



**HELPING
CHILDREN
WORLDWIDE**

**BABY BETTY
IS THRIVING**

“Mercy is a part of us now.”

A family thanks Mercy Hospital for saving their baby’s life.

“We thank God for what He did for us. We thank Mercy. I don’t know what we would have done without

them. I am happy both my children are healthy now,” Nancy Yambasu says.

Baby Betty Yambasu was ten months old and desperately ill when her parents Nancy and Alex brought her to the outreach clinic in their home village of Tikonko. The Mercy staff quickly determined that Betty’s listlessness and dehydration were due to severe malnutrition, and brought her back to the hospital in the ambulance to be treated.

After a week of intense nutritional intervention and rehydration, Betty had recovered enough to go home, with instructions and a supply of ready-to-use

Alex and Nancy, parents of Betty and Mercy, with Alex Sr. “It was killing me to see her so sick,” Alex Sr. says of his granddaughter, Betty.



therapeutic food called Pikinmix (pikin means “child” in Krio) for her parents to continue her treatment.

By November of 2017, after monthly visits to the outreach clinic, Betty was determined to be moderately malnourished. There was still cause for concern, but her condition was clearly improving. By March 2018, Betty was finally declared healthy and of normal weight, and was discharged from the nutrition program.

Betty’s recovery took longer than the average child in the nutrition program, most likely because

her parents didn’t seek treatment until she was severely malnourished (it is far more difficult to reverse severe malnutrition than mild cases), and possibly because her mother had conceived again and didn’t have adequate breast milk for her.

By the time Nancy gave birth to the second child, Betty had made significant improvement and was no longer in serious danger of dying from malnutrition. The family was so grateful to Mercy Hospital for saving Betty’s life, they named the new baby “Mercy” in honor of the staff.

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Betty’s parents Nancy and Alex are both in their early 20s. Nancy dropped out of senior secondary (high school equivalent) when she became pregnant with Betty. Alex finished senior secondary, but his family had no money to send him to post-secondary education. In Sierra Leone, it is nearly impossible to get a job without a post-secondary degree or diploma. Alex and Nancy both want to further their education, but they are caught in a cycle of underemployment and lack of finances.

The young family lives with Alex’s father and nine other family members in a three room

continued



Nancy and Alex named their second daughter Mercy to honor the staff of Mercy Hospital. "I don't know what we would have done without Mercy Hospital," Nancy says.

home. Like the majority of Sierra Leoneans, Nancy and Alex support their family through subsistence farming.

Alex's mother had mental health issues and wandered away from the family years ago. His father attended Njala University through a government scholarship program (long abandoned) that allowed him to study agriculture and teaching. Alex Sr. taught at the Methodist primary school in Tikonko for many years before retiring, but there is no functioning pension system in Sierra Leone. Now that he no longer works, Alex Sr. has no income to help support the family.

"We do not have anything to give. We named the second child Mercy to show our thanks."

Alex Sr. is keenly aware that without Mercy's intervention, he would have lost his beloved granddaughter Betty. The family had no money for medical care and nowhere else to turn. "We love Mercy Hospital so much," he says. "Without Mercy she would have died. It was killing me to see her so sick. I love her so much."

"We do not have anything," Alex Sr. says. "Nothing to give. We named the second child Mercy to show our thanks. Mercy is part of us now."

WHAT IS MERCY HOSPITAL DOING ABOUT CHILDHOOD MALNUTRITION?

Malnutrition is the single greatest cause of child mortality in Sierra Leone, causing up to 50% of under-five deaths. Malnutrition weakens a child's immune system, leaving them more vulnerable to disease, and unable to fight off infections that do not kill healthy children.

Mercy Hospital's Nutrition Program provides life-saving intervention for infants and toddlers at the hospital and through village outreach. When children are identified as malnourished, they receive treatment which may include rehydration and the administration of therapeutic feeding.

Their parents are given Pikinmix to take home, which is a ready-to-use, micronutrient enhanced paste made from local foods that does not require refrigeration and can easily be administered at home.

Children are usually enrolled in the nutrition program for about three months before graduating, or when they reach and maintain the recovery threshold.

As of June 2018, there are 1200 children enrolled in the program, and 135 have already graduated at normal weight.



Childhood malnutrition is a serious problem in Sierra Leone.

16%
of children under the age of five are underweight for their age in Sierra Leone.

38%
of children under age 5 are stunted in growth. Stunting, or low height for age, is caused by long-term insufficient nutrient intake and frequent infections.

9%
of children are wasted for their age. Wasting, or low weight for height, is a strong predictor of mortality and is usually the result of acute significant food shortage and/or disease.

At the outreach clinics, babies are weighed and measured to determine if they are malnourished. The primary indicator of normal weight is MUAC, middle upper arm circumference. MUAC of less than 110mm indicates severe malnutrition.

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Momie Kabba lives with her mother and husband in the village of Sorgebhun with their three children. "It's really hard to take care of my children. There are just no jobs and no way to get food," Momie says.



A mother's struggle

"I just want my children to be healthy and go to school."

I never had that opportunity, and I want it for them."

When the Mercy outreach team encountered seven month old Mamie Kabba in April 2017 at a clinic in Tikonko village, she weighed only seven pounds.

The team quickly diagnosed Mamie with severe malnutrition and admitted her to the the hospital for nutritional therapy. She was released after 11 days, much improved but still extremely thin for her age.

For the next eight months, her mother Momie

faithfully brought her baby to the monthly clinic and administered the ready-to-use therapeutic food Pikingmix at home, as instructed. By December, Mamie had progressed to moderate malnourishment, and she continues to improve.

Mamie is the second child of Momie and Abdul, both about 20 years old; although all they know is that they were born after the civil war. People living in the villages often mark birthdays by major events. Their older daughter Aminata is about four.

Neither Momie nor Abdul ever attended school. They provide for their family by doing "bush work," essentially, odd jobs in the forest surrounding the village, such as chopping firewood and small-scale farming. Abdul often leaves the village in search of work.

Right now, Abdul is away in another town parching 'gari,' a flour made from cassava root, a very starchy tuber that is a mainstay of village sustenance. One of the cheapest foods in Sierra Leone, gari is nicknamed "student companion" because it's the

only food students can afford to eat. While parching gari is not highly profitable, it still pays more than whatever work is available in the village.

Abdul's long absences are a significant strain for his family, and Momie is visibly stressed when she talks about their situation. She knows that her children need more nutritious food, but her options are limited.

"I'm not really ok," Momie says quietly. "The main problem we have is getting food. Especially now

continued

that my husband is not here. It's really hard to take care of my children. There are just no jobs and no way to get food. Sometimes I do not eat so my children can have something. But even that little food is not enough for them."

One of the family's severest challenges is simply the hardship of living in Sorgebhun, five miles from Mercy Hospital's nearest outreach clinic in Tikonko.

With no other means of transportation, Momie and her children must walk the five miles from Sorgebhun to Tikonko. In spite of the distance, Momie is one of the most committed mothers in bringing her children to outreach. She clearly knows that it is helping them.

"I just want my children to be healthy and go to school. I never had that opportunity and I want it for them," Momie says. "I thank God for Mercy because Mamie is getting better. Without their support, I do not know what we would do."

Momie is one of the most committed mothers in bringing her children to the monthly outreach clinic.



The Mercy Hospital medical outreach team visits Tikonko monthly, seeing as many as 300 clients during each visit.



Tikonko is a catchment area for five villages reached by Mercy Hospital. Betty and Mamie were both enrolled in the nutrition program at Tikonko.

Tikonko, one of the catchment areas for Mercy Hospital's medical outreach, is a village located seven miles south of Bo at the junction of Tikonko Road and Lembema Road. Each catchment area covers multiple villages, and people walk up to five miles to reach the clinic.

Tikonko has a population of about 1000 residents, with Mende making up the largest ethnic group in the village. Tikonko is home to a mosque and a number of Christian churches, including Methodist, Catholic and Assemblies of God. In addition, the Mende tribal traditions are an important part of the culture.

Most residents of Tikonko are subsistence farmers, with an acre or less of land. Crops include cassava, groundnuts (peanuts), corn, rice, okra, cucumbers, garden eggs (eggplant), potatoes, and peppers. Seasonal fruits are pineapple, guavas, mangoes, and oranges.

During the hunger season, before the fall harvest and after the rainy season, most families have only one meal a day, and many people survive on cassava. Many children and pregnant women do not receive adequate nutrition for growth and development.

Mercy visits Tikonko once a month as part of the village outreach initiative to serve people who live far from the hospital, seeing as many as 300 people at each outreach. The main services provided at the clinics are prenatal care, child malnutrition assessment and treatment, malaria testing and treatment, and HIV testing and referral.

The Treasures of the Church

A pastor has a vision-changing encounter with the Child Rescue Centre and Mercy Hospital

By Reverend Jared Priset, Associate Pastor of Church of the Lakes UMC, Canton, Ohio

In AD 250, the Church, much to the chagrin of Emperor Valerian, experienced great revival. In fact, so angered by the influx of Christians into Rome, Valerian ordered a great persecution.

However, prior to their own arrests and deaths, many Christians sold off their property and gave all their money and the church's treasures to the city's poor.

At this time, the Church's Chief Financial Officer was a man named Laurence. Valerian "graciously" offered Laurence a way out of persecution: "tell me where the church's treasures are located."

Laurence agreed, but needed three days to gather it all into one place. He then brought together the blind, poor, disabled, sick, elderly, widows, and orphans. When Valerian arrived to receive the wealth of the church, Laurence flung open the doors and said, "These are the treasures of the church!"

On June 22nd, I stepped out of a van onto the grounds of Mercy Hospital and the Child Rescue Centre in Bo District, Sierra Leone and gazed upon a sight to behold.

Young boys running through muddy fields chasing after a soccer ball. Little girls smiling as they ran up to us to get their picture taken. Pregnant and young mothers being treated by humble and kind hospital personnel. A United Methodist pastor and administrator greeting us with a handshake and warm smile. "The treasures of the church!"

Church of the Lakes is so blessed to have the opportunity to partner with Helping Children Worldwide and Mercy Hospital by utilizing some of our treasures to help bring physical and spiritual healing to the real "treasures" of the Church in Bo District, Sierra Leone. We have understood the call of the gospel to take the love and grace of Jesus not only to our homes and communities, but also to the four corners of the globe (Acts 1:8).

For a number of years, Church of the Lakes has supported the work of the Manjama Health Clinic in Bo District, but due to its recent closure, sought another avenue to reach out and continue our global mission in Sierra Leone. This new sought after direction, along with the work young people from our congregation have done for a decade to stop malaria through the United Methodist mission, Imagine No Malaria, we knew partnering with Helping Children Worldwide was a God-orchestrated relationship.

As we seek to commit to embracing, loving, and providing for the "treasures" of the church, we know that the witness of resiliency, faith, and love from the people of Bo District will most certainly be a double blessing to us.

We are excited to see how the kingdom of God will continue to grow in Bo District, Sierra Leone, through Mercy Hospital and the Child Rescue Centre.

Blessings, Reverend Jared

Pastor Jared encountered the "treasures of the church" at a Mercy outreach event this past June.



"We have understood the call of the gospel to take the love and grace of Jesus not only to our homes and communities, but also to the four corners of the globe."

A family made whole again

After six years of living apart, Paul Smith is reunited with his children for good.

Paul Smith faced a desperate decision in the fall of 2012. The 35 year old disabled single father was struggling to provide for his elderly mother and two young children, Hannah, age 8, and Paul Jr, age 4.

Negotiating the pitted streets of Bo in his handmade wheelchair, Paul tried to support his family by working part-time as a blacksmith, but the work was brutal and he could never make enough money to make ends meet.

He paid school fees for Hannah when he could, but she was frequently sent home when the family fell behind on payments. Both children worked; Hannah babysat for neighbors, and even little Paul Jr. cleared tables at a local restaurant. They were exhausted and chronically sick with colds and fever.

The family's meager income was slightly supplemented by their grandmother's garden plot, but there was never enough to eat. Believing there was no way he could adequately care for his children, and determined for them to attend school, Paul appealed to the Child Rescue Centre for help. The difficult decision was made to bring the children into the residential program until Paul could stabilize his situation.

Paul Sr. frequently visited Hannah and Paul at the residential home, and anyone could see how he doted on his children, and how much they loved their father. He eventually

remarried and had another child, named Mary.

In July of 2015, the Child Rescue Centre staff participated in a training for caregivers of extremely vulnerable children. As a result of that training, and in response to a global shift in the care of orphaned and vulnerable children, the CRC started

continued

Globally, there is a shift in momentum away from orphanages and residential centers, as it is increasingly understood that poor families may place their children in orphanages simply because they cannot provide for their children's basic needs.

The vast majority of children we call "orphans" have a surviving family, or an extended family member who would care for them if they had the means to do so. Strengthening families is the best way to meet the needs of orphans and other vulnerable children.

Children who have a surviving parent or other relatives willing to care for them should remain with family whenever safely possible. When families have been separated, reunification should be the first priority.

Recognizing that the best place for children is with family, the Child Rescue Centre has been in the forefront of the transition towards family care in Sierra Leone.

This summer, the remaining children in residential care were reunited to live with family or placed in loving foster homes.

Paul Smith Sr. surrounded by Hannah, Paul Jr. and youngest child Mary. "I thank God that the children are reunited with me, and we are living as a happy family," Paul says.



the Family Strengthening Program to help families address the problems that made it difficult for them to care for their children. Plans began forming to phase out the residential program so that children could live with family or loving foster homes, in the firm belief that children belong in families.

The CRC began providing opportunities for the parents of children who had been placed in residential care to participate in workshops, devotions, and activities to strengthen their relationship and prepare them to be reunited. The children began visiting their families on weekends and holidays to get reconnected with their homes and communities.

The biggest obstacle the parents face is simply their inability to make enough money to support their children, so the CRC launched a microfinance program to teach parents budgeting and small business skills. Most of the parents of CRC students are subsistence farmers or petty traders, and many did not attend school beyond primary level. The skills they learn in the microfinance classes enable them to keep the money they earn and reinvest in their businesses, helping them become self-sufficient and stable.

“We are living as a happy family.”

The CRC staff urged Paul to participate in the microfinance class, where he learned budgeting, saving, and simple business concepts. He received a small loan for a startup, which he used to launch a home-based cinema where patrons pay to watch football matches. He continues to work part-time as a blacksmith. “I learned how to make a budget for my family,” Paul says proudly. “It’s helping me to save money, which I wasn’t doing before.”

With his newfound skills, increased income, and the continued support of the CRC for his children’s education and health care, Paul was ready to welcome Hannah and Paul Jr. home.



The children are so happy to be reunited with their father. They both attend UMC-supported schools near their home. Paul Jr. helps his father with his blacksmithing business after school. Hannah teaches the family what she learned from morning prayers and evening devotions at the Child Rescue Centre. “At first it was only father that was praying alone. Now we are praying as a family,” Hannah says happily.

Paul Sr. is proud and grateful to be a father to his children again. “I thank God that the children are reunified with me, and we are living as a happy family,” he says. “We are now living an average life.”



Paul’s top priority is his children’s education. Paul Jr. wants to be a bank manager, and daughter Hannah aspires to be the president of Sierra Leone.



A boy takes care of his sleeping baby sister at a Mercy Hospital outreach. Your support of the Child Rescue Centre and Mercy Hospital helps break the cycle of poverty and illiteracy for families like this one. Learn more at www.helpingchildrenworldwide.org.



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