Placement Report – Val Thomson

Pre-Departure Preparation

Having undertaken a previous placement within a Township last year, I was fully prepared for what lay ahead however I was returning to a different placement.

Reports from previous volunteers had made explicit the type of work to be undertaken, very much listening and supporting the Township residents and carers. The carers are involved in a 'home care' service, very much what our carers do within the community in the UK i.e. wash, dress, assist with feeding, basic nutritional advice..

Orientation and Preparation at Start of Placement

. A clear message was to have an open mind and the Emmanuel project was at an embryonic stage. One thing said stayed with me throughout – "if you look at things through a glass half-empty point of view, you are in trouble" – how true. There were very little resources, but things do get done and they work. ng.

My Experience and work at Project Emmanuel

Thus this was a snapshot of how some of the days were spent.

Arrived at KwaNoxolo at 8.15am. There were two other volunteers – Chris and Sid. Some staff members were there already and greeted us eagerly. Initially we played with the children from the crèche who were running around the compound. They loved having three new faces to look at and perform to. Nellie was in charge of the crèche and she ruled with an iron fist and a loud voice, but as the weeks progressed, I could see why. She worked tirelessly throughout, looking after 35-40 children in a tiny space (Thank goodness for the outside area). At 10 am, the project manager, Esterlene, gathered us all together for a half hour orientation including history of Emmanuel and introduction to carers and all the staff. So many new names to remember – impossible. For the remainder of the day I was assigned to work with 'Aunty Grace', the oldest of the carers and Linda. Difficult to ascertain at this stage, how many carers there were and how the teams were organised. Seemed to work in designated pairs, but also witnessed three carers working as a team. Also no report was given prior to working 'in the field' i.e. no information about the clients we were visiting. Sid, co-volunteer made this his project, so will not comment any further on this aspect.

First visit of the morning required us to walk for about 20 minutes at a good pace (surprisingly) before visiting our first client. This was a young lady who had given birth to a baby 8 months previously, was HIV positive and recently diagnosed with TB, but was taking medication and felt much better. There was

another child belonging to this household at the crèche who had recently had a massive boil on her neck and diagnosed as a TB lymph node – also on medications (saw the toddler in the crèche later and she seemed a healthy child).

A short walk away was our next client – 40+ year old lady who had AIDS. Her main problem was painful feet. She had a strong belief in god. She had refused anti-retroviral drugs (ARV's) as she didn't have a regular supply of food (food is required with certain ARV's). She was very philosophical and was in the hands of God. A very gentle and soft-spoken, attractive lady,

The third client we visited that morning had social issues. She was an articulate lady, washing by hand as she sat by the open door. She appeared very angry with the system, including the Social Services. She was talking in English and then lapsing into Afrikaans – so difficult to get the gist. We were there for about 45 minutes and we had walked for about 25 minutes from the previous visit. She was also complaining about a painful swollen ankle and had been to the clinic and had two injections – one into the ankle and one into the hip, but didn't know what for and when I mentioned a steroid injection, she definitely knew it wasn't that.

It was a long walk back to the Centre which we spent chatting mainly about ourselves. Both carers were complaining of sore feet and in observing their inadequate footwear, it was obvious that this was the cause. They wished they had shoes like mine to wear. Throughout my time working with all the carers, they all (apart from the men) complained about sore, tired feet and none had proper footwear.

On return to the Centre at 12:30 pm, it was expected that all 3 of the volunteers give a verbal report about the clients we had visited. Sid, Chris and I were puzzled as to why we reported and not the carers and we would have offered any further information as appropriate. Anyway they wanted us to report and notes were taken as we spoke. The feedback session was completed around 1.30 pm and the carers finished their shift.

The second day started as Day 1 – playing with the children and the carers started arriving about 10 am.

The previous day, Sid, with his carers, had visited a 19 year-old girl who had a diagnosis of TB and was HIV +ve and when Sid had given his report the previous day, he was clearly distressed with the plight of this girl, who he felt was dying. Apparently she should have been coming to the clinic for injections, but could not afford the bus fare. It had been decided by the supervisor that today her case should be brought to the attention of the clinic. At around 10:30 am we (3 volunteers and 6 carers) set off for the clinic which was about a 25 minute walk and was very hot, windy and dirty.

Why so many of us? Perhaps 3 volunteers from the UK might have some bargaining power. Sid was not a health professional therefore valued Chris's and my opinion, however it was difficult to be an advocate for this person, having not seen her. All carers felt involved, hence their presence. Anyway a motley crew was assembled in the Manager's office where chairs were quickly brought to accommodate us all. The manager of the clinic listened and assured us that action would be taken and the Mobile Clinic would visit, hopefully on Monday and Wednesday at the latest (it was now Friday from Calabash arrived for our meeting.

2nd Week

9:30am – I went out with 3 carers and Sid, 5 of us in all. The first visit was to the girl whose case was presented at the clinic. She was not at home as she had gone to a funeral by car over the weekend. One of the reasons she couldn't attend the clinic was that she couldn't afford the taxi fare. However I would argue that if she was as ill as suggested, then she would be unable to queue at the clinic (according to reports – for hours). Anyway the problem was that we had painted this bleak picture to the clinic staff and if they were to come, she was absent. There was a young child sleeping in her bed so one had to consider the transmission of TB here. The carers would follow this up.

Our second visit was to a very emaciated 41 year old lady who looked 70+, who had been discharged from hospital the previous week – AIDS and TB and was on the relevant drugs. She was walking around – very frail. Her husband was looking after her and he also had AIDS and TB. He was complaining of a bite to his wrist so the carers rubbed in aqueous cream and applied a 'K' bandage. The lady was given advice about coughing into disposable tissues and putting them in a plastic bag or disposing of them down the flush toilet.

The third visit that morning was to a gentleman who had AIDS, but had died. His daughter was very upset and he had been buried the week previous and had apparently the family had borrowed money for the funeral. His son (aged 29) was there and was on ARV drugs, his girlfriend was HIV +ve and they had a one year old baby. Sid spent some time chatting to the son, who said he was not having sex with his girlfriend at the moment and Sid gave contraceptive advice.

The carers asked the daughter if she would like prayers to be said and we all joined in the prayers, which were conducted very sensitively by the three carers.

Our final visit was to a 20 year old boy who had choreoform movements and was very cheerful. I queried whether he had cerebral palsy, but the carers didn't know. He had been like that from birth, but his mother didn't remember anything specific about the birth. He had recently been in the Bush to be circumcised. He was fortunate enough to have a wheelchair (this was a prized possession), but he was bored with being at home in his mother's company, so the carers were going to arrange for him to do some bracelet making with the OVCs support group.

We walked back to the Centre, which was a good distance, but seemed longer due to the slow pace. As before, we presented our reports. Sid went off to do some team building. Chris had not been out into the field as she was doing documentation. Chris and I sat in with the carers, but watching a scenario unfold. The carers and Chris had been to see a gentleman the previous week who had suffered a stroke (not recently) and his wife leaves him by himself with no food or drink. She had come to the Centre to explain to the carers why this was happening. She had been in an abusive relationship with him and just wanted to get away. It was suggested to her that he should go into an old people's home, but she started wailing and crying. It was very distressing for all concerned.

Chris and I left the carers' hut and went t o help with the OVCs coming for their free meal. Again, another distressing episode, more children turned up than there was food, so were turned away empty-handed and with empty stomachs.

Thus this was a snapshot of how the days were spent.

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One of the carers, Sarah, had a client who had refused to go to the Clinic – she was an older lady who denied her HIV+ve status. She required bed bathing and had two pressure sores, so I was asked to go and assess these sores. On arrival, there was another lady in an adjoining bed, a relative from another township who was staying there. This lady was aged about 40 and had had a stroke and also required a bed bath - finally some 'hands-on nursing." Both ladies were very appreciative of the care given.

Before proceeding to the deviations in the daily routine, I just want to revisit the

young girl who was dying, whose care we presented to the clinic.

I visited her on most days together with two carers. According to her mother the Mobile Clinic had not visited. However on phoning the Clinic, they assured me that they had been, but she was not there. They said that they would revisit her. Previously, she had been prescribed oral TB medication, but did not want to take them. With coaxing, she took the tablets and her mother asked if I would go again, hence the reason for my daily visits. Apparently she wouldn't take the tablets until I appeared. The final day that I saw her, her mother pointed to her daughter's groin area. As I was looking, her mother roughly pulled her right over, parted her buttocks and there was a large sinus which needed surgical treatment. Her mother had never mentioned this before. I told her mother that this was not my area of expertise and the Clinic needed to know about this. On arrival back at the Centre, the team leader rang the Clinic and informed them of the change in circumstances. The following morning when we visited, to my relief, the young girl had been admitted to hospital and this was approximately two weeks after the initial visit. Perhaps I had made a difference to someone's life.

<u>Deviations to Normal Routine</u>

Assigned to help in the crèche for a day – 35-40 children looked after by Nellie who had no child care qualifications, but did a sterling job. The crèche itself was very small, but fortunately the children did have the space to play outside. Porridge was made for the children which they enjoyed. Nellie spent the morning keeping the children occupied by them singing, counting, naming parts of the body – all this they did in three languages. They also enjoyed drawing (but paper was scarce). As mentioned previously,

Another day I was told that I was going to Livingstone hospital with two patients. One was a lady who was already sitting in the carers' room in the Centre awaiting the ambulance. She could not walk and had crutches. The second lady was being collected from her house. This lady had been at the Centre the day before attending a workshop run by Chris on breast and bottle feeding. According to the carers, she had been started on ARVs the week previous and was now coughing up large amounts of blood-stained sputum

and was very weak. I asked if she had TB and the carers said that it wasn't and that this was a common side effect of ARVs.

On arrival at the hospital, with two carers accompanying me, we were taken to Casualty and the ladies were put in adjoining cubicles. I will not go into great detail about this visit which was appalling. A registered nurse and a doctor after waiting three hours eventually acknowledged our presence (that was because I demanded attention). There was no wearing of gloves for taking blood samples nor any hand washing. Communication was non-existent. I told both the registered nurse and doctor what I had observed and how unsatisfactory the whole experience had been for myself and the patients. Both ladies had X-rays. It was interesting to note that the lady who was coughing up blood had TB. I was able to see her chest X-ray on a computerised screen – both lungs were badly affected. According to the carers, she did not have TB, but was a side effect of the drug therapy. I found it frustrating that one never received a medical history of the patients and it's probably easier that if one has no medical background, then one just accepts things at face value. To conclude, this young lady was admitted to a ward and the older lady was given a steroid injection and was able to walk.

On two other days, Sid did teambuilding workshops away from the Centre and Chris and I joined in. Therefore on those days no visits were undertaken within the township.

Chris and I conducted two workshops: - one, an elderly support group and the other HIV and AIDS. The incentive for attending these workshops was the offer of a meal, however the participants did seem to enjoy them and asked relevant questions and in the case of the elderly clients, their participation in chair aerobics proved a great success.

Our final day at Emmanuel involved all the carers from the two satellite sites attending our Farewell Party. All morning was spent arranging the chairs and tables in the compound and cooking the food. It was very windy and creativity was the order of the day in order to shield the tables from all the decorations being blown away. The crèche children were confined to barracks for the day but they were aware of the excitement so difficult to subdue them wanting to be amongst it all.

Anyway we were given a brilliant "send off" very emotional and a day I'll never forget.

<u>Recommendations for future volunteers</u>

- Be assertive in terms of setting aside time to fulfil your intended goals
- Be there for clients, staff and children. Let them know you care.
- If you should have the opportunity to visit a local hospital with a client, do so and challenge poor practice.
- Always allow for a time delay. For example if planning a session commencing at 10a.m. it will start at 11a.m.
- Value the carers, they go into the homes on a daily basis and witness the pain and suffering of their clients because they care. My heart goes out to them.
- Refrain from taking photos of clients even if they ask you. (There seems to be a misconception that Emmanuel is making money with photos that volunteers take heard this from 3 clients).
- Continue to do the "Hokey Cokey" with the crèche children they love it.
- Familiarise yourself with the "World Health Organisation" management of AIDS and TB

To any future volunteer would recommend the project, real value for money and an experience you will never forget