



Give A Hand
Give A Hand

Zaube
Zaube

**A Pilot project with elderly on remote farms June 2007- June
2008**

Evaluation

**PILOT PROJECT
'GIVE A HAND'
Zaube**

**Eksperimentālais projekts
"Pasniedz roku"
vecajiem ļaudīm Zaubē**

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For Donations!!!!

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Pilot project "Give a Hand" Elderly people in Zaube

Project description - 1 June 2007 – 1 June 2008

Place : Zaube
District : Cēsis
Project-leader : Margriet Lestraden
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Inhabitants : 1050

Situation

In Zaube, a rural village, 40 km north-east of Sigulda, many people live on farms in the countryside. Of these people ca 80 people are old and in need of medical care and social assistance. However they are not able to pay the 5 lvi (7,50 eu) a doctors visit costs. Their pension is too small. Many are without telephone, without washing facilities, without electricity sometimes. When they are without caring children that live nearby, their life is confronted with a lot of problems and isolation is one of the biggest. They spend the last days of their lives in solitude, sometimes after they lived through World War I and World War II , Siberia, a Soviet period and now an economically difficult period. The problem is nation wide.

A society that respects itself cannot close his eyes and declare this generation as a "lost generation". It should give these elderly a helping hand. They deserve it.

Project

In 2006 Zaube carried out in the context of Koninklijke Nederlandse Heidemaatschappij "Society with Spirit" a project called "**Pasniedz roku**" - **Give a Hand**. In this project 80 people who were in serious health condition were visited by the doctor on voluntary basis every month. Very soon after the start the elderly started to look out for the doctor, waiting eagerly for her to visit.

In 2007 we wanted to start a pilot project, based on the experience that would provide medical, social and practical help to 80 severely ill or very old people.

The project consisted of 3 parts:

- A. Give a hand
- B. Telephone-circle
- C. Make a wish come true

A. Give a hand

Of 80 people 50 are in a problematic health and 10 are in a serious health situation. The 10 persons will be visited by the doctor and the medical nurse every month and the 40 once in two months.

Next to this a "Give a hand worker" (social worker) will visit these 50 persons every month to have a talk and inventarise what their problems and needs are.

B. Telephone-circle

The 30 other persons that are not in immediate health danger will be provided with a mobile telephone and form three circles of 10 persons that call each other in a circle of 10 each two days conform a scheme to check on the situation. The last person will report to the social worker.

c. Make a wish come true

Elderly people living on farms far from the village-center, without any public transport and often without children, have basic wishes that cannot be fulfilled without external help. The wishes can be simple:

1. a visit to the dentist
 2. a visit to an optician for new glasses
 3. a visit to the grave of a beloved person in another part of Latvia
 4. a visit to a relative
 5. chopping of wood
 6. cleaning the house
 7. minor repairs
 8. replacement of electricity bulbs
 9. painting of a room
 10. washing of clothes
 11. a nice warm shower
 12. special shopping's
- etc.

At this moment these wishes are unknown since these people live isolated and hardly any person knows about these wishes. Sometimes they can be ashamed to tell or too proud to ask help. But if the wishes are known simple pragmatic help can be at hand.

The Give a Hand worker and the doctor will make an inventarisation of the needs and in small projects with the help of volunteers from village (neighbours, school) the needs will be solved.

Aims of the project

The project has three aims:

1. To give medical and social care on regular basis and to give elderly people who went sometimes through difficult times the feeling that now they are old and lonely, people care for them and help them and that they are worth while of this care. It will provide

- them with a feeling of safety.
- To communicate with the inhabitants what (small) wishes live next door and to stimulate a feeling of responsibility to fellow inhabitants (neighbour care).
Also young children can be confronted with these needs and work in schoolteams in "Make a wish come true" projects.
 - The problem of the elderly in countryside is nationwide and seems to be insolvable but in a system from bottom-up / top down a lot can be reached.
Zaubes pilotproject will give enough information to make clear what costs are involved and if this form is applicable for the whole Baltic.

Need of this project

Elderly people in the countryside have very often no possibilities to solve their own problems. The way to the village is too long, especially in wintertime. If they have caring children that live close by, they are lucky but many don't have these children.

It is no solution to build thousands of pensioners homes. Most of them are most happy in the house where they lived all their lives and with a little bit of help life can be a joy. In the system of "Give a Hand" the maximum costs to give total medical, social and practical attention to the most serious cases **does not exceed 60,- lvt per person per year**. Help comes from the village and is rather simple to organize.

Estimated Budget per year

1. Doctor - 10 persons 1x month ad 5,- lvt	600,00 lvt
40 persons 1x2 month ad 5,- lvt	1.200,00 lvt
2. Social worker -20 hours/week	1.200,00 lvt
3. transport (municipality)	p.m.
4. Bookkeeper	240,00 lvt
5. Telephonebudget for circle 30 persons	1.080.00 lvt
6. Office (municipality)	p.m.
7. Unexpected	<u>680,00 lvt</u>
Total	5.000,00 lvt

Organisation

The working group consists of 6 people:

Docter Olita Elmere : medical docter
 Anastasija Pavare : docters assistant
 Inara Grinberga : social worker
 Laura Zauere : coordination
 Vaira Zauere : municipality official
 Margriet Lestraden : project manager and external advisor

All members have signed a contract where duties are described. Every month they meet for an evaluation. After one year a final report will be made and steps will be taken to bring the pilot project to a higher plan (regional or national) if there is good reason to do so.

EVALUATION AFTER 12 MONTHS –June 2008

Doctors project “Give a Hand” for 80 elderly in Zaube, living on remote farms

Zaube – Cesis district

Total inhabitants: 1050

pensioners: 270

Inhabitants over 65 and 60:

men ?

women ?

single ?

together ?

Inhabitants over 75:

men ?

women ?

single ?

together ?

Inhabitants over 85:

men ?

women ?

single ?

together ?

Over 65 living in centre: ?

Over 65 living more than 1 km out of centre: ? ***

*** It was not possible to obtain these numbers. They were surprisingly not given for “privacy” reasons

Three parts:

1. Give a hand
2. Telephone circle
3. Make a wish come true

Goals:

- Ad 1. to give regular (monthly - 10 or two monthly 40) medical and social help (?) to ca 50 elderly, living in remote farms.
- Ad 2. to create a system of checking every two days, and report to the social worker
- Ad 3. to inventarise small and practical wishes and solve them with inhabitants if possible on voluntary basis, to create social responsibility in the village

The project started in June 2007. The working group consists of:

Docter Olita Elmere : medical docter
Anastasija Pavare : medical nurse
Inara Grinberga : social worker
Laura Zauere : coordination
Vaira Zauere : municipality official
Margriet Lestraden : project manager and external advisor

The working group is not committed by an official body but by a contract of duties.

VISITS BY THE “GIVE A HAND TEAM”

June 2007

	Once per month	Once in two months
Doctors visit	10	4
Med. assistant	8	4
Social worker	7	
Total of visits	33	
People involved	45	
Total kilometers	307 km	

July 2007

	Once per month	Once in two months
Doctors visit	7	9
Med. assistant	10	9
Social worker	11	
Total of visits	46	
People involved	24	
Total kilometers	375 km	

August 2007

	Once per month	Once in two months
Doctors visit	8	4
Med. assistant	10	11
Social worker	20	
Total of visits	53	
People involved	46	
Total kilometers	466 km	

September 2007

	Once per month	Once in two months
Doctors visit	8	9
Med. assistant	11	3
Social worker	18	
Total of visits	49	
People involved	29	
Total kilometers	432 km	

Oktober 2007

	Once per month	Once in two months
Doctors visit	8	6
Med. assistant	10	9
Social worker	28	
Total of visits	61	
People involved	49	
Total kilometers	564 km	

November 2007

	Once per month	Once in two months
Doctors visit	9	8
Med. assistant	10	3
Social worker	31	
Total of visits	61	
People involved	39	
Total kilometers	520 km	

December 2007

	Once per month	Once in two months
Doctors visit	9	4

Med. assistant	12	9
Social worker	32	
Total of visits	66	
People involved	52	
Total kilometers	338	

January 2008

	Once per month	Once in two months
Doctors visit	8	9
Med. assistant	11	2
Social worker	25	
Total of visits	55	
People involved	42	
Total kilometers	311	

February 2008

	Once per month	Once in two months
Doctors visit	7	4
Med. assistant	11	7
Social worker	27	
Total of visits	56	
People involved	50	
Total kilometers	294	

March 2007

	Once per month	Once in two months
Doctors visit	7	8
Med. assistant	10	
Social worker	27	
Total of visits	52	
People involved	38	
Total kilometers	268	

April 2008

	Once per month	Once in two months
Doctors visit	8	3
Med. assistant	11	6
Social worker	26	
Total of visits	54	
People involved	47	
Total kilometers	466	

May 2008

	Once per month	Once in two months
Doctors visit	7	8
Med. assistant	11	
Social worker	26	
Total of visits	52	
People involved	36	
Total kilometers	252	

Total of visits in 12 months : 638
Total amount of people involved : 63 elderly
Total amount of km : 3000-4593 km*
Elderly participating in once a month visits : 22
Elderly participating in once in two months visits : 27
Elderly in contact with social worker : 40

- The farm closest to the village is at 0,5 km and the farm most far away is 14 km.

- **Especially in the raining period and in the melting period the country- and farm roads can be of horrendous quality.**

The following conclusions can be drawn:

1. Many of the elderly are completely alone and they feel out of society. ‘When we worked we felt useful, now it is empty.
2. Most of them live far from the centre and by lack of (public) transport they cannot go to the centre, the doctor, the pharmacy and the shop.
Some have no telephone and they can’t alarm or make a doctors appointment at home. Also they cannot make calls to friends and relatives.
3. The pensions are so small that the pensioners cannot pay for all they need.
- 4 They have big difficulties with washing themselves or their clothes
3. All visited people are very happy that they are checked on regular basis and for free
4. It is a good opportunity for the doctor and social worker to inventarise the situation
5. Before, people were not able to visit a doctor
6. Before people died, without good reason
7. For a budget of 50,- lvl per year people can stay on their farms instead of in a Pensioner home ad lvl. 3000,- annually/person
9. To see a doctor the people are not dependent anymore of public transportation, which can be very complicated and irregular in the country side. The pilot elderly live from 1 km to 14 km from village.
10. In several cases the patients asked for food supply to the doctor
11. Several services were given (2 times chimney repair, wheelchair rent, applications for the toilet, cutting of firewood, transport to specialists in Cesis.
12. Other services performed were checking of bloodpressure, checking of health and mental situation, prescription of medication and instructions, do exercises, transport to specialists and social institutions, buy second hand clothes, diverse informations, filling of formal documents
- 13 The access to help is increased.
- 14 Especially the lonely people feel happy that someone is thinking of them and they are not forgotten.
- 15 During the visits of the social worker people became more open. They got some interest in what is going on in their village, region and in the world and the feeling of isolation of the pensioners get smaller.
16. Thanks to the visits of the social worker the relatives and children of the elderly become more attentive of their parents. One example is of a man who came to visit his 80 year old mother after many years. Before she had no news about her son. It was unexpected joyful surprise.
17. The most needed equipment are telephones (to alarm) and facilities for washing clothes and shower facilities.
18. The biggest risk to the project are the bad roads. Sometimes it is really impossible to reach a house
- 19 The fact that people can receive medication at home is considered a great advantage

Resume.

Positive effects:

1. Access to help, communication, medication and food. Social inclusion.
2. Improvement of relations and liberation of isolation

Negative effects: none !

Conclusions

After a year of working with the Give a Hand team it can be concluded that access to lonely people in the countryside can be organized in a very simple bottom up way, on local level and at low costs.

It can be concluded that the Give a Hand project has been very successful although the telephone circle is not yet in operation and the Make a Wish come true part can be extended.

The apert loneliness of the people create depressions and illnesses and the absolute inability to be in contact with the village by lack of transport is near to an inhuman situation.

The most felt pain is the difficulty with washing of clothes and themselves.

Three wishes !!!

It is a wish of the project to obtain a flat in Zaube centre where the people can stay for ca 4 hours to take a shower and wash their clothes and meet the doctor or other specialists and relatives. This flat can be transformed into a social centre.

It is a wish of the project to be enabled to continue on yearly basis

It is a wish of the project to apply this system through Latvia

Budget june 2007 –may 2008

Incoming

Subvention KNHM “Make a dream come true”	350,00	lvl
First prize 2007 (Zaube, Taurupe Mazozoli)	350,00	lvl
Private donation	350,00	lvl
Donations Dutch Friends 1 group 1980,00 eu	1362,29	lvl
Donations Dutch Friends 2 group 375,00 eu	258,00	
Private donation	<u>700,00</u>	lvl
subtotal	3370,29	lvl *
costs	<u>68,76</u>	
Total	3301,53	

Outgoing

Salaries medical doctor 12 month	858,00
Salaries medical nurse 12 month	945,00
Salaries social worker	<u>1200,00</u>
Subtotal	<u>3003,00</u>
Result	298,53

Car and fuel **municipality** **p.m.**
Administration **municipality** **p.m.**

*** A specified list is available on request**

**** The salaries are on basis of 5,00 lvl/per visit and 50% of the social workers salary**

In conclusion the pensioners are requested to fill in a questionnaire. The questions were:

From May 2007 till May 2008 you have been visited by the doctor and/or the social worker

1. What is your reaction to this project and why?

I think it is especially necessary for who live further down from the centre. They have no possibilities to go to centre and drugstore. Only once a week in summer a public bus goes to the distant places of the municipality

I wanted to talk to somebody, share my thoughts and during the visits that was possible. Also the medical visits were useful because I cannot go to the doctor on my own and I was given the necessary prescriptions

It is great that such projects are done. The energy of the project leader is empathy, interest and sincere desire to help is amazing. For me as a lonely pensioner that was necessary. I feel needed that I am not forgotten. Social worker visited me and I could have a heart to heart talk and that is also important. Visits of the medical worker were also useful because I can move around only in my apartment.

The project was good. I like being in contact with people. I am 97. I live at home. I cannot walk anywhere. I want to talk to somebody to learn what is new. I listen to the radio. I have interest in everything what happens in Latvia and I want to share my thoughts with someone. Visits of the social worker and medical worker showed that we old people are not put aside, forgotten.

I have been regularly visited by relatives and acquaintances. However it is very nice that old people are remembered by municipality workers and people involved in the project. I am blind but I still want to be in contact with people so it would not be dull. Old persons need sympathy, empathy and understanding and during the visits the kindness of the workers could be felt.

I am satisfied with the project. Due to the social worker I had the opportunity to visit the eye doctor in Cesis.

The project is necessary. There are lonely old people who can't cope with their daily social problems. They are far from the centre .Traffic is insufficient. Pensioners can't get anywhere. Very often they are very lonely. And they need both social and medical assistance,.

The project is useful, especially in my case. I am a lonely pensioner. The closest neighbours are three km away. I have no telephone. There are minimal possibilities to get in touch with anybody and in spring and autumn the roads are impassible 3 km. It is good that the social worker as well as medical worker do come and that they have helped me during my illness as well as solving social matters.

The project is necessary. The visits of the social worker were useful. During her visits I got the necessary information about the wood cutting services and the woodcutter was organized for me.

I live one km away from the centre but I have difficulties in walking. That's why visits of the medical worker at home were useful.

It is big joy that there people who visit old lonely people. There are lots of different necessities with which old lonely person cannot cope. I am grateful that supply of wood for next winter was organized. I can call the social worker anytime and solve my important issues. Visits of the medical worker at home are very useful. Visits once a month were at no costs to me. I can walk with big difficulties and I cannot get to the local medical institutions.

I think the project has been successful. People have been mutually more responsive, more helpful. I definitely needed visit of a medical worker because once a month my blood pressure was measured and the prescriptions given changed as needed. Social services were less needed to me because I still have the strength and health and I can cope with daily living.

Project was useful. It proved that old people are not put aside and forgotten.

Very good that the project was done. Several people received social support. Visits of the medical worker were very useful because during winter due to health I cannot walk out at all.

I am happy about the project. There were a couple of cases when my children could not come due to their own illness and we were left without food and medicine. We called the social worker and everything was taken care of.

I am satisfied with the project. With the help of the social worker my bills were paid in the municipality (from my own money). My stove had burned out and needed to be rebuilt. The social worker helped to arrange that.

My children live faraway and it happens that sometimes they cannot come and it is difficult to move around due to deformation of my joints.

As a result of the project my own children became more active, visited and helped their parents more frequently. That thing shows that their indifference has decreased. The medical service helped after a severe operation and my general health is poor and I cannot walk to the ambulance myself.

2 Do you have suggestions for the future?

I suggest continuing the activities the same way. It improves the moral of the pensioners. They are not put aside. It would be helpful if an eye doctor would visit us since many have eyesight problems.

Maybe the project could involve older high school students in this project.

Absolutely essential that we continue the project. Paying special attention to lonely old people and definitely necessary to have phones for all that have none. Very big necessity to have a room where the pensioners can wash their clothes and them selves. To make a room where they could meet and share their thoughts.

You have to continue what you have started especially to help old people who are alone.

First of all you have to support in all ways old people. It is not their fault that they are in this situation but sometimes they cannot cope with their daily living. In the future definitely the telephones should be given to old people so that one can get into contact. Rooms are necessary where they can wash themselves and their laundry.

The main problem is the wood for winter. Also in the future I would like to get help with wood supply. I would like the project to continue as a social support project. I would like to see that the society stops the gap between society and pensioners. Those pensioners are not longer separated from society and that there were possibilities for contact by telephone and in person.

I want the project to continue. In the future I will need help for wood supply both physically and financially. In the future I would like dig a well closer to my living house.

I am satisfied with the project activities In the future I wish they were room for old people to wash their laundry because many don't have such possibility at home.

I would like the project to continue. I wish the statesmen had more interest in the pensioner's life and that solutions for the improvement of old people living conditions were searched for and the pensions increased.

I would like the project to continue and give the necessary help. I wish that medical workers visits continue to the people who cannot go to the local medical centre of their own.

I would like the project to continue. Maybe more people like schoolchildren can be involved in its activities.

I have no suggestions but I think that the job started has to continue.

To pay bigger attention to old lonely people who have hardships in their life in their life

I wish that also in the future there were monthly medical worker visits at home because it is important for me that they are at no costs. I can save a bit of money for other necessities.

To lessen the feelings of alienation this job has to be continued. Mainly to pay attention to old and lonely people who really need both moral and material support.

Already for ages there is no dentist in our pagasts. As a result there are teeth problems for everybody, both kids and old people. Dentist is very much needed at least twice a week.

In the future we will need a room for washing our clothes and ourselves.

In the future visits would be necessary. I would like to share my 'pain' and to hear a good calming word.

I would be good that to attract also sponsors then there would be more possibilities for project activities and more volunteers should be involved in these activities

I wish that also in the future old people were visited and their would be interest about their needs and the necessary assistance would be given,\

Also in the future it would be important to support old people morally.

I wish the project would continue.

Also in the future it would be enough that both social and medical vistis were once a month.

In the future the project would continue. If it were possible I would need assistance for telephone installation because my pension is only 48,- lats.

2. Do you have any questions?

If a day comes when you need to 'go' to the old age home why the pensions are so small you cant afford to go.

Why everything is so expensive and pensions are so small. If the pensions were normal also pensioners would feel provided and could afford much more,

When will the pensions reach the minimum level for survival. Does anybody know that some people get only 48,00 lats pension. Nobody is interested that there is no work history because of health problems.

When pension reach minimum for survival?

In the near future to increase pension to minimum of life survival. I don't want to be pushed aside only because I have a small pension. I have worked hard all my life but I don't feel socially supported in my old age.

Why are the medicines so expensive. I have poor health and half of my pension goes to medicine.

Why pensioners are the ones who have to suffer from small pensions

Why pensions are so small.

Why doesn't the state see reality, how people of old age live. How can old ill or sick person survive if pension is below minimum for survival.

The pension should be so big that person at old age is provided.

Pensions should be at least the same as minimum of life survival

The increase of some lats was not enough and doesn't change anything while prices go up continuously.

The statesmen have to see the reality how old people live.

Why medicine is so expensive.? Person who has bad health spend more the half of pension on medicine

**Interview with Health Coordinator Cesis
Mrs. Skaidrite Astahovska-Eglite**

In Latvia the Ministry of Health is responsible. A budget is paid to the insurance company, who pays the doctor. The doctor is a private enterprise. He receives apart from the insurance company and a part from the patient. Dental care is fully private.

The ambulance is a private enterprise.

The district council is responsible for the hospital

In sowjet times the doctor was responsible for the health of people. Now the people are responsible for their own health.

In case people are not able to pay it is considered a social problem.

The Ministry of Welfare (social affairs) and the Ministry of Health (health affairs) have an ongoing discussion about responsibilities. In the mean time the elderly are suffering.

The elderly people fall in the gap between soviet system and modern insurance facilities. It seems that no transition measure is taken for this group. (In Latvia ca. 100.000 elderly people on remote farms) !!!!!

In soviet time the doctors shared responsibility. Now it is sometimes problematic to find a doctor in the weekend.

General Questions

- 1. Do municipalities know how the situation is with their elderly?**
- 2. Does the Ministry know how it is with the situation of the elderly?**
- 3. Do all doctors know how the situation is?**
- 4. In other municipalities do elderly have the same problem to pay for a doctors visit?**
- 5. What is the responsibility of Regional Public Health Agency?**
- 6. What is the responsibility of the Health Promotion Agency?**
- 7. Why is a simple system like this not implemented before?**
- 8. Who pays for:**
 - a. medication**
 - b. help goods**
 - c. operations**
- 9. Who can prescribe :**
 - medication**
 - help goods**
- 10. Is the doctor: private or state**
- 11. Is the ambulance: private or state**
- 12. How are the goals of the WHO Public Health Declaration of 1991 implemented?**

- 13. What is the life expectancy in Latvia for men**
- 14. What is the life expectancy for women**
- 15. What are the main 5 reasons for death**
- 16. Is a system of insurance available?**
- 17. If not, what happens to the people when they get ill?**
- 18. Is there a need of:**
 - a. eye care**
 - b. dental care**
 - c. help articles like wheelchairs, special beds etc?**
 - d. dementia –psychiatric help**

Letland – Zaube, 1 september 2008

Lieve vrienden en donateurs,

Het pilotproject Give a Hand is afgerond. Per 1 juni is het project gestopt en ik stuur jullie de evaluatie als bijlage.

Voor de ouderen is het een bijzonder belangrijk project geweest en uiteraard wil iedereen dat het doorgaat. We zullen er hier aan werken dat het door kan gaan de komende winter en ook proberen dit simpele systeem landelijk doorgevoerd te krijgen. Dit proces echter vergt veel gesprekken en tijd.

Voor Zaube zijn er twee wensen boven gekomen:

De bejaarden die niet meer van hun boerderij af komen, hebben problemen met het doen van de was en met het wassen van zichzelf. Geen enkele boerderij heeft stromend water. Water komt uit een put, een bron. Kachels worden gestookt met hout en als je dan 90 jaar bent, blind of moeilijk ter been dan wordt het niets meer met het wasgoed.

Naast de dokterspraktijk is een flat te koop die we graag zouden kopen en inrichten met een wasmachine, droogmachine, een lekkere zitkamer en een goede bejaardenbadkamer. Er is een kamer over waar we de opticiens kunnen uitnodigen of een tandarts, een fysiotherapeut etc. De sociaal werkster haalt dan de bejaarden op die een uur of vier gebruik kunnen maken van deze “Give a Hand” flat.

De flat kost	11.500,- eu
Opknappen	3.000,- eu
Doorgaan met de	
Doktersbezoeken in 2008/09	<u>4.200,- eu</u>
Totaal	18.700,- eu

Ik heb beloofd maar eenmalig een beroep op jullie te doen en dat blijft ook zo. Ik ben nog steeds blij verbaasd over de grote gulheid van mijn vrienden die zomaar bijgesprongen zijn. Maar mochten jullie een Rotary of een Lionsclub in de buurt hebben of mocht een bedrijf niet weten wat ze met het Kerstpakket moeten doen, dan hou ik me aanbevolen, natuurlijk. Er is een speciaal actiegironummer: 3767079 M.P. Lestraden – Leiden.

Hier in Zaube gaan we ook actie voeren met inwoners en scholieren en wellicht komt het project op een belangrijk donatieportaal te staan.

Dit is mijn laatste bericht en verantwoording maar mocht je op de hoogte willen blijven van de voortgang, laat het me graag even per email weten.

Nogmaals met heel grote, warme dank

Margriet Lestraden