

It has been a short two weeks since my internship has started, and it has been a challenging but wonderful time. The first week was mostly orientation where six other interns and I toured Project Canaan (the land development project of Heart for Africa), visited the community, and participated in activities that helped us understand the daily life of local Swazis. During the second week, I started the nursing assistant internship.

To provide some background, Project Canaan is composed of various projects focused on HOPE: Hunger, Orphans, Poverty, and Education. Heart for Africa's (HFA) main focus is the children's home, which raises orphans and abandoned, neglected, and/or abused children. Every child's backstory horrified me because of circumstances of utter hopelessness resulting from things like rape and disease. Currently, dozens of aunties and uncles help raise 159 children ranging from a few months old to primary school-age. The caretakers comprise mostly of people from the local Swazi community, so the children at Project Canaan are experiencing the Swazi culture and learning the siSwati language.



Project Canaan comprises of many other projects. A chicken barn yields nutritious eggs to feed the children of HFA and families in the community. A farm produces milk for the children and for HFA to sell. A greenhouse has workers who are developing a water-saving, produce-growing project that uses fish (which can later be harvested). An artisans workshop employs local Swazis who make items like ornaments and jewelry for HFA to sell. A woodshop manufactures items like bedframes, chairs, and cheeseboards to use at the Project and to sell. A medical clinic tends to health problems of HFA employees and their children. A row of small houses provides a safe, temporary home for mothers and their children in endangering circumstances. A community outreach program delivers food to the neediest families in the community. All of these projects employ local Swazis, and there are workshops that educate these employees on subjects like HIV/AIDS.

We started the intern orientation with an activity where we budgeted as an average Swazi in poverty. We had the role of a father earning about \$100/month where he can only be home 4 days a month. He had to provide for about seven children, some with HIV or are pregnant, and a grandmother who had health problems. Through this activity, we learned the impossibility of raising well-educated and healthy children who would never be hungry. In fact, if we purchased school uniforms and paid school fees for all the children, the only food we would be able to purchase a month are a few bags of maize, beans, soup mix, onions, and butternut squash. And since the father would live at work for 26 days a month, the 64-year-old grandmother with asthma and high blood pressure would be the one in charge of getting water from the river, preparing food, and caring for the children.

We also participated in a stimulation where we spent a few hours as a Swazi grandmother. We each carried a 5-kg bag of rice on our backs as a "baby" and walked for 30 minutes with our imaginary children to the primary school. There, we were told that we had to go to the social

welfare office to bring back forms that would allow our children to attend school. This was because we did not have enough money to pay the fees and needed the forms to waive them. So, we walked another half hour to the social welfare office, where we were told that we would need to wait two hours. Since the clinic was nearby, we walked there to get HIV medicine that the government provides. We discovered that we would not be able to get the medication at that time because none of the prescriptions have arrived—the government did not have the money to pay the medication bills. So, we returned to the social welfare office where we found that the government workers were gone because of an unexpected meeting called by the Prime Minister. We left and walked to the river, where we had to carry 20-liter buckets of water up a hill for at least half an hour to where we lived. All of these events have happened in the past and are not uncommon.



For two days, we visited homesteads in the local community. At the first homestead we visited, we helped plant a garden. The man who was at the homestead was 74 years old. In the past, he would tie a rope around his abdomen and would tighten it whenever he was hungry to relieve hunger pains. Similarly, the rest of the homesteads we visited was story after story of extreme poverty. There was also an additional emotionally challenging aspect to our homestead visits because these were the last monthly food delivery visits from the HFA 10-month drought relief program. We had to tell them that this would be the last time we delivered this much food, although we would still visit them in the future. Although there was weeping and sorrow, all of them expressed gratitude and joy. Their words of appreciation simultaneously touched and broke my heart.

On my first day as a nursing assistant, there was a chicken pox scare on Project Canaan. A child at a temporary housing home on Project Canaan had chicken pox, which would be devastating to the 159 children and dozens of caretakers at the children's homes. On the second day, we found that two other children in the temporary homes got chicken pox. By this point, the nurses and managers of HFA were scrambling to find varicella (chicken pox) vaccines. Coincidentally, the two directors of HFA had to travel to South Africa that day. The varicella vaccine has not been in Swaziland or South Africa since 2014, but just started to be manufactured in South Africa in March 2017. The HFA directors bought 260 vaccines for \$10,000+. There was no extra budget for the vaccines, but the money was miraculously raised in 36 hours. For the next few days, I helped with varicella vaccinations and documentation. Interns helped with 7 pm to 7 am night shifts at the baby home since we had had the vaccinations in America.

I also shadowed HFA nurses and asked them questions. They treat sickness, conduct physical examinations, and take children to hospitals and clinics outside Project Canaan. I accompanied two of these visits—one was for an update after a finger reconstruction surgery, and the other was for an ultrasound of a girl who had a baseball-sized tumor surgically removed from her

ovary. Through these visits, I learned about how different the Swaziland health care system was from that of the United States. For example, most of the health record documentation was done on paper. In addition, nurses in hospitals only administer medication—the family members of the patient provide the actual care.

I also helped with several miscellaneous assignments. I helped with inventory of donated diapers, an educational program for the children every Saturday morning, and reading to the children during several afternoons.

In the short weeks that I have been here, I have learned so much about Swaziland and health care systems in developing countries and nonprofit organizations. I am loving the people and culture here and am grateful to have such an amazing internship. I am looking forward to the weeks to come.

Ruth Lee