

**ST. LUCIA COMMUNITY HEALTHCARE**  
COMPREHENSIVE COMMUNITY BASED PROGRAMS  
FOR PEOPLE WITH CHRONIC DISEASES INCLUDING HIV/AIDS AND  
THE ASSOCIATED STIGMA SINCE 2002

**VOLUNTEER HANDBOOK**

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## **KARIBU SANA – WELCOME FROM THE FOUNDER AND DIRECTOR**

Dear Volunteer,

Karibu Sana – You are very welcome to St. Lucia Community Healthcare Programs. We are deeply appreciative to you for the gifts of your time and expense to get to Tanzania.

I hope to be able to welcome you personally on your first day or very shortly afterward.

Please take the time to read this handbook your first day and feel free to ask about any topics of interest to you which are not addressed. I very much welcome your feedback about your volunteer experience. Also, if there is information that you feel would have been helpful to have had in this volunteer handbook, please forward your suggestions to gretezemans@yahoo.com who will be continuously updating the handbook.

You may wish to give your family my cell phone number to use in emergencies: cell: +255 784 611 892

If you would like a ride to/from the Moshono “daladala” stop, I will try to arrange this for you by coordinating with school drop offs/pick ups. We would ask for a small amount of money to help defray the cost of gas.

We are eager to teach you about our country – both its’ beauty and its’ suffering. We hope that your experience here will be just the beginning of our relationship and that you will keep in touch with us.

May God bless you for all that you give to our children and may you come back again someday – Karibu tena.

Asante sana – Thank you.

**Winfrida Mwashala, RN and all the children and families associated with St. Lucia**

# **ST. LUCIA COMMUNITY HEALTHCARE**

## COMPREHENSIVE COMMUNITY BASED PROGRAMS FOR PEOPLE WITH CHRONIC DISEASES INCLUDING HIV/AIDS AND THE ASSOCIATED STIGMA SINCE 2002

### **VISION**

All Tanzanians will have access to quality preventive and palliative health and social services that are affordable and culturally sensitive

### **VALUES**

- We believe in continuously working to strengthen the capacity of families to care for their children and adult family members
- We believe in the necessity of working in partnership
  - with community leadership, and the community in general, to develop meaningful, achievable solutions to their problems
  - with both public and private sectors in the provision of health services
- We believe that our role is to share our knowledge and practical solutions
- We believe that we must focus our efforts on the most vulnerable members of our society: young children, pregnant women and other vulnerable groups including those with malaria, TB, nutritional and environmental diseases including HIV/AIDS
- We believe that if we are unable to help people get well, then we must help them to die with physical and spiritual caring

### **MISSION**

#### **To provide:**

- Comprehensive nursing care with the aim of restoring patients to their families
- Palliative care for terminally ill patients
- A home for HIV+ children orphaned by AIDS and for whom there is no viable community alternative
- Public health education, counseling services and HIV/AIDS testing
- Support for individuals and their families living in the community with chronic diseases

## **HISTORY OF ST. LUCIA'S EVOLUTION**

### **IN HOME CARE**

In the year 2000, when Winfrida Mwashala was a labor and delivery nurse, several family members became seriously ill. There was no facility available to care for them other than her own home. Hospitals are places where people go when acutely ill. Patients were stabilized, discharged within days and expected to live or die in the community. Word spread quickly that Ms Mwashala was nursing family members in her home and many community members asked her to care for their ill family members. For a year or so she was able to offer ill people some pain medications and IVs; she bathed them; and she counseled the family members how to care for their patient. The most prevalent opportunistic infections at the time were coughing and diarrhea and bedsores were also a serious problem. Because many family members were terrified of contamination, it often resulted in the sick being neglected.

It was extremely challenging doing nursing care in people's homes that lacked water and toilets. There were many NGO's involved in community education, but none that offered care. Ms Mwashala was determined to care for the sick; to convince people with HIV that they were not cursed; to teach families not to abandon the ill; and to show, by example, that many people need not die if well cared for. In 2002, St. Lucia Nursing Home was created to help fill this serious community gap.

### **ADDING RESOURCES**

Over time the number of ill people was increasing and Ms Mwashala realized that she had to train non-medical community people to minimize the number of gravely ill people who came to the nursing home. A donor supported this work for a few years. The Tanzanian Aids Commission (TacAids) was impressed by the success of this model of care (measured by the decrease in hospitalizations) and granted St. Lucia some funds to extend the geographical coverage.

### **OPENING AN ORPHANAGE AND NURSING HOME**

Meanwhile, when some of the patients died in the hospice, their children became orphaned as a result of their parent(s) having been abandoned by their family and community. Ms Mwashala's family has supported St. Lucia's work long before there were any international donors and they continue to do so. Ms Mwashala believed there was no alternative but to start an orphanage for children who are HIV+.

### **FUNDING AWARDS**

In 2008, the Global Fund awarded St. Lucia substantial funding to assess the needs of the "most vulnerable" 7070 children (identified by them) in the greater Arusha area. Having met and exceeded the year 1 goals of identifying each child's individual needs, St Lucia received funding for years 2 and 3 to implement the needed changes which had been identified. In 2009, St. Lucia was the successful recipient of monies from Save the

Children, another international organization, to advocate for childrens' rights in the Arusha urban area. Children were to develop their own Councils to work with government leaders. The goal was to ask government to plan for resources to address the needs of Tanzanian children.

## **CHALLENGES**

The greatest challenges have been and continue to be seeking predictable funding sources; making the nursing home based and community based services self sustaining as well as trying to care for an increasing number of people who are acutely ill.

The generosity of donors has enabled St. Lucia to build a small building in Moshono to house the home for children and limited space for a hospice. A garden of vegetables and fruit trees funded by various donors has been expanded through the design and planting by volunteers from Development in Gardens (DIG). Other donors including Ms Mwashala's family have funded a chicken coup, a cow barn and a cook house. Intermittently there has been funding to support a small staff, to offset some of the expenses of caring for between, at any time, 15 to 26 children and adults at the home, and to support the community based services.

## **ST. LUCIA HOME**

**MISSION :** Provide a home for children with HIV and other chronic diseases orphaned by AIDS until they can be reunified with extended family

**GOAL :** Provide a strength-based, caring, healthful and supportive living environment in which children can thrive physically, emotionally and spiritually

### **MAIN ACTIVITIES**

- Provide 3 nutritious meals and additional healthful snacks per day
- Provide appropriate medications
- Provide vitamin supplements daily
- Ensure that each child is bathed daily
- Ensure that each child is wearing clean clothes each day
- Ensure that the building environment is hygienic and that needed repairs are accomplished
- Seek donations in order to provide schooling to age appropriate children
- Ensure that children are encouraged in fulfilling their homework assignments
- Provide entertaining/or educational leisure time activities
- Ensure that each child, according to their individual ability, participates in daily living activities, as they might in their own home and also to train them for future independent living and ensure that they receive positive affirmation when they complete these tasks
- Actively work toward reuniting children with extended family
- Support and be present with any child requiring hospitalization
- Teach children from young age that they are HIV + and about their special health needs

- Provide grief counseling on a regular basis
- Provide ongoing daily instruction on ways to stay healthy
- Ensure that naps take place, as age appropriate
- Teach children manners and about social relationships as they would have been taught at home and give them positive affirmation for doing it well
- Provide (by all staff) warmth, affection and positive affirmation to children as a necessary part of child raising and also as a role model of how children should treat each other and people in the larger society to which, hopefully, they will someday belong



## **DESCRIPTION OF VOLUNTEER JOBS**

Please share with the Director information about your areas of interest, special skills and preferences so that your interests and St. Lucia's needs can be matched. Together we can develop a work plan.

### **Child Care Activities**

Bathing, diapering, feeding children - get organized before you bathe or diaper the children

- soap in the bathroom
- a towel for each child
- clean diapers
- clean clothes
- bathing infants and young children; clean water for each child
- diapering at regular intervals
- helping to toilet train toddlers
- assisting with eating
- playing, reading, arts and crafts activities - this is so important to the children - they will never tire of your interaction with them

### **Taking Children/Adults to Local Hospitals/Clinics**

- Establish an up-to-date chart of follow up and doctor visits (they use 2 different hospitals)
- Take along to appointment Blue registration Card for each child/adult (Blue card has registration number necessary to obtain medical record; if you don't have this with you, the children/adults will not be seen). Also, take St. Lucia "exercise" chart books for each child – the doctor may want to record notes and/or the accompanying volunteer needs to record medication dosage and frequency

### **Most frequent clinics used:**

- Mt. Meru Hospital
- St. Elizabeth Hospital
  
- Be prepared for a many hour wait. Take water, food and games
- Take some cash in case you have to buy a sterile needle



## WHEN CHILDREN MISBEHAVE

There is inevitably the typical hitting, pushing, taking toys from each other. The Director would like volunteers who see this to please make the offending child apologize.

## COOKING AND DISH WASHING ACTIVITIES

### DISH WASHING

**Purpose:** Dish sanitation helps to prevent cross infection; please explain this to the children so they will all eventually learn why and how.

**Equipment needed:** dish brush, clean rags, soap and water

Dish sanitation bucket

- Fill up to marked line
- Add 1½ cups of bleach
- Change daily

### Procedures:

- Scrape food off plate
- Thoroughly wash plates, spoons and mugs
- Rinse
- Dip individually into bleach solution.
- Drain plates in dish drainer
- Put spoon handles down to drain
- Put mugs upside down to drain dry



### COOKING

You might enjoy cooking with staff to learn how to make very nutritious meals the Tanzanian way.

### LAUNDRY ACTIVITIES

- Separate diapers from all other laundry
- Teach children how to help hang laundry, take down, fold and put away in an orderly fashion
- Help to keep clothes room tidy – organize by age and sex
- Discard any clothing that is ripped or too soiled
- Keep infant clothes so that they will be available as needed
- Package up usable clothes for adults and ask Director where to donate them



## **DAILY SCHEDULE FOR NURSING HOME AND ORPHANAGE**

6:00 a.m.

- Wake up and prayers
- Brush teeth and shower
- Take medication

7:00

- Breakfast for all children/adults

7:30

- Medication for babies who were asleep earlier

8:00

- All staff report to work
- General clean up
- Bathing small children

10:00

- Cup of milk with bites

12:00 p.m.

- Lunch

2:00

- Lunch for children returning from school
- Nap time

4:00

- Juice and bites

4:15

- Playtime
- House duties
- Homework

6:00

- Medication for all children/adults

7:00

- Dinner and prayers
- School children continue homework, review/revisions

8:30

- Bedtime

## **HOW TO HELP KEEP THE CHILDREN HEALTHY UNDERSTANDING THEIR PHYSICAL VULNERABILITY**

The following brief overview is to inform you about children who are HIV positive and their extreme vulnerability to infection due to their weakened immune systems. Common opportunistic infections include:

- Respiratory infections, for example, coughs, colds, bronchitis, TB, pneumonia
- Gastrointestinal infections leading to diarrhea  
If the child has feces on his/her body, put them under the shower; rinse floor with bleach afterwards to sanitize and prevent cross infection. Wear flip flops while doing this.
- Eye and ear infections, for example, ear discharge, runny blood shot eyes
- Facial and body warts are contagious. To prevent spread, after bathing the kids, wash hands between applications of Vaseline. Encourage the kids not to pick at their faces.
- Some of the children have special nutritional needs; check with staff about this; special snacks will be provided when needed
- Reminder: mosquito nets are very important

Please familiarize yourself with the chart below about the ways to keep healthy and cut down on cross infections and the spread of opportunistic diseases. These may seem obvious to you, but the children need to see you modeling these behaviors and they need constant reinforcement.

## **DO'S AND DONT'S TO STAY HEALTHY**

### **TO DO AND NOT TO DO LISTS TO TEACH THE CHILDREN/ADULTS**

- Do wash your hands
  - before each meal
  - after using toilet
- Do brush your teeth every day using only your own tooth brush
- Do cover your face with your shoulder when you sneeze or cough
- Do keep your nails short – wash away dirt and germs each day
- Do get lots of exercise and sleep
- Do eat only your own food; use only your own spoon
- Do drink only bottled water
- Do Not drink tap water
- Do Not pick your nose
- Do Not eat any food that has fallen to the floor
- Do Not use the same spoon or mug as another child when taking medicine
- Do Not share plastic tub at bath time – refill with clean water for each child
- Do Not share towels

### **TO DO AND NOT TO DO LISTS FOR VOLUNTEERS**

#### **To do:**

- As you learn Kiswahili words, please help them to learn English
- Assist (or encourage and support) children with homework
- Encourage children to help with tasks as would happen in a family setting
- Talk to children about the value of an education, how fortunate they are to have an opportunity to go to school
- When taking children to doctors' appointments, hospital clinics, etc be sure to take a bag of mugs, bottles of water, some food in case there is a long wait. It is also a good idea to take along some books, crayons and paper to entertain the children while waiting, potentially for 4 to 6 hours.
- Should you be interested in buying items for St. Lucia, please discuss your ideas with the Director. In this way, your donations can be matched with St. Lucia's wish list.

## **Things not to do:**

- DO NOT give the children candy without permission from the Director. Sugar is not good for them. A more healthful treat is popcorn should you wish to do this.
- DO NOT take the children for long walks in the sun.
- DO NOT take the children away from the St. Lucia property without prior approval by The Director. She is their guardian and ultimately responsible for the children. They need their medications at specified times and an appropriate diet. Special outings can be coordinated in **advance** with the Director.
- DO NOT insist that a child eat shortly after vomiting or having diarrhea.
- DO NOT allow the children to drink out of the same bottle of water or cup for obvious reasons.

## **HOW TO KEEP YOURSELF HEALTHY**

- Use rubber gloves when diapering and bathing children and adults.
- Just as we encourage the children to learn, sneeze and cough into your shoulder keeping your hands clean.
- Wash, then sanitize your hands before eating – sanitizing does not substitute for washing off dirt and germs.
- Drink only bottled water. Brush your teeth with bottled water.
- Do not let the babies put their hands in your mouth and all over your face. Or, wash up and sanitize.
- Do not go barefoot due to the possibility of picking up diseases. Wear flip flops or other inside shoes – and always while showering the children.
- Use mosquito nets while sleeping.

Simple precautions will keep you healthy; however, should you have diarrhea and Imodium does not cure you, there is a 24 hour clinic in Arusha town.

Arusha Medical Centre – on Old Moshi Road (between Clock Tower and Impala Hotel) sometimes labeled Nyerere Road). It is top notch treatment and is staffed round the clock by competent physicians who are knowledgeable about treating foreigners unaccustomed to local water, etc. Tell them you are volunteering at St. Lucia, then it is inexpensive.

## **REGISTERING AS A VOLUNTEER WITH THE GOVERNMENT:**

You may have already accomplished this when you applied for a Visa. If not, you need to do this shortly after your arrival. It is the host volunteer organization that will get into big trouble with Immigration if you fail to do so. For those of you who came here through a volunteer organization, this has been done for you. The cost is \$120 US.

## **BACKGROUND INFORMATION ABOUT TANZANIA AND TANZANIANS**

### **THE PLACE**

Tanzania was colonized first by Germany in the latter half of the 19<sup>th</sup> Century after a scramble to partition East Africa. The boundaries of countries have little or nothing to do with Africans way of thinking about their tribes. Rather they reflected the political struggles in Europe.

At the end of World War 1, the Rwanda Urundi District (now Burundi and Rwanda) were mandated to Belgium and the remainder of East Africa was mandated to Britain. The previous period of German colonization is recalled as a time of brutality whereas the British colonial period in East Africa is referred to more neutrally.

The Tanzanian process leading up to independence and the post independence period of the past 50 years is unique in all of Africa. The leadership of Julius Nyerere, the first Prime Minister and later the first elected President who remained in office for some 20 years, was pivotal in the peaceful, non-violent transitions. Some countries in the West portrayed him as a socialist. During the McCarthy era in the USA when many people and countries were labeled communist, Nyerere's anti-capitalism beliefs earned him much criticism. Also Tanzania, under his leadership, harbored anti apartheid leaders from South Africa and gave refuge during civil war to Ugandan leaders. Tanzanians seem to both very much admire, even revere, him as well as blame him for the country's underdevelopment.

In 1961, Tanganyika attained full independence. Zanzibar gained independence in 1963 and in 1964 together they created the United Republic of Tanzania.

Tanzania is the largest country in sub-Saharan Africa, larger than Kenya and Uganda combined, four times the size of Britain and one and a half times the size of the state of Texas in the USA.

National Parks Conservation areas are an amazing 25% of the country and they protect 20% of all of Africa's large mammals.

Reference: Phillip Briggs, **Northern Tanzanian**, Bradt Guide – considered to be one of the best, most comprehensive guides with an excellent condensed history.

## **THE PEOPLE**

Tanzania's population is estimated at 40 million. Dar es Salaam is the largest city with a population between 2.5 and 3 million. Arusha is the second largest city – the safari capital of East Africa – with a population of about 300,000 people and growing very rapidly.

Every year in Tanzania about 80,000 children below age of 5 die as a result of malaria. Almost ½ the population of Sub Saharan Africa lives on less than \$ 1 US per day.

Tanzania is home to at least 120 ethnic groups with no single one being dominant. The population is divided between Muslim, Christian, Hindu and indigenous populations. Rather than being segregated by their tribes or religions, Tanzanians are united by their official spoken language, Kiswahili which is a mixture of Arabic, African languages and English, and they live together peacefully.

The greater Arusha area is mixed rural/urban. Rural residents are mostly subsistence farmers suffering from years of intermittent draught. The population is predominantly Maasai with high rates of polygamy and alcoholism. Both female and male circumcision is practiced. The urban poor live in villages off the two major roads. The most typical dwelling for a family is one small room with one shared bed, no windows and a curtain covering the doorway. It is strikingly different than the glimpse of family life one sees in town.

The prevalence rate of HIV/AIDS is believed to be upwards of 7%, highest in locations along major highways. Newly diagnosed people living with HIV/AIDS (PLWHA) often consider it a death sentence and do not seek timely treatment for opportunistic infections. Many suffer from misinformation about treatment options, fear the commonly believed toxicity of antiretroviral medication (ARV) or cease using their medications as they feel better. Many people fall prey to myths about the disease. Fear and stigma cause many people to avoid ARV Clinics thereby denying themselves potential treatment. And many of those courageous enough to seek treatment are, in the hustle and bustle of the understaffed government hospital, frequently inadequately counseled about expected side effects, nutritional needs and symptoms that require other additional medical interventions. And, not unexpectedly, many ill people are not able to assume responsibility for their own care.

The most recent available data estimates an unemployment rate of 20%. At least for this writer, the figure seems to be a gross understatement.



## INFORMATION ABOUT ARUSHA

- The Clock Tower (the halfway point between Cairo and Capetown) is at the center of a business and shopping hub
  - banks for ATM use
  - internet cafés
  - the Bake House – bakery, internet, a place to make international calls
  - taxi stand
  - small grocery stores
  - several good gift shops
  - phone stores
  - the post office
  - the Arusha Hotel if you feel like treating yourself to a special lunch or dinner
  - numerous restaurants
  - office supplies
  - secretarial services including typing, printing and laminating services, Robots Secretarial Services in New Safari Hotel Building; one block from Clocktower.

Ask for Gladness



The Maasai Market – a 5 minutes walk on Fire Street from the Arusha Hotel

- Hands down the best and least expensive place to buy Maasai jewelry and other beaded goods.
- Mr. Baraka is an outstanding Makonde wood carver. His booth is # 128.
- At the base of the big tree, an elderly Maasai woman whose name is Elizabeth, sells wonderful old jewelry.
- Dozens of small shops where everyone welcomes you – several times – to look at their goods. Don't get overwhelmed or exasperated by them, just say no thank you – “hapana asante”. Just be sure that other kinds of wood have not been darkened with shoe polish to imitate real ebony.
- All vendors expect you to barter. A rule of thumb is to start with half of what they ask and more toward the middle. Try to err in the direction of generosity given that your purchase could be the difference between a family eating that day - or not.
- Great picture opportunity as you can photograph the Maasai women making your gifts.
  
- The Cultural Heritage Center – a taxi ride from town on Sokoine Road, also labeled Dodoma Road. An amazing and huge collection of statues, jewelry, material and works of art – both antique and new. Even if you are not interested in any purchases, it is a super experience to see these treasures from all over Africa. Open Monday – Saturday 9 – 1700, Sunday 10 – 1700, the 5 story art gallery is only open week days.
  - A coffee / drink bar
  - Restaurant which serves excellent lunches
  - A recently opened 5 story adjacent building housing contemporary African art
  
- Taxis – set the price before you get in
  - Some drivers will agree to wait while you are shopping, etc.
  - :Daladals – a unique Arusha experience
  - No ride should cost more than 3TSh within the greater Arusha area
  - When you want to get off, bang loudly on the side of the van or call out name of stop or say shusha.
  
- Good used clothing – textile market – behind Mr. Meru Post Office a short walk through a car repair area.
  - All the clothes have been washed, ironed and stacked neatly – much nicer than Goodwill stores in the USA and some potential bargains on used designer clothes.
  
- Shoprite Shopping area on Sokoine Road.
  - A branch of a South African grocery store with a huge array of groceries, cosmetics, wine and household items all more expensive than can be found elsewhere, but nevertheless, conveniently all in one location.
  - This shopping plaza has a chocolate store, a cappacino café, bakery, dress shop, internet café, restaurants. There is also a shop that sells necklaces, bracelets, etc designed by a German jewelry designer and beaded by a Maasai women's collective.