

## **The “Village of Hope” and St. Gaspar’s Hotel and Conference Center**

The Sisters of the Precious Blood have established an amazing facility in Dodoma, Tanzania to provide a home environment, educational and work programs for HIV/AIDS orphans. The housing and learning facilities are called the “Village of Hope” and the programs are described in the attached documents. In addition, the Sisters have established the “St. Gaspar Hotel and Conference Center” nearby.

This integrated approach to serving the needs of HIV/AIDS orphans must be replicated on a massive scale to help assure that these children can grow to become productive citizens.



# Call to Justice

Newsletter of the Justice & Peace Office of the Adorers of the Blood of Christ

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*"Call to Justice" is a bi-monthly newsletter from the Adorers of the Blood of Christ Justice and Peace Office. It is published to clarify, update, and focus ASC efforts for justice and peace and to encourage solidarity among us as we speak and act for the welfare of all people and our Earth. Insights and input from ASCs and associates are welcome.*



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## Aids Orphans in Africa: One Village of Hope

*By Elizabeth Kolmer, ASC*

The epidemic of AIDS in the world, particularly in Africa, is a well-known fact, yet one that often sits more or less silently in our midst. Too often it seems like such an overwhelming task to face the situation and take measures to bring about change. It seems beyond any human endeavor to control it. What can stop it, we ask.

There is no doubt that the developing continent of Africa has many challenges, so much so that we sometimes fail to look at the upside of developments. Government groups of some countries have taken action to control or prevent the spread of the disease. Many groups, religious and non-religious alike, also provide phenomenal care in one way or another. These efforts need to be noted from time to time to encourage us to continue the struggle and to do our part in bringing about change. This article, then, will highlight The Village of Hope in Dodoma, Tanzania, begun in August of 2002.

Four Adorers of the Blood of Christ went to Tanzania in 1969 as a mission endeavor of the provinces of Acuto and Rome, settling first in Manyoni where over the next ten years they worked in the parish kindergarten and built a hospital and professional school for vocational education. Their work in Chibumagwa where they care for runaway girls and in Dar Es Salaam where they do parish work primarily, are other ministries of the Tanzanian foundation. In time, young women asked to become part of their work and their life necessitating the establishment in 1990 of a formation house at Dodoma. The community grew from the four original Italian sisters to the present 45 Tanzanian professed sisters who carry on the apostolates noted above.

The Village of Hope, is devoted to caring for AIDS orphans, of whom there are about 1.5 million in the country by recent estimates. The Adorers began the mission by helping to place AIDS orphans in the homes of families who cared for them and provided family life for them. Finally in 2002 they realized their dream of The Village of Hope. The children live in family homes [12 are finished with two more to be built] with "adopted" Tanzanian parent-educators. In each "family" there are nine children of different ages. When all the cottages have been built, the Village will be able to care for 120-130 AIDS orphans at any one time. The arrangement gives the children a sense of home and the love of parents and family. In the center of the circle of cottages stands a gathering place with a large meeting room and a dining area for special occasions when they come together. To date, 2005, there are 104 children in the sisters' care. Children a few months old up to age six are accepted and can remain in the village until age 18. Every effort is made to provide them with the best nutritional, medical, psychological

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and educational care. Because the Village hopes to become a center for research on AIDS in children, they have also erected:

- (1) a laboratory for analysis of the basic tests and for monitoring the clinical condition of the children;
- (2) a small dispensary for children in critical condition;
- (3) a day care and an elementary school for the village children and those in the surrounding area;
- (4) a house for the local people who are employed in the different sectors of the village;
- (5) an administration area which is a home for the sisters responsible for the entire project, and
- (6) a small farm to provide food.



When a new building for this is complete, pregnant women will come to live in the village for two months before delivery and remain for three months after the birth. This enables the baby to be born safely and to receive needed treatment in the first months of life. At the moment, these services are provided to women in their homes. The program provides counseling for the mothers and voluntary testing for HIV/AIDS. Antiretroviral medications before and after birth are available to the mother as needed. In addition there are courses on health and child care, on nutrition and home care, gardening and sewing to help women gain some income for the family.

The clinic is an important part of the care of the children in the village and serves as an outreach program for those who do not reside on site. The analysis laboratory with new equipment staffed by two young professional technicians does the testing and provides treatment and follow up either in the village or through home care and clinic visits. The clinic has developed differentiated health and social programs for children, pregnant women and adults enabling a refinement of the treatment in each case.



An outreach program is also part of their work, namely serving at present about 150 afflicted with AIDS living in the area near the village or in Dodoma. These children receive antiretroviral therapy and educational help. For this outreach, the structures of the Village are used, especially the laboratory and the dispensary.

The village provides both academic and spiritual education for the children. Education is one of the key elements in improving living standards and so the service of education at the village is very important for the young person as well as for the society as a whole. It is also a key element in the efforts to educate the people about the control of the AIDS epidemic.

As one might expect, the village is sustained financially through donations from many sources. There is no fee expected of the people who come but donations from them are welcome. Volunteers have constructed the buildings. Financial support comes also from groups too numerous to list from all over the globe, among them

Pope John Paul II whose contribution was acknowledged by naming one of the cottages in his honor.

As one of the sisters remarked, "If we had waited till we had the money or financial resources to begin, we would not ever have gotten this started. So now those who were without hope are still living and have hope for the future." [*Bulletin*, March-April 2005; ASC Generalate]

### What Can We Do?

It is important that the world community respond to the AIDS pandemic quickly. Our own immediate response to the situation might be to contact our congressional representatives relative to the US expenditure for this cause. The Durbin-Santorum amendment to the Federal Budget proposed a \$500 million Global Fund to Fight AIDS which is included in the budget committee's draft for approval by the Congress. The U. S. Catholic Conference asks us to contact our congressional representatives and ask for an increase in that amount by \$300 million in the final version of the budget bringing the total to \$800 million. A letter or e-mail to our representatives is a small effort for the people of Africa and their fight against this pandemic. It will help to increase places like the Village of Hope and provide other measures so that there truly is hope on the continent of Africa and in the world at large.

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## HIV and AIDS Statistics for Africa

An estimated 25 million adults and children were living with HIV in sub-Saharan Africa at the end of 2003, and an estimated twelve million children have been orphaned by AIDS.

In 2003, 2.2 million people died from AIDS in sub-Saharan Africa.

The statistics for adults and children living with HIV/AIDS, the statistics of the estimated number of deaths from AIDS, and the number of orphans in individual countries in Sub-Saharan Africa at the end of 2003 are shown below.

| Country                         | Adults            | Adult Rate % | Women             | Children         | AIDS Deaths Among Adults & Children | Orphans due to AIDS |
|---------------------------------|-------------------|--------------|-------------------|------------------|-------------------------------------|---------------------|
| Angola                          | 220,000           | 3.9          | 130,000           | 23,000           | 21,000                              | 110,000             |
| Benin                           | 62,000            | 1.9          | 35,000            | 5,700            | 5,800                               | 34,000              |
| Botswana                        | 330,000           | 37.3         | 190,000           | 25,000           | 33,000                              | 120,000             |
| Burkina Faso                    | 270,000           | 4.2          | 150,000           | 31,000           | 29,000                              | 260,000             |
| Burundi                         | 220,000           | 6.0          | 130,000           | 27,000           | 25,000                              | 200,000             |
| Cameroon                        | 520,000           | 6.9          | 290,000           | 43,000           | 49,000                              | 240,000             |
| Central African Republic        | 240,000           | 13.5         | 130,000           | 21,000           | 23,000                              | 110,000             |
| Chad                            | 180,000           | 4.8          | 100,000           | 18,000           | 18,000                              | 96,000              |
| Congo                           | 80,000            | 4.9          | 45,000            | 10,000           | 9,700                               | 97,000              |
| Cote d'Ivoire                   | 530,000           | 7.0          | 300,000           | 40,000           | 47,000                              | 310,000             |
| Dem. Republic of Congo          | 1,000,000         | 4.2          | 570,000           | 110,000          | 100,000                             | 770,000             |
| Djibouti                        | 8,400             | 2.9          | 4,700             | 680              | 690                                 | 5,000               |
| Eritrea                         | 55,000            | 2.7          | 31,000            | 5,600            | 6,300                               | 39,000              |
| Ethiopia                        | 1,400,000         | 4.4          | 770,000           | 120,000          | 120,000                             | 720,000             |
| Gabon                           | 45,000            | 8.1          | 26,000            | 2,500            | 3,000                               | 14,000              |
| Gambia                          | 6,300             | 1.2          | 3,600             | 500              | 600                                 | 2,000               |
| Ghana                           | 320,000           | 3.1          | 180,000           | 24,000           | 30,000                              | 170,000             |
| Guinea                          | 130,000           | 3.2          | 72,000            | 9,200            | 9,000                               | 35,000              |
| Kenya                           | 1,100,000         | 6.7          | 720,000           | 100,000          | 150,000                             | 650,000             |
| Lesotho                         | 300,000           | 28.9         | 170,000           | 22,000           | 29,000                              | 100,000             |
| Liberia                         | 96,000            | 5.9          | 54,000            | 8,000            | 7,200                               | 36,000              |
| Madagascar                      | 130,000           | 1.7          | 76,000            | 8,600            | 7,500                               | 30,000              |
| Malawi                          | 810,000           | 14.2         | 460,000           | 83,000           | 84,000                              | 500,000             |
| Mali                            | 120,000           | 1.9          | 71,000            | 13,000           | 12,000                              | 75,000              |
| Mauritania                      | 8,900             | 0.6          | 5,100             |                  | 500                                 | 2,000               |
| Mozambique                      | 1,200,000         | 12.2         | 670,000           | 99,000           | 110,000                             | 470,000             |
| Namibia                         | 200,000           | 21.3         | 110,000           | 15,000           | 16,000                              | 57,000              |
| Niger                           | 64,000            | 1.2          | 36,000            | 5,900            | 4,800                               | 24,000              |
| Nigeria                         | 3,300,000         | 5.4          | 1,900,000         | 290,000          | 310,000                             | 1,800,000           |
| Rwanda                          | 230,000           | 5.1          | 130,000           | 22,000           | 22,000                              | 160,000             |
| Senegal                         | 4,000             | 0.8          | 23,000            | 3,100            | 3,500                               | 17,000              |
| South Africa                    | 5,100,000         | 21.5         | 2,900,000         | 230,000          | 370,000                             | 1,100,000           |
| Swaziland                       | 200,000           | 38.8         | 110,000           | 16,000           | 17,000                              | 65,000              |
| Togo                            | 96,000            | 4.1          | 54,000            | 9,300            | 10,000                              | 54,000              |
| Uganda                          | 450,000           | 4.1          | 270,000           | 84,000           | 78,000                              | 940,000             |
| United Rep. Of Tanzania         | 1,500,000         | 8.8          | 840,000           | 140,000          | 160,000                             | 980,000             |
| Zambia                          | 830,000           | 16.5         | 470,000           | 85,000           | 89,000                              | 630,000             |
| Zimbabwe                        | 1,600,000         | 24.6         | 930,000           | 120,000          | 170,000                             | 980,000             |
| <b>Total Sub-Saharan Africa</b> | <b>23,100,000</b> | <b>7.5</b>   | <b>13,100,000</b> | <b>1,900,000</b> | <b>2.2 million</b>                  | <b>12,100,000</b>   |

These statistics are estimates at the end of 2003 published by UNAIDS in their 'Report on the Global HIV/AIDS Epidemic, July 2004'. The estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2003. If a country is not included in the table it is because there are no reliable statistics for the country.

Adults in this report are defined as men and women aged 15-49. This age range captures those in their most sexually active years. While the risk of HIV infection continues beyond the age of 50, the vast majority of people with substantial risk behaviour are likely to have become infected by this age. Since population structures differ greatly from one country to another, especially for children and the upper adult ages, the restriction of 'adults' to 15-49 has the advantage of making different populations more comparable.

Children in this report are defined as under the age of 15 at the end of 2003, whilst orphans are children aged under 17 who have lost one or both parents to AIDS.

AVERT.org has further information about HIV and AIDS in Africa, more HIV and AIDS statistics pages and a guide to understanding the statistics.



# The Village of HOPE

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In Tanzania the HIV/AIDS virus has spread rapidly over the past 20 years claiming many lives and impacting countless families.



Currently it is estimated that around 2 million Tanzanians are infected with

the virus in a population of 36 million people. 800,000 children live with the disease and 1,200,000 children have lost one or both parents to the AIDS epidemic. Each year approximately 75,000 children are, at risk, to be born infected with the HIV virus many of them dying before reaching age five.

In the face of such grim statistics and the devastating consequences that accompany those affected by this deadly disease, it is easy to become discouraged and despair... Instead, the Sister Adorers of the Blood of Christ are tackling the daunting challenge of HIV/AIDS in Tanzania with HOPE—

## The Village of HOPE!!!



This community exists in Dodoma, in the heart of Africa, south of the

slopes of Mount Kilimanjaro in the center of one of the poorest regions in Tanzania and offers love, a family centered model of care, comprehensive medical therapies and education for hundreds of children and families living with the challenges of HIV/AIDS.



The core of the village is made up of 12 family homes where 153 orphans from throughout Tanzania live with adoptive parents. According to their age, the children attend either the nursery or school adjacent to their home and next to the dispensary where they receive medical care. The schools also educate local children who are not infected with HIV.





The orphans are welcome to stay at the Village of Hope until they are 18 years old, have completed their studies and are ready to face life independently.

### Care At Home is the Village of Hope's outpatient program

that allows children in Dodoma who are infected with the HIV virus to receive treatment and follow-up care at the facility while they remain at home with their family.

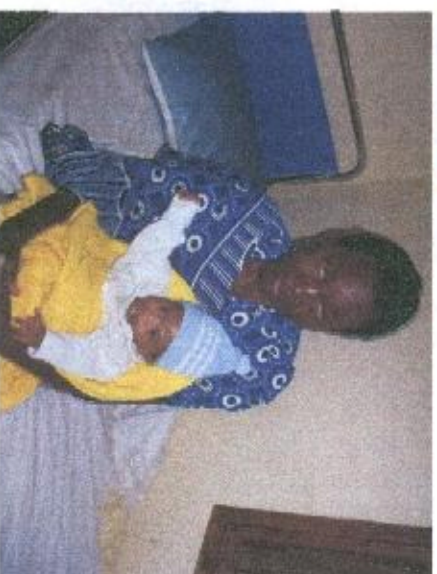
So, 400 children who still have a responsible adult able to care for them at home, also look to the Village of Hope for their future.

### The Village of Hope's Safe

#### Maternity Project

As the founders of the Village of Hope tackled the realities of HIV/AIDS and the challenges of caring for children living with the

disease, they began to dream of preventing women infected with HIV from spreading the virus to their babies through childbirth and breastfeeding.



The Village of Hope's Safe Maternity Project administers antiretroviral therapy before and immediately after the infant's birth and provides a comprehensive educational program on safe alternative milk sources to human milk infected with HIV. The program also counsels the infected Mother on the cultural and societal stigmas in Tanzania associated with choosing not to breastfeed while creating a safe and supportive environment among her peers.

How do you persuade HIV infected women to protect their babies by not breastfeeding?

Due to poverty, the biggest obstacle to not breastfeeding in Tanzania is not having an alternative food source. The baby must eat and the most dependable source is the Mother.

**YOU** are the key to a baby's future and a Mother's hope...

Please be our helping hand in allowing healthy children to be born and thrive despite the challenges facing their families...

Create **HOPE** for a child, a family, a village, a country with **The Village of Hope** by making a donation to

ASC : THE VILLAGE OF HOPE

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*Your life saving generosity is greatly appreciated!!!*

St. Gaspar Hotel and Conference Centre is under the Society of Precious Blood, and we are the religious and social services provider hence treating our customers with respect, dignity, honesty and compassion is our culture.

St. Gaspar Hotel and Conference Centre was opened in 24th March 2007 and has grown to become one of the leading conference centre facilities in the country. Conveniently located at the Dodoma Municipality only 7km of Dodoma - Morogoro Highway, in the area known as Kisasa.

With its 3 meeting rooms offering capacity for 2 to 180 delegates, St. Gaspar is an extraordinary venue, hosting senior management board meetings, training, events and conferences.

Our hotel offers a tranquil setting, contemporary elegance, spectacular landscapes, and exceptional customer service.

#### Accommodation and Room Amenities:

We have a total of 73 rooms, classified in three categories. 5 Suites, 12 Executive rooms, and 56 Twin bed rooms.

All the Suites room are spacious self contained, air conditioned with colour television, telephone extensions, Internet facilities, stocked min bar, tea/coffee making facilities and en suite wardrobe.

#### Restaurant

We have two restaurants, Itigi for 100 people and Manyoni for 300 people.

We offer buffet breakfast, Lunch and Dinner.

We are open seven days in a week from 7:00am to 10:00am for breakfast and Lunch is served from 12:30pm to 2:00pm, while we serve Dinner from 7:00pm to 9:00pm.

#### Conference Facilities:

As the name Indicates, St. Gaspar has three unique main conference halls suitable for various and varied categories of seminars, Product launching, VIP business meeting, Cocktail parties, Wedding and other events with the capacity of 100 people and 400 people, meanwhile we still have 2 boardrooms ideal for closed door meetings of between 20 people and 30 people.

#### Bar

East meets west: Our Chibumagwa bar situated under a historic baobab tree estimated to be over 400 years old is where people of different cultural origin meet. Revellers exchange ideas while enjoying sumptuous barbeque and drinks of all types served to customer's satisfaction. Live music and Traditional dance provides musical and artistic entertainment. Open from 3:00pm to 12: Midnight.

Kilimatinde bar has an array of exciting tropical cocktails as well as cool thirst quenching drinks and light meals. Environment is envisaged for sundowners and revellers.

#### Business Centre

A fully equipped business centre with ultra modern facilities is available.

#### Parking

We have ample parking space to accommodate over 500 vehicles at any one time with 24hrs security guards.

#### Activities

We organise city tours with prior arrangement. This is an opportunity to enjoy the relaxation in a holidaying atmosphere. Children Games are organized internally to suit family demands.



Reservations - St. Gaspar Hotel and Conference Centre  
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