expected future. This model also requires major ongoing support and assistance to help foster parents carry the weight of responsibility, and to prevent them from giving in to the temptation to be overwhelmed, or the temptation to use abusive behaviours including sexual abuse, "slavery" and favouring their own children over the orphans.

A successful example of this model is Basil's Place of Restoration, in the Southern area of KwaZulu Natal where the pandemic has not yet devastated the adult infrastructure of society.

Children's homes and care centres

The final model is the provision of children's homes and children's care centres. Residential care may not be a popular model in the western world but it is vital in the Kingdom of Swaziland and other African nations where the pool of surrogate families and young adults is ever diminishing. This model ideally provides a surrogate caring, loving family to provide for all the needs of the child, and the environment to train

potential leaders for the nations of tomorrow. This model requires extensive financial support in order to:

- Build and maintain major children's care centres, each with a network of outreach to orphaned and vulnerable children in schools and communities. These centres may be composed of a large family home or villages of home units with 6-8 children administered through a management centre.
- Provide the training for staff in home management, gardening for food, entrepreneurship, parenting, discipline, life skills and guidance.
- Train staff and children in counselling to deal with grief, loss of family and loss of expected future.

The greatest advantage of this model is the opportunity for excellence. Since this model exists solely for the children, we are able to train and equip the children to lead, encourage and train other children who have no adults or caregivers. They do this by modeling and peer teaching. The children of the home, if cared for and encouraged, can be catalysts of hope for the future of the nation as they overcome their own pain and setbacks with great joy, competence and success. They are able to spread hope, and actually teach their own peers how to overcome and survive.

In Swaziland, we face a situation of saturation in families making fostering infeasible. Ten years ago, fostering was my preferred option, and I presently support 120 children in foster homes. However, every family in Swaziland already has an overload of their own relatives. While in the past no orphan would have found himself or herself stranded without extended family to help, today things have changed drastically with the coming of this silent earthquake. Today, every granny has 11 to 17 children to care for, every household has six to seven extra children from their relatives to care for, and the tsunami has hardly begun.

The New Hope Centre on Bethany Mountain, located centrally in the hills of the Kingdom of Swaziland is an example of this model. At the New Hope Centre, we have one home that has the capacity for 60 preschool and elementary school children who are found to have *no living relatives*, and we have two other homes for 30 teenage girls and 30 teenage boys on the way. We shall be establishing eight of these children's centres throughout the country as models of excellence and training, with the goal of helping these orphans of today become the leaders of nations tomorrow. We are already seeing tremendous progress towards this goal as the elementary school children, with staff teams assisting them, hold assemblies each week in schools, run camps training children in Christian principles and healthy life skills, and run community gatherings each month to develop awareness to prevent the spread of HIV/AIDS. Through all of this, they are able to instill hope in the lives of other children.

Target trainings are paramount to survival

Every model requires extensive training in counselling skills to deal with personal, intrapersonal and interpersonal issues; training in home management skills of nutrition,

hygiene, discipline, and comfort; training in agricultural and entrepreneurial skills for self and community sustenance; and most important of all, training in confidence in order to find focus, vision, discipline and a future.

Upscaling assistance to match the pandemic proportions

Major challenge

The loss of adult society including police, nurses, teachers, doctors, lawyers and even the military means that the major prevention task in the aftermath of HIV/AIDS is the prevention of total anarchy and social disintegration: *the social tsunami*. The ever-diminishing adult and young adult population leaves entire communities with no adult persons to provide care, guidance, socialization and a moral foundation in the lives of children. The absence of homes for fostering, the absence of young adults for placement, and loss of teenage heads of households results in a scenario not far removed from “The Lord of the Flies” as it is up to the eight- and nine-year-olds to head up and lead communities.

Major upscale solution

We need to develop children’s homes that train and equip children as leaders who will permeate the nations with peer teaching and training in schools, churches, camps and assemblies. Children will be given hope, and equipped to find wisdom, strength and joy to overcome in all circumstances and scenarios. This provides a vehicle to teach children life skills in cleanliness, nutrition, accountability, confidence, self-sustenance and entrepreneurship.

Major upscale future assistance

We need the finances to establish centres of hope scattered throughout the region with good facilities, good sound management, good financial provision and trained personnel. The personnel will train and equip children to go into the communities, they will teach and demonstrate that children can make it without handouts, without illicit activity, and without begging, provided they are taught to put their trust in God, provided they learn to live wisely, and they have training and confidence in life skills and entrepreneurship.

In the event we are able to do this, a generation of children will arise who can make a difference in Africa and in the earth. These children will be the catalysts of something better—of happy overcomers who have confidence and a lively hope. The Almighty says in Isaiah 19:25 “Israel my inheritance, Assyria my handiwork and Africa (Egypt) my people.” Let us make every effort to ensure there is an Africa populated with a vitally alive, healthy and robust people.

We need personnel with the expertise to train children and equip workers to train, manage and care for children. We need people who have vision, expertise, large hearts, soft eyes and soft voices who will model and challenge children to a lifestyle of giving, of sure confidence, of respecting and honouring all God's creation be it big or small. We also need medical and nutritional specialists to maximize health and quality of life for the children.

We need a network system to communicate successes and failures, we need workable facilities, ingenious entrepreneurial ideas and micro projects. We need quality curricula and activities. We need equipment like sound systems, videos, projectors, generators, tents, jungle gyms and vehicles so that the children and teams can be mobile and effective in the many affected nations.

We need a long-term commitment to sustainability. We need to create projects and industries that are of a manageable size for young teens to manage and work, that complement the basic needs of the community for self-sustenance and neighbourhood provision.

Our vision

Fear and threat today ... joy and confidence tomorrow.

Orphans today ... leaders tomorrow.

Dr. Elizabeth Hynd is the Director of the New Hope Centre in Swaziland, home to children orphaned by AIDS who have no living relatives able to care for them.