TODAY THE HAWK TAKES ONE CHICK

by Jane Gilooly
(72 minutes, 2008)

Today the Hawk Takes One Chick, filmed in a rural section of Swaziland, a small African country where the HIV/AIDS epidemic has decimated the young adult generation ages 15-49, follows the lives of three Swazi grandmothers as they struggle to care for their orphaned grandchildren, dying adult children, and their communities-at-large at an age when adult children would be expected to take care of them.

Nearly 33.4% of the population ages 15-49 in Swaziland was HIV positive in 2006, making it one of the countries with the highest HIV/AIDS prevalence rates in the world, and lowest life expectancy: only 37.5 years.*

The lives of the grandmothers portrayed in the film- or *Gogos*, as they are called in Siswati- are consumed by addressing the dire needs of their families and communities, while at the same time trying to retain the threads of the fraying traditional life.

Presented without overt narrative structure or narration, the film's drama emerges from the patient accumulation of steady details that, in sum, reveal a greater story of individuals and communities grappling with the many implications of the HIV/AIDS epidemic in Southern Africa.

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* This rate is sourced from the UNAIDS 2006 Report on the Global AIDS Epidemic (http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/). UNAIDS obtained this rate by extrapolating from sentinel surveillance, surveys, and special studies. In 2007, UNAIDS released an Epidemic Update that referenced a recent national study conducted by the Government of the Kingdom of Swaziland. Preliminary results from this population-based study estimated the HIV prevalence rate for ages 15-49 in Swaziland to be 26% (31% prevalence for women, and 20% for men). See: The Government of the Kingdom of Swaziland. Monitoring the Declaration of Commitment on HIV/AIDS (UNGASS), January 2008. (http://data.unaids.org/pub/Report/2008/swaziland_2008_country_progress_report_en.pdf). Results from national government-sponsored population-based surveys usually indicate lower HIV prevalence than extrapolations from third-party sentinel site surveillance such as UNAIDS. This was the first demographic and health survey conducted by the Government of Swaziland.

ABOUT THIS GUIDE

This guide provides background and context information for the events and issues presented *Today the Hawk Takes One Chick*. It is designed to assist in education and facilitation of discussions about traditions, public health, poverty, and HIV/AIDS in Sub-Saharan Africa.

FILMMAKER'S STATEMENT

Jane Gillooly

The film was inspired by a series of unexpected events that led Gillooly to Swaziland. Tracey Kaplan, a South African native and friend of Gillooly, was considering adopting a baby from South Africa. This spurred conversations between the two about the impact an increasing number of children orphaned in southern Africa was having on the communities caring for them. In particular Gillooly was interested in finding out about the grandmothers raising the children in the absence of their parents that died of HIV/AIDS. Contacts at Doctors Without Borders in London led her to Pat Daoust, a fellow Bostonian who had just started The Gogo Project, a grassroots effort that strives to support the grandmothers (*gogos* in Siswati). She put Gillooly in touch with her contacts in Swaziland, and her foundation provided the seed money for the early trip that would inform the project.

ABOUT SWAZILAND

Swaziland is a small country in Southern Africa, bordered on three sides by the nation of South Africa, and on one side by Mozambique.

It is home to just over 1 million people, and is the last absolute monarchy in Africa, governed by King Mswati III.

source: http://en.wikipedia.org/wiki/Swaziland

King Mswati III Photo: AP

source: http://en.wikipedia.org/wiki/Swaziland

A Developing Country with Strong Traditions

Swaziland has several bustling cities, but about 70% of Swazis live in rural areas, on traditional homesteads. Every male Swazi citizen has land granted to him and his family by the king. The people of Swaziland hold the land collectively, so an individual may not sell it but is permitted to sell the produce of the land. For this reason, most Swazis feel very tied to their place of birth- or homestead, and if they become sick, return to it even if they have moved to a city to work.

A homestead is a collection of huts and structures lived in by an extended family. Most of the homesteads are a combination of stick and mud huts and small stone or cement structures, many with no running water or electricity.

Women marry into a homestead and live with their husband's family on the husband's homestead. Only males can inherit homestead land according to Swazi law.

Legal and Social Status of Women

The legal and social systems in Swaziland grant women lesser status than men, restricting property, inheritance, and other rights. Women are at an economic disadvantage as well: women earned an estimated 29% of men's income in 2004 in Swaziland.[i]

Swazi traditional culture is polygamous, allowing and even encouraging men to have multiple wives. The King of Swaziland himself has 13 wives, and his behavior has been criticized as not sending the right message to the public, as his country battles HIV/AIDS.

Before a new constitution was adopted in 2006 which granted some rights, Swazi women had the legal status of minors, and were unable to own property or open a bank account without the permission of a male relative or husband.[ii] Swazi women remain unable under law to inherit homesteads.

Traditions and customs play a large part in Swazi society for most people. One of the most notorious of traditions is the Reed Dance, where thousands of bare-breasted virgins dance before the King, hoping to get picked as his next wife.[iii]

People depend greatly on nearby rivers or unfiltered pumping stations for water to drink, cook with, bathe and clean (as seen in Chapter 8 of the film).

Sanitation conditions are poor in impoverished rural areas, and the healthcare infrastructure is overwhelmed and sometimes outdated. Treatable diseases like malaria, cholera, and polio affect many people. Tuberculosis is the leading cause of death in Swaziland, which has the highest TB rate in the world.[iv] TB and HIV go hand in hand- a person with an immune system compromised by HIV is 50 times more likely to get TB. TB is a treatable disease but requires taking an antibiotic regularly, which can be difficult in a situation with limited water and food.

There is a 40% unemployment rate, and nearly 70% of all Swazis live on less than one US dollar per day.

The main meal of the day for most Swazi familes is cornmeal or "pap," and beans. In the growing season most families have a small vegetable plot and pick wild greens (similar to spinach), and wild fruit and berries. Many families have chickens for eggs, although the poor health of the chickens results in few eggs. Families also sell the chickens and other livestock for a little income.

The Drought in Swaziland

Most Swazis in the rural areas have traditionally made their living as subsistence farmers. For the past ten years, however, the rural areas of Swaziland (including the Lubombo region where the film takes place) have been ravaged by drought, resulting in the recent worst harvest of all time for Swazis, and food crises that threaten hundreds of thousands more with hunger.

Read more: IRIN. "SWAZILAND: More than a third of Swazis in need of food aid." 23 May 2007.
http://www.irinnews.org/Report.aspx?ReportId=72335

With almost half of the population struggling to find food and water, the economy of the country is threatened. When people are malnourished, it is very difficult to improve health, well-being, and resources.

Photo: IRIN

Lack of modern infrastructure, employment opportunities, and extreme drought and climate change make Swaziland a difficult place to survive. The HIV/AIDS epidemic exacerbates these problems and adds new ones.

HIV/AIDS IN SWAZILAND AND SUB-SAHARAN AFRICA

Swaziland has one of the highest HIV infection rates in the world, at nearly 34% of the population in 2006.[v] That means **one in three adults, ages 15-49, is likely to be HIV positive in Swaziland**.

The HIV/AIDS epidemic in Swaziland rose steeply over the past 10 years, from a 3.9% prevalence rate in 1992 to 38.6 in 2002.[vi] The prevalence rate was as high as 56% for women in their late twenties in 2005.[vii]

More than two out of three (68%) adults and nearly 90% of children infected with HIV live in Sub-Saharan Africa- 76% of AIDS deaths occur in Sub-Saharan Africa.[viii]

For many countries in Sub-Saharan Africa, the story is similar. As they started to develop by improving quality of life and life expectancy in the 1990s (the prevalence rate was less than 1% in Africa in 1990), the HIV/AIDS epidemic began to take hold and drastically set back any gains made. In 2007, UNAIDS estimated that 22,500,000 adults and children were infected with HIV in Sub-Saharan Africa.[ix]

In Sub-Saharan Africa, AIDS is the leading cause of death for adults age 15-59.[x]

HIV/AIDS does not only take the lives of those infected, but leaves behind other victims and disasters in its trail: orphaned children, burdened extended family, and economic and social collapse.

A Vicious Circle

It is often asserted that AIDS is at the core of a "vicious circle", whereby the impacts of AIDS increase poverty and social deprivation, while poverty and social deprivation increase vulnerability to HIV infection.[xi]

The HIV/AIDS epidemic impacts society on nearly every level in Swaziland and Sub-Saharan Africa. Epidemics usually attack vulnerable populations only- the very young and the very old- leaving the adult population healthy to maintain the economic and social well-being of a society. Not so with HIV/AIDS, which attacks the healthy, working population of adults, ages 15-59.

> When one in three adults in a country gets sick, households are affected by a reduction of income to meet basic needs (including food and schooling), and if the sick adults die, they leave both the old and the young to take care of themselves and each other.

Maize production has more than halved in AIDS-affected households[xii], and about 40% of all Swazis needed food assistance in 2007.[xiii]

Read more: IRIN. "SOUTHERN AFRICA: HIV-induced famine's impact on agriculture." 31 October 2007.
http://www.irinnews.org/Report.aspx?ReportId=75067

> When one in three adults in a country gets sick, the health care sector becomes overwhelmed with demand, hospitals become overcrowded and understaffed, and the health sector is less able to respond to health care needs.

Patients visiting Swazi hospitals have more than doubled since the 1990s, but hospitals still sometimes suffer from lack of water and other basic necessities. Highly trained staff- such as doctors and nurses- are also in short supply and leave the country for better pay and working conditions elsewhere.

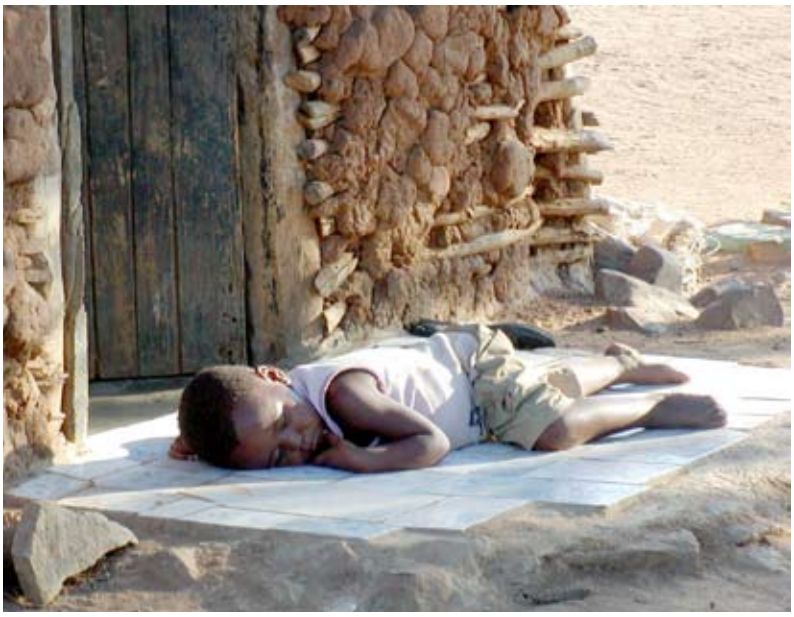
- **See Chapter 10 in the film for a look at conditions at the overcrowded Good Shepherd Hospital in Siteki, Swaziland.**

Read more: IRIN. "SWAZILAND: Stretched health system leaves home care as the only alternative." 13 July 2007.
http://www.irinnews.org/Report.aspx?ReportId=73237

> When one in three adults in a country gets sick, the labor force is greatly affected, and economic and social progress is derailed. HIV/AIDS is having a major effect on Swaziland and Sub-Saharan Africa's economic growth, and in turn, the ability to cope with the epidemic.[xiv]

Read more: Nolen, S. "Swaziland: The economics of an epidemic." *The Globe and Mail*. 22 December 2007.
http://www.theglobeandmail.com/servlet/story/RTGAM.20071222.swazi-side22/BNStory/International

ORPHANED AND VULNERABLE CHILDREN (OVC) AND HIV/AIDS



There are an estimated 11,400,000 orphans due to AIDS in Sub-Saharan Africa.[xv]

Children become orphaned by AIDS when one or both parents get sick and die of AIDS. Often one parent will die first, and the death causes great strain on the family economically, physically, and psychologically, especially because both parents are usually sick with HIV/AIDS, and the surviving parent struggles to care for the family while also dying of AIDS.

When both parents die, children are taken in by extended family- aunts, uncles, and grandparents- if the extended family is alive and willing to care for the children. As is portrayed in the film, these extended family caretakers are often elderly or sick themselves, and are near death. When the gogos or aunts and uncles die, the children are left on their own, as a child-headed homestead. Child-headed homesteads are not unique in Swaziland. The question is, how can 12-year-old children raise families? *How can children raise the next generation?*

According to the United Nation's Children Fund (UNICEF) there will be 120,000 AIDS orphans by 2010, the equivalent of 10 percent of the population. That is 20% of all children in Swaziland.[xvi] This has a profound effect on a culture and society.

- **See Chapter 8 in the film for a look at life at a child-headed homestead (a home with no adult guardians or caretakers).**

- **See Chapter 11 in the film for a scene at a newly child-headed homestead, as the last adult guardian has recently died.**

"We are leading to a different world, where children will be doing just whatever they feel, because there was nobody watching over them."

- Gogo Thandiwe Mathunjwa

GOGOS

As seen in the film, Gogos in Swaziland must often take on incredibly demanding tasks: trying to provide food, clothing, shelter, health care, and school fees for multiple children of all ages.

- **See Chapter 1 and Chapter 5 in the film to hear Gogo Shongwe's story and see the caretaking duties she has taken on.**

Swazi culture dictates that when people get sick, they return to their family's homestead for care. Often this means extended family as well. There are not many orphanages in Swaziland, and orphans are expected to be cared for by extended family, including grandparents.

The government provides a meager pension for the elderly of $15 a month. This is widely acknowledged as not nearly enough to live on, and often they must travel long distances to receive this support.[xvii]

"You may think there are no others in this situation, but there are many others like me."

-Gogo Maria Shongwe

WOMEN AND HIV/AIDS

Women are disproportionately vulnerable to HIV/AIDS in Swaziland due to social and economic inequalities.

In sub-Saharan Africa, almost 61% of adults living with HIV in 2007 were women.[xviii]

Reproductive rights for women in Swaziland leave a lot to be desired. From an early age, girls are taught to be submissive and obedient to males, including in sexual partnership and sexual choices, which leaves women and girls more vulnerable to HIV/AIDS. It seems most men refuse to use condoms, and many girls become pregnant at a young age and have several children. This adds more financial burden and workload on the household, usually already struggling to survive poverty and sickness.

A UNICEF study of young women and girls in Swaziland revealed that one in three Swazi women has suffered some form of sexual abuse as a child, one in four experienced physical violence, and 75% of the perpetrators of sexual violence were known to the victim- as members of their own

household.[xix] In times of desperate economic and social crisis, sexual abuse and violence, drug and alcohol use, and crime increase.

Swazi women are expected to shoulder most home duties, including providing and cooking food, working the fields, and providing school fees for the children. For some women, this may mean even taking sexual risks as prostitutes to feed their families.[xx]

The HIV/AIDS epidemic has paradoxically inspired positive change in Swaziland for women and girls in that they are disproportionately affected, so any progress to combat the epidemic involves a necessary reflection on women's social status, and in some cases, a movement toward social change. The constitution was changed, and there have been protests and pressure on the King to make changes. Women are assuming roles of authority at home, speaking about HIV/AIDS with their families and encouraging other women and girls to protect themselves.

PREVENTION, EDUCATION, TESTING, AND TREATMENT

Barriers to Testing

Though a third of the population in Swaziland may have the HIV virus, most don't know they have it and don't get tested or seek treatment.

Lack of education about the disease, stigma, and shame widely operate to keep people scared of finding out their HIV status.[xxi] Many people in Swaziland refer to AIDS as "evil spirits" or "the plague," without fully understanding or acknowledging the disease from a clinical perspective. It is also not uncommon for families to throw HIV-positive family members out on the street, because it is believed they did something wrong to contract the virus. HIV/AIDS-related hate-crimes occur in a discriminatory atmosphere, and an HIV-positive person can get fired from their job if they disclose their status. For these reasons people are scared to find out if they have HIV by getting tested. If they know their status, because of discrimination they may not share with their families, communities, or partners.

- **See Chapter 11 in the film for an example of stigma at work: Gogo Shongwe's granddaughter says her mother died of "evil spirits"- which was probably complications from HIV/AIDS.**

For people who have no means of transportation and are struggling to meet basic survival needs like food and shelter, visits to the hospital or a clinic for testing or treatment are difficult. Getting to the hospital or a clinic might mean walking 10 or more miles, paying for a fare, and/or

spending the entire day in line waiting at an overcrowded health facility. This is all added burden to someone who is HIV+ and suffering symptoms of the virus.

"I think if I learned before my five boys, they would be alive."

-Gogo Albertina Skhosana

Prevention and Community Education

The government and other agencies have made condoms widely available in Swaziland, but use remains controversial and unpopular.[xxii] HIV education campaigns have focused on abstinence as the best form of HIV prevention. Billboards and posters about HIV are common around Swaziland. Community education supported by NGOs and faith-based organizations, such as the one Albertina helps to run in her NCP Neighborhood Care Point with the support of UNICEF, seems to be the most effective immediate solution to prevention and education.

Treatment

Anti-retroviral drugs (ARVs) can slow down and even reverse the progression of HIV infection, delaying the onset of AIDS by twenty years or more. They also reduce the amount of HIV virus in the blood, reducing the risk of transmission.[xxiii] Because of their high cost though, as of December 2006, only about 28% of the 7,100,000 people in low- and middle-income countries who need treatment were receiving the medications.[xxiv]

About 1.3 million people in Sub-Saharan Africa are receiving antiretroviral treatment, representing only about 28% of those in need of life-saving treatment.[xxv]

For many people in Sub-Saharan Africa living on $2 or less a day, free (government or NGO-funded) treatment remains the only option for receiving medication.

The Government of Swaziland provides treatment, but in 2007 only for 15,000 people (the estimated number of people that need treatment is close to 200,000).[xxvi] Both the Global Fund for AIDS, Tuberculosis and Malaria and the US Government provide funds for free ARVs in Swaziland. Despite increases in treatment access, none of the countries in Sub-Saharan Africa have achieved their goals of universal access to antiretroviral therapy.

HOPE FOR THE FUTURE

"The children say, 'Gogo, we are going to die before you die.' I tell them things can happen at any time, no matter how old you are. Today the hawk takes one chick. Tomorrow, it's the other. God willing, they will see how to handle the situation."

-Gogo Maria Shongwe

The HIV/AIDS epidemic in Swaziland and Sub-Saharan Africa presents great challenges for the future. In the face of difficulty, some response initiatives are working effectively to provide hope, healing, and change in Swaziland, and can be seen in the film.

Neighborhood Care Points (NCPs)

Supported by UNICEF (with some services provided by other NGOs like Catholic Relief Services and the World Food Programme), Neighborhood Care Points were designed for communities with orphans, for the children to receive care and support, a meal for the day, and some form of education.[xxvii] The NCPs provide a unique community-based support solution for orphans in rural areas.

- **See Chapter 5 and Chapter 7 in the film for a look at Gogo Albertina making and serving food for the orphaned and vulnerable children that visit the Neighborhood Care Point where she volunteers.**

The food for the one meal a day (cornmeal or "pap" and beans made with salt and cooking oil) is provided by the World Food Programme. UNICEF pays for cooking pots and supplies and provides a small stipend to the women who cook.

Albertina also educates adults in her community about healthcare. She was trained by Catholic Relief Services to lecture to families about hygiene and HIV and TB prevention. She instructs people about everything from boiling river water before drinking it, to how to take medications. She provides help with reading the paperwork the families are given by the clinics and helps people keep track of their (often complicated) medication regimens.

- **See Chapter 9 in the film for a look at Albertina educating her community and helping people follow through with testing, monitoring, and treatment.**

Rural Health Motivators (RHMs)

The Rural Health Motivator program is a national program that trains and supports about 4,000 community members throughout Swaziland in recognizing symptoms and signs of illness and administering very basic care to promote health. The Bristol Myers Squibb Secure the Future project helped train these RHMs to provide very basic home-based care to people with HIV/AIDS. Swazi society depends on the work of these RHMs, especially as the existing health infrastructure is limited.[xxvii]

Through regular visits with her neighbors, Albertina is aware of who needs medical attention and she serves as an RHM: she is the person who communicates the needs of the community to a clinic or directly to Thandiwe (a nurse for Cabrini Ministries that runs a clinic), who makes a regular stop at Albertina's homestead.

- **See Chapter 9 in the film for a look at Albertina serving as a Rural Health Motivator, reporting about someone who is sick in her community to Thandiwe.**

Albertina is paid a small stipend from all three of her jobs (NCP, training, and RHM). Her three jobs combined pay her approximately $10 a month.

NGOs, Faith-based, and Community-based organizations

Some organizations, like Cabrini Ministries in Swaziland (http://cabrini-ministries-swaziland.blogspot.org), are providing orphan care and health care for adults, and agricultural, educational, and employment support and opportunities. Some of the children in the film live at the Cabrini orphan hostel during the school year. The film shows some of the children at the homesteads during a school break time of a few weeks. (There are three school break times when children return to their homesteads for a few weeks each; the rest of the year they live at the Cabrini Ministries hostel and are completely provided for).

Cabrini Ministries takes a co-parenting approach to supporting orphaned and vulnerable children, which is more in line with Swazi culture than an "orphanage" concept. Time at the homestead is critical for male children for keep their property rights on the homestead intact. While children visit their homesteads, Cabrini Ministries provides nutritional support and checks in regularly to monitor the health and well-being of the children.

Cabrini Ministries also employs Gogo Thandiwe as a nurse, and provides testing, transportation, and other health services as seen in the film. NGOs, faith-based, and community-based organizations are working to respond to the epidemic in a comprehensive way.

- **See Chapter 2 in the film for a look at Thandiwe's work doing healthcare outreach, testing, and monitoring treatment, and Chapter 7 for a look at other work supported by Cabrini Ministries including community education, food distribution for patients, and walk-in healthcare services.**

Changing attitudes about HIV/AIDS

Some of the most promising changes are seen at a micro-level however. When Gogo Shongwe's granddaughter tells us her Gogo tells her to use a condom when having sex **(in Chapter 11 of the film)**, this reflects prevention education and women's reproductive empowerment in action. Gogo Albertina is seen **(in Chapter 10 of the film)** also trying to educate her family and suggest preventive behaviors.

The Gogos that encourage and support their family members to be tested and to monitor their health are also supporting prevention and treatment activities. Surely, women like Gogos Maria, Albertina, and Thandiwe, who are working so hard for to care for their families and communities, represent a great sign of hope for Swaziland's future.

FREQUENTLY ASKED QUESTIONS

– Where are the male presences- the fathers of the children, and husbands of the Gogos- in the film?

The employment opportunities in the lowveld of Swaziland are limited. Many men (and some women) leave the area looking for work and end up staying in the larger towns or cities. The cost of transportation prohibits regular trips back to their homesteads. The rural area where filming took place had traditionally been a farming area until the water shortages which have plagued the country for over ten years. There is a sugar cane plantation, irrigated by water pumped from the river, where some of the men and women work. The plantation provides some worker housing and many of the field workers stay on the plantation, returning home when they can. There is also a dam and canal being built in the lowveld. Some of the men in the area are working on this water project. Some parents- both men and women- abandon their children with Gogos or other family members because they are unable to care for them for a variety of reasons, most commonly, going to the cities to work. Both Albertina and Maria have family members who have abandoned their children to them.

– What is the government of Swaziland doing to help its people and deal with the HIV/AIDS crisis?

By its own admission, the government of Swaziland has been slow to respond to HIV/AIDS.[xxix] In 1999 King Mswati III declared HIV/AIDS a national disaster.[xxx] A National Emergency Response Committee on HIV/AIDS (NERCHA) was created in 2001. The government undertook a national prevention education program for the first time in 2006, created a testing network, and launched a free ARV program (drug treatment for HIV/AIDS) in 2004, but the program that has been plagued with stock-outs and problems with steady access.[xxxi] The government has promised free schooling to OVC (orphans and vulnerable children) but doesn't have the revenue to make good on the promise.[xxxii] Political opposition and political groups are banned by the Swaziland government in a repressive civil and political atmosphere.[xxxiii] Most Swazis are loyal to the King, although his extravagance with money (such as trying to buy a $45 million private jet) and polygamy (13 wives) while his country is plagued with HIV/AIDS and starvation has been criticized.[xxxiv]

Read more: IRIN. "SWAZILAND: Long on policies but short on implementation." 10 January 2008.

http://www.irinnews.org/Report.aspx?ReportId=76182

– What were the bags in the warehouse in the film?

The large tent in the film is a distribution center for the World Food Programme. The bags in the warehouse were donations from the UN World Food Programme of mealie or "pap", a corn-soya blend. The WFP also distributes beans and cooking oil when available.

– What happened to the young man seen in Chapter 2 of the film suffering from delusions?

Thokazani is the name of the young man who was being cared for by his grandmother. Thandiwe went to his hut to draw blood to get an accurate CD4 count so that she could start him on ARV treatment. He was so sick at the time of the filming he did not survive long enough for the treatment to begin to work. He died a few months after the day of filming.

– What happened to the young girl with the ear infection (seen in Chapter 8 of the film)?

The young girl with the ear infection is a double orphan (meaning both parents have died) and she is HIV positive. Because of her HIV positive status, her health is often compromised. People with HIV are susceptible to other diseases like tuberculosis (the leading cause of death in Swaziland, because the HIV prevalence is so high) and other opportunistic infections, like her chronic ear infections. Her lungs have been damaged by tuberculosis, which greatly compromises her overall health and energy level.

Phicekile lives at an orphan hostel run by Cabrini Ministries (www.cabrinifoundation.org), which provides her and four of her siblings food, clothes, shelter, healthcare, education fees, and psychosocial support. Her health and progress is carefully monitored, and she is doing good in school, sings in the Cabrini choirs, and is excellent at crocheting. [For more information about the orphan hostel and Cabrini Ministries' work in Swaziland, please visit: http://cabrini-ministries-swaziland.blogspot.com]

– What happened to the children in the newly child-headed homestead seen in Chapter 11 of the film?

The oldest boy, about 18, dropped out of school and maintains the homestead. He found homes for his youngest two siblings: one had TB and was taken in by a relative. The youngest boy was taken in by a neighbor, and he now herds cattle for that family and they care for him and pay his school fees. The 16 year-old daughter went to the city and works as a nanny. The oldest boy heads the homesteads and cares for the other two siblings. He got some funds from UNICEF to send the two siblings to school and relies on help from a grandfather and neighbors for food.

– What will happen when the Gogos die?

Every situation is different so it is hard to predict what will happen to a family like Gogo Shongwe's when she dies. But most likely, the children will have to face the difficulties of being a child-headed homestead. Young children take care of younger children, and all fight to survive any way they can.

GET INVOLVED

The following two foundations engage in work that directly supports people in the film and/or the local area. Please click on the links to get involved.

- **THE CABRINI MISSION FOUNDATION** – providing comprehensive support for a community of orphaned and vulnerable children and people living with HIV/AIDS and TB

  www.cabrinifoundation.org

  The Missionary Sisters of the Sacred Heart (The Cabrini Sisters) have served as missionaries in the St. Philip's area since 1971, and Cabrini Ministries in Swaziland currently runs an orphanage for 141 orphaned and vulnerable children under 18 from the St. Philip's area that appeared in the film (providing shelter, food, clothing, school fees, healthcare, and psychosocial support), and a healthcare outreach program for approximately 1000 adult patients from the area.

  Cabrini Ministries employs Thandiwe Mathunjwa as a nurse, and runs the healthcare outreach program seen in the film (provides the vehicles, nurses' and drivers' salaries, testing supplies, transport to the hospital, homestead-based and walk-in clinic health services, administration of medicines, community education, food distribution, and other critical services).

  For more information, photos, and stories about Cabrini Ministries' positive work for the community in the film, please visit their blog at:

  http://cabrini-ministries-swaziland.blogspot.com

- **THE STEPHEN LEWIS FOUNDATION** – providing support to gogos via the Grandmothers to Grandmothers Campaign

  www.stephenlewisfoundation.org

  The Stephen Lewis Foundation is a Canadian-based organization founded by Stephen Lewis that supports mostly HIV/AIDS-related grassroots projects in Africa.

  The Grandmothers to Grandmothers campaign was launched in 2006 to provide assistance to grandmothers in Africa, helping with food, school fees for their grandchildren, income-generating projects, counseling and other needs. Please visit the website for more information at:

  www.stephenlewisfoundation.org/grandmothers.htm

FURTHER RESOURCES AND SUGGESTED READING

Epstein, H. *The Invisible Cure: Africa, the West, and the Fight Against AIDS*. Farrar, Straus and Giroux, 352 pp. 2007.

Hall, J. *Life Stories: Testimonies of Hope from People with HIV and AIDS*. UNICEF; 2002.

Nolen, S. 28: *Stories of AIDS in Africa*. Walker, 384 pp. 2007.

UNAIDS. *AIDS Epidemic Update: December 2007*.
http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf

UNICEF. *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS*. August 2006.
http://www.unicef.org/publications/files/Africas_Orphaned_and_Vulnerable_Generations_Children_Affected_by_AIDS.pdf

Whiteside, A and Whalley, A. *Reviewing "Emergencies" for Swaziland: Shifting the Paradigm in a New Era*. NERCHA/ HEARD, 2007.
http://www.reliefweb.int/rw/rwb.nsf/retrieveattachments?openagent&shortid=KKAA-78W7DT&file=Full_Report.pdf

Many resources and statistics are available from the Joint United Nations Programme on HIV/AIDS (UNAIDS): www.unaids.org, and the World Health Organization (WHO) HIV/AIDS website: http://www.who.int/topics/hiv_aids/en/.

GLOSSARY

ARV - antiretroviral, medications for the treatment of retroviruses (HIV), sometimes involving a regimen of several different drugs, with some side effects, that have to be carefully mixed and regularly taken to avoid resistance, to stop the virus from replicating in healthy cells

Child-headed homestead - a home in which the adult guardians are not present (usually implying death from HIV/AIDS-related illness) and children must run the home and raise other children without any primary adult caretakers

Gogo - Siswati term of endearment for a grandmother

Homestead - a collection of huts or small buildings or cement structures inhabited by members of an extended family, passed by inheritance to the oldest male child according to Swazi custom

NCP - Neighborhood Care Point, sponsored by UNICEF, is part of a program whereby small shelters were built to provide food and other services to orphans in a community

OVC - Orphaned and vulnerable children, usually used to describe children who have been orphaned or left vulnerable by AIDS

TB - Tuberculosis, the leading cause of death in Swaziland, because the HIV infection rate is so high. A healthy immune system can usually fight off TB, but people with HIV-compromised immune systems are greatly susceptible to TB. TB is treatable with a cycle of antibiotics that must be taken according to protocol, or resistance can build.

RHM - Rural Health Motivator, a national program whereby community members trained in basic health diagnosis and care report on their fellow community member's health conditions, to get a sick person in a rural area more healthcare if they need it.

CREDITS AND PURCHASING INFORMATION

To purchase a DVD:

http://www.der.org/films/hawk-takes-one-chick.html

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For more information about the film or the Gogo Project, please contact:
docued@der.org or jgillooly@verizon.net

Credits

Appearing in the film: Thandiwe Mathunjwa, Maria Shongwe, and Albertina Skhosana
Director: Jane Gillooly
Executive Producer: Pat Daoust
Producers: Ann S. Kim, Jane Gillooly, Tracey Kaplan
Cinematographer: Karin Slater
Editors: Jane Gillooly, Carolyn Kaylor, Pam Larson
Additional Cinematography: Natalie Haarhoff, Jane Gillooly
Consulting Producer: Jocelyn Glatzer
Sound Recordist: Ken Winokur
Sound Mix: Rob Todd
Online Editor/ Colorist: Mike Amundson
Postproduction PA: Elias Mallette
Translation: Zinhle Sylvester (Sly) Bhembe Bongani Mngomezulu
Educational guide writers: Erika Baehr, Jane Gilooly, and Pat Daoust

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