

8 AGENDA

AGENDA 9

‘I’m an optimist. Hope is essential’

In Swaziland, the small African country with the world’s highest incidence of HIV, an Irish missionary is determined to empower young girls to change their lives. **GRAHAM CLIFFORD** reports

One young head pops around the corner, then another and another. They’re giggling in unison. Sitting in his ‘office’, an old table surrounded by a few chairs on the veranda of a bungalow, Fr Martin McCormack springs to his feet and disappears indoors before returning with lollipops for the mischievous trio — who by now have grown in courage and have hands outstretched.

Since he first came here in 1976, Martin has worked with the children of Swaziland helping to feed and educate thousands. Focussing on empowerment, he aims “to create leaders”. He’s worked elsewhere but the road always seems to lead him back to this stunning mountainous kingdom.

“We feed 3,000 children twice a day at our schools here,” explains Martin, who comes from Ballydesmond on the Cork/Kerry border, adding “and we give food to the orphans to bring home for their families.”

With the highest HIV rate in the world, Swaziland is a country choked by the virus. Almost 30pc of the adult population is HIV positive; a quarter of the country’s people are categorised as ‘orphans’.

Even when compared with other nations in sub-Saharan Africa the level of HIV prevalence in Swaziland, with a population of 1.2 million, is startling.

Between 2012 and 2015 Ireland provided €223,000 in funding for specific projects in Swaziland — but nothing last year.

AFRICA’S LAST ABSOLUTE MONARCHY
The small land-locked nation is bordered on three sides by South Africa, and Mozambique to the East. It’s the last absolute monarchy in Africa. In front of walled palaces vendors sell their meagre goods and life goes on — two different worlds separated by high iron gates.

King Mswati III has complete rule. Dissidents are dealt with harshly. He controls government and all opposition parties are banned, there are no dissenting voices in the media and people are afraid to publicly criticise the king — who has 13 wives and lives a lavish lifestyle complete with private jet.

At the same time, two-thirds of his people earn around €1.50, or less, a day. Swaziland is a nation on the brink, poor and with limited resources. Without foreign aid and assistance, it would be crumble. Yet tens of millions of euro are allocated by the Swazi government to cater for the King’s living expenses each year.

But there’s an air of acceptance in Swaziland that this is just the way it is — imperfect as it is. The challenge to live seems to outweigh the challenge to be truly free.

At the St John Bosco High School, young men queue for rice and beans.

Fr McCormack, a Salesian cleric, is manager of this school and works alongside Frs Sean Murphy from Laois and Corkonian Michael Whelton.

“I manage seven schools in all, five primary and two secondary,” he explains. “That involves training teachers, developing infrastructure and operating feeding programmes. A huge part of my weekly work is hustling for food.”

For him, the hope comes in the young people he works with.

“We run an empowerment course for young girls, teaching them that their voice is equal to a man’s. A young teacher was murdered here on the playing fields of the St Anne’s School by her former partner — we organised protests against gender violence which attracted crowds of thousands in a country where public rallies don’t happen.

“I’m an optimist, hope is essential. Of course funding is always an issue for us. While the state contributes a little to the running of our schools, the majority of our funding comes from donations. Many of my past students in Pallaskerry in Limerick sponsor a child through their education, and my community at home in Ireland has never let me down.

“In 1997 we set up Swaziland’s first HIV-dedicated hospice called Hope House. Through money raised at events in Kerry, Cork and Limerick, we were able to build a village-type hospice of 25 units where people could die in peace and dignity. Now we treat people to recovery too so the death rate is considerably less.”

In 2012, at the time of the London Olympics, Martin brought three Swazi athletes, whom he’d helped train, to Ireland to visit the area that had given his mission so much assistance.

During their visit to Ireland, they spent time with the Irish physiotherapist and Salesian past pupil of Pallaskerry, Gerard Hartmann. He hosted them in his home and took them to the high-performance centre in University of Limerick.

LIVING WITH AN EPIDEMIC
In one class here, 15 of the boys have HIV. One of those is 17-year-old Simphiwe Groening. The eldest of five children, he is a wannabe businessman, a chess shark — and a father figure,



Altogether I’ve lost three children. Of my two remaining children one, a daughter who is 21, has HIV



Main image: Mother of two Hlengiwe, who has cerebral palsy and HIV, with her four-year-old daughter Bagcinile in a township in Swaziland.

Above: Martin McCormack with boys from the St John Bosco Secondary School.

Left: Simphiwe and his mother Girtle, who both have HIV, in their tiny home on the outskirts of the city of Manzini.

PHOTOS: CLARE KEOGH

despite his tender years. His father is dead and he is the man of the house.

In a building measuring 10ft by 8ft live Simphiwe, his mother Girtle, 12-year-old brother Quinton, and sisters Valencia (15), Promise (13) and Lando (5).

It’s a stretch to call this hovel a house, but it is a home. Simphiwe’s mother has HIV also. While he was born with the virus, his siblings were not. “I have to look after my family. At night, two of the kids sleep in bed with my mother and the rest of us sleep on the ground. It’s difficult to buy food as we have very little money. It costs 650 Swazi Lilangeni (€50) in rent each month for this place. Trying to pay rent is very hard and often we go hungry,” says Simphiwe.

In a mud hut in the south of the country, I meet 25-year-old Beghi, who has both HIV and TB. This area was hit by a two-year drought recently. Some locals told us people were so desperate they resorted to eating cow dung mixed with water to survive.

We’re with a Médecins Sans Frontières (MSF) outreach team in the region of Shiselweni where the humanitarian NGO has worked to decentralise care and deliver treatment to the patients rather than requiring them to visit a hospital.

There’s no road to this collection of huts, just tracks of stones along a carpet of red dust with drought-caused cracks in the earth. In the scorched growth, snakes linger, and access to clean water is limited. It’s hard to think of a harsher place to live on the planet — harsher still a place to be so ill.

BATTLING THE ‘HEALERS’
MSF do amazing work in this region and over the last decade have initiated community liaison plans where ‘expert patients’, who themselves

have HIV, ensure those suffering with the virus locally are taking their anti-retroviral medication.

They let MSF know if any of the sufferers have visited alternative medicine men or traditional ‘healers’ in a bid to rid themselves of the disease.

In the town of Nhlanguano, a laboratory, co-run by MSF and the Ministry for Health, collects blood samples from remote clinics and tests for HIV and viral load — effectively the amount of HIV in the blood. They also run various other tests including for TB, which is the biggest killer in Swaziland today.

HIV is the gateway disease — 80pc of TB sufferers in Swaziland are also HIV positive.

Sex work is common, making the containment of the virus more difficult.

But huge strides have been made in reducing the number of babies born with HIV, and around 67pc of the adult population now has access to anti-retroviral medication; the biggest problem, however, is getting men to test.

“In 2004 I was very sick and I lost a baby at seven months,” explains community worker Nonhlanhla. “At the hospital, I was tested. I was HIV positive. My husband wouldn’t get tested until it was far too late. In 2010, he died. Altogether I’ve lost three children. Of my two remaining children one, a daughter who is 21, has HIV — but we’re determined to survive.”

Public health campaigns target men with the slogan ‘Real Men Test’ and MSF is hoping to introduce self-test kits.

In this complex corner of the world, reality and appearance are not always one.

Pineapple fields sway in the afternoon sun but locals can’t afford to buy the fruit; tourists frolic in the many stunning safari parks complete with the big five, but they are off limits to your average Swazi; and local women proudly wrap

SWAZILAND: WORLD HOTSPOT FOR HIV

- 1.2M** Population of Swaziland
- 220,000** Number of those who are HIV positive
- 28.8%** Adult HIV prevalence
- 31%** Percentage of women with HIV
- 11,000** Number of new infections each year
- 3,800** Number of AIDS-related deaths in 2015
- 57** Life expectancy of men
- 61** Life expectancy of women
- 1 in 3** The number of women experiencing some form of sexual abuse by the time they reach the age of 18
- 76%** Percentage of women living with HIV receiving anti-retroviral treatment. The figure for men is 56%
- 3%** Mother to baby transmission now stands at this figure, down from 12%

Source UNAIDS Gap Report 2016

themselves in the flag of a nation which has largely failed them. Still, one student, Britany Mkhonta, tells me: “I’m going to be the first female prime minister of Swaziland — why not?” And I hope she succeeds. But change happens very slowly here — and change is the enemy of the state.

In the meantime life goes on. Martin McCormack feeds and educates, the gentle people of Swaziland persevere and the likes of Simphiwe and his family wonder where the next meal and rent cheque will possibly come from.