

FULL CIRCLE

HELPING CHILDREN WORLDWIDE | SUMMER 2020 MAGAZINE | IMPACT STATEMENT & ANNUAL REPORT



20 YEARS
OF GOD'S
FAITHFULNESS



HELPING
CHILDREN
WORLDWIDE

Aruna's journey from street child to medical doctor

“WORKING AT MERCY HOSPITAL IS A DREAM COME TRUE”

Even as a small boy growing up in Gbeworbu, a rural village in the Pujehun district of southwestern Sierra Leone, Aruna showed great academic promise. His widowed mother, recognizing her young son’s potential, pleaded with a friend in Bo to take Aruna, so he could go to a better school.

“Where I came from, we had no doctors, only community health assistants who came on outreach from Bo. I remember when we went to the doctor, we had to queue for a very long time to get treated,” Dr. Aruna Stevens says. “I decided I had to become a doctor so I can help people. We cannot only have doctors in the city.”

In Bo, Aruna lived in a crowded, noisy communal home with his mother’s friend, Fatmata, who made her living selling street food in the park. He attended Ahmadiyya Primary School, where he excelled despite the harsh circumstances. Before and after school, Aruna was expected to work to earn his upkeep and his school fees. “I only got to eat after selling,” he remembers. “What remained is what we eat. I never had time to study. We had to prepare food early in the morning, and I was always late for school.” It was a hard and lonely life for a small boy, far from his home and family.

Aruna’s life changed forever when the Child Rescue Centre, newly launched to rescue orphaned and abandoned children from the streets of Bo, identified him as a child at risk. With his mother’s permission, he was brought into the residential centre. “At the first interview, they asked me ‘what do you want to become?’ and I said, ‘a doctor who gives injections.’”



Dr. Aruna Stevens attends to a patient at Mercy Hospital. “I don’t want to be the doctor who only treats them for their condition and never sees them again,” he says.

The CRC was a radical departure from his former hard scrabble life, Aruna recalls. “At the CRC everything was different. I had my own bed. I used to sleep on the floor when I stayed with my auntie. At the CRC, I had three square meals a day.”

In the stability and structure of the residential home, Aruna applied himself relentlessly to succeed in school. “After study time when I got to my room, I would do an extra two hours of reading and studying. When we had time to play, I used some of my play time to study. I tried to stay ahead of my

class. I created additional time for my studies.”

“What motivated me to do that?” he asks himself. “I have a family and I really love my mom. I have three sisters. I’m the eldest. I had to be somebody who takes care of my family, and be someone who can help people.”

Aruna recognizes both the benefits and drawbacks of growing up in a residential home. In the CRC, he was protected from the dangers of street life. “It is getting difficult for [kids today] because of the advent of social media and distractions. I was totally protected. Kids

don’t have these protections. At the CRC your day is very structured, on the outside it is not,” he observes.

On the other hand, he missed his family. “Even though the CRC gave us clothing, food and everything, the family connection was not there. You had many brothers at the CRC, but you sit alone and you miss some part of you, even though you have everything. I love my mom, even now I think about her every day. But I don’t have that connection with her because I didn’t see her for so long...I never had the chance to really connect with her on the level of mother and son.”

Stories in this issue

PAGE 2
Aruna’s journey from street child to medical doctor
.....

PAGE 7
COVID-19 in Sierra Leone and HCW’s response
.....

PAGE 9
Letter from HCW Executive Director Melody Curtiss
.....

PAGE 11
HCW impact in 2019
.....

PAGE 12
First Person: Dr. Gary Gilkeson
.....

PAGE 15
Mercy and MUSC collaborate to improve health care in Sierra Leone
.....

PAGE 16
Why we must be radically collaborative now
.....

PAGE 19
The Child Reintegration Centre celebrates 20 years of God’s faithfulness



Aruna (left) pictured in Freetown in 2008 with fellow pre-medical student and CRC alumnus Yusef Tejan.

Aruna felt a separation between kids in the community and the kids at the orphanage. “Some boys looked at us as special, and teachers treated us differently. You want to blend with your colleagues and be treated like any other kid, but some people treat you differently. People expected a lot from us,” he remembers.

Aruna graduated Senior Secondary School and was accepted to the premedical program at College of Medical and Allied Health Sciences (COMAHS) of the University of Sierra Leone in Freetown. At first, he found it difficult to adjust to life outside of the residential centre. “Adaptation was the big gap. At the CRC every need is met, and all my fees paid, so it was very easy. When

I went to university, I had to find a place to stay. I used to get three meals at the CRC, and we had light from the generator. Teachers came and gave us extra classes. It was a new world after the CRC. Now I had to find my own food. Where I stayed there was no generator, so I had to buy candles to study. In the CRC, my day was planned. Now, I had to prepare,” he says.

He recognizes that it is hard for young people to make the transition from residential home to community life. “Most kids who transitioned from the residential home to family care could not easily adapt to these changes. It was only with the help of God that I could come through these problems.”

Finishing medical school was the biggest challenge he has faced so far, Aruna says. “Studying medicine in Sierra Leone is very difficult compared to other places. The first and second years of medical school were really tough. We were shouted at all the time and not encouraged, emotionally tortured. You don’t get the self confidence that you can do things. I felt like I could quit. Somebody suggested ‘Can you switch to something else?’ There are other ways, but if you have a goal, you have to work towards it. Beginning with the end in mind, I wanted to help my country,” Aruna says.

He graduated medical school in 2018 and finished his housemanship (residency) in March of this year. Mercy Hospital quickly seized the opportunity to hire Aruna, and he was happy to return to Bo, the place he considers his home. “Working at Mercy Hospital is a dream come true,” he says.

Aruna was the only graduate from his class who wanted to serve in a semi-rural area. “People in Freetown have better medical care, more doctors,” he says. “I graduated with 36 people and they all stayed in Freetown, except for me. The problem is when they come to the provinces they get deprived from all the fancy things they enjoy in the city.”

He is willing to forego the advantages of city life for the gratification of caring for an under served population. “If I treat people in Freetown I never see them again. If I treat someone in Bo, they are my people. Some of them knew me before and they never believed in me. They say, ‘He’s very young.’ But by the end of the day they say ‘Oh, I am grateful you are here,’” he laughs.

One must begin with the end in mind.

Aruna says the most prevalent medical concern he sees at Mercy is metabolic disease, which he believes is caused by poor diet and the lack of health information among a predominantly poor and illiterate population. “During my final year in med school, my research was on disease patterns presenting at Connaught Hospital, the main ICU in all of Sierra Leone. Non-communicable disease is on the increase with high mortality. People die in Sierra Leone from what should not kill them, things that could be prevented by health education. People get to the hospital very, very late.”

He wants to help change that through improved health education and preventive measures. “My primary aim is to reach out to people. I don’t want to be the doctor who only treats them for their condition and never sees them again, I want to help them take care of these co-morbidities before they get so sick. We have people who are diabetic, or have hypertension, who don’t know



Dr. Aruna Stevens (left) with Mercy Hospital Matron Augusta Kpanabaum, Administrator Jinnah Lahai, and Surgical Health Officer Lawrence T. Kargbo.

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Helping Children Worldwide supports the Child Reintegration Centre, Mercy Hospital and the Missionary Training Centre, operated by the United Methodist Church in Sierra Leone and led by Bishop John K. Yambasu. Learn how you can join our mission to transform lives: helpingchildrenworldwide.org/get-involved.

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how to take care of themselves. We could train medical students and nurses to go out and take people's blood pressure and teach them how to take care of themselves. I've always been yearning to do this."

Children's health care poses a different set of problems, Aruna observes. "For children, the chief complaint is malaria and its complications. When I did rural postings, we saw a lot of kids with hernias. The abdominal wall is weak from kids lifting heavy loads."

Aruna is so grateful for the opportunities he has been given, but he wishes he were closer to his family. "Ten years ago, if they asked me where I want to go, I would say the orphanage. Now, looking back I would love to stay with my family, if my needs could be met. I would love to be connected to my family."

One of his sisters is studying for a degree in business administration, and another is studying financial administration. "My mom is doing good. Now I'm thinking she could relocate to Bo. I last saw her at graduation. She had so much faith in me – she knew I could do anything," he remembers fondly.

Brian McCaffrey, Aruna's long time sponsor through Helping Children Worldwide, was so happy to learn about his appointment to lead doctor at Mercy Hospital. "I smiled ear to ear as I read [the news]," Brian wrote. "What a wonderful opportunity for him to give back to his local community, while also serving as a role model to the current CRC students of what they can aspire to."

Aruna is enjoying the opportunity to reconnect with the community. "I happened to visit one of my teachers who taught me in class three. I met her three weeks ago and I told her 'I'm a doctor now' and she was so surprised. She always tried to motivate me. I had to introduce myself to her, but then she remembered me!"

"For me, it's a joy to work with the people that saw me growing up. It may not be what I anticipated, but it is good to be back home," Aruna says.

"If you have a goal, you can work towards it," he says in conclusion. "Not everyone needs to go to medical school, but everyone needs to read and write. Because a medical doctor is not the only way up. There are many opportunities."

Dr. Aruna teaches kids how to wash their hands at a COVID prevention outreach event.



COVID-19 IMPACT IN SIERRA LEONE: The lessons learned during the Ebola outbreak prepared Sierra Leone for COVID-19. As it became apparent that COVID was a global pandemic, the government immediately jumped into defensive mode, closing schools and issuing country-wide travel restrictions to limit the spread. It is the economic slow down that will inevitably cause the most devastation, with the potential to increase food insecurity and other hardships, especially among the poorest.

The Child Reintegration Centre and Mercy Hospital are on the front lines addressing the needs and concerns of the community. Mercy Hospital's clinical staff have received COVID-19 training and are prepared to triage potential COVID patients, who will be referred to official treatment centres. Mercy and the CRC are coordinating visits to the communities they serve to provide hand washing stations and sanitation supplies, and conduct COVID prevention workshops.

The CRC case managers visit or call families to check on them, provide guidance for keeping safe during the pandemic, and offer suggestions for managing isolation. While in the developed world schools have gone to online instruction, this is not an option in Sierra Leone. UNICEF-supported national radio programming provides daily lessons for children to fill the gap, but the poorest families do not even have the luxury of a radio. The CRC is providing families with solar powered radios, and supplying students who are slated to take the upcoming BECE or WASSCE promotion exams with practice tests to study while school is in recess.

How you can help: The CRC and Mercy are working hard to supply the families they serve with sanitation supplies, supplementary food, and solar radios. Donate to our COVID response at bit.ly/HWCWCOVIDRESPONSE.

CRC & MERCY ARE HELPING FAMILIES SURVIVE COVID-19

1

Equipping communities with handwashing stations, soap, and sanitation supplies.

2

Educating children and families about hygiene and health.

3

Providing families with solar powered radios for school broadcasts.

4

Supplying families with emergency food as prices rise.





Salamatu is grateful that her daughters Kadiatu and Hawa are going to school because of the Child Reintegration Centre's support.

coming full circle

LETTER FROM THE EXECUTIVE DIRECTOR



I pray your day is going well and you have witnessed spirit moving in your life this year. I certainly have. The theme of our impact issue is "Coming Full Circle." It is the 20th year of our mission in Sierra Leone, an anniversary to celebrate the vision of our founders. They approached mission with a servant heart, sharing generously, adjusting to challenges, courageously trusting the Lord's call to act in partnership. Whatever small thing we are doing, we recognize that we are always part of a larger plan.

Dr. Aruna Stevens (cover story) is not the only young face on the Bo UMC Urban Ministries compound who grew up there and returned to lead. There are many. We have truly come full circle. And not only in achieving our goal of raising up a generation of leaders. Reality shifted rapidly and wildly in 2020 as COVID-19 spread across the globe. At HCW, the experience was weirdly familiar, and completely new at the same time.

We have come full circle, not only in experiencing the support of our partners as we face crisis, but also in knowing what lies ahead.

This time, the epidemic we prepared to battle in Africa reached us first. It invaded our homes, our churches and our schools. Our partners in Sierra Leone prayed for us, as much as we prayed for them. We witnessed the blessing of true partnership and mutual care as we leaned on one another with grace and compassion.

We also quickly understood what might come to pass as more people sickened in more communities, with lasting impacts on entire families, especially the impoverished and their children. We never slowed down for a moment, as we regrouped and adjusted, asked for help and offered it.

Some plans had to change, but our goal in 2020 remains the same as it was last year, and as far back as Christmas Eve, 1999. No matter what words we use to frame the

mission, we continue to rely on God's grace to lead us; form trusted partnerships; collaborate with local leaders; learn from our experiences and research; and develop better and better solutions to difficult problems to lift children from poverty and despair.

In 2020, Helping Children Worldwide will bring access to electricity, to clean water, to education, to health care, to abundance and spiritual comfort to people who are isolated by poverty and a broken infrastructure, cut off from help and basic needs. We will champion the CRC's new direction, even as we navigate this new threat.

We will build a coalition needed to bring 20,000 lost children off the streets, and over 1,500 more living in institutional care back into safe and nurturing homes where they will thrive and become the next new generation of leaders upon whom to rely. We may not deploy mission teams to travel during most of 2020, but that will not stop us from lending expertise, aiding in the growth of leadership and growing collaborations that fund transformative interventions for communities and families living in despair.

Our work continues to focus on Sierra Leone. As CRC and Mercy shift to provide response to the threat of the Coronavirus pandemic that has reached into Sierra Leone, we shift with them, finding ways to aid their work. We know how to support children, families and providers in the midst of a horrendous contagion. We share that hard-won knowledge and experience with other agencies and nonprofits and relish the blessings of being small, bold and agile, forced to work in coalition and collaboration to make a greater impact, willing and able to lead by example. I hope you will continue to join us, as we come full circle and make another round!

Melody Curtiss
Executive Director/CEO

Learn more about Helping Children Worldwide: www.helpingchildrenworldwide.org/our-impact

HELPING CHILDREN WORLDWIDE, INC			
Statement of Activities and Changes in Net Assets			
For the year ended December 31, 2019	Without Donor Restrictions	With Donor Restrictions	Total
Support and revenue			
Contributions and foundation grants	\$317,124	\$497,302	\$814,426
Special events	188,170	-	188,170
Less: cost of direct donor benefit	(24,426)	-	(24,426)
UMVIM volunteer funds	62,426	-	62,426
Interest income	2,885	-	2,885
Net assets released from restrictions	565,452	(565,452)	-
Total support and revenue	1,111,631	(68,150)	1,043,481
Expenses			
Program services:			
African programs			
Child Rescue Centre	328,784	-	328,784
Mercy Hospital	347,851	-	347,851
UMVIM volunteer trips	92,448	-	92,448
Supporting services:			
Management and general	101,052	-	101,052
Fundraising	77,129	-	77,129
Total expenses	947,264	-	947,264
Change in net assets	164,367	(68,150)	96,217
Net assets, beginning of year	184,551	170,374	354,925
NET ASSETS, END OF YEAR	\$348,918	\$102,224	\$451,142



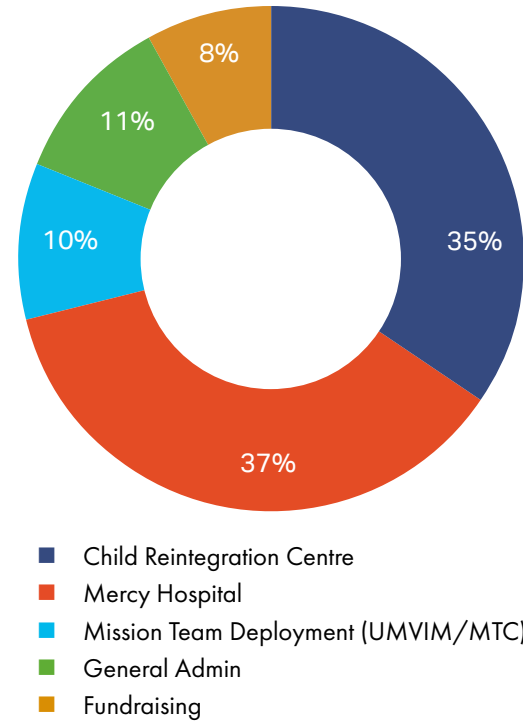
Abdulai, left, was reunified to live with his mother and siblings as the CRC completed transitioning to family-based care.

HELPING CHILDREN WORLDWIDE BY THE NUMBERS

2019 INCOME SOURCES	
Contributions & Grants	\$814,426
Events	\$188,170
Less cost of donor benefit	\$24,426
Mission team fundraising	\$62,426
Interest	\$2,885
Additional income	\$0
TOTAL INCOME	\$1,043,481

2019 EXPENSES	
Child Reintegration Centre	\$328,784
Mercy Hospital	\$347,851
Mission Team Deployment (UMVIM/MTC)	\$92,448
General Admin	\$101,052
Fundraising	\$77,129
TOTAL EXPENSES	\$947,264

Increase or Depletion (Operating & Program Reserves)	
Income minus expenses	\$96,217



A complete copy of our audited financial statements, our most current tax returns, and other historic financial documents can be found at www.helpingchildrenworldwide.org/financials

Helping Children Worldwide has Guidestar's Platinum Seal of Transparency and a Four Star Rating from Charity Navigator.



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"NOT IN MY WILDEST DREAMS"

A renowned rheumatologist finds out that God has a purpose for him that he never expected: saving lives and making friends in Sierra Leone.

Gary S. Gilkeson, MD

Distinguished University Professor, Associate Dean for Faculty Affairs and Faculty Development
Medical University of South Carolina

Prior to 10 years ago, not in my wildest dreams did I envision myself being involved with Mercy Hospital or the Child Reintegration Centre. I am a rheumatologist, and research in lupus is my career path.

Twenty odd years ago, when I moved from Duke University to Medical University of South Carolina, I learned about a unique group of African Americans living on the Sea Islands of South Carolina and Georgia, called the Gullah or Geechee. It became evident that Gullah individuals had a high prevalence of lupus, with significant morbidity and mortality. At that time, I also learned that the Gullah were forcibly brought to America, particularly to South Carolina, due to their rice growing skills (then the cash crop in Charleston). Sierra Leone to Senegal was the primary region in West Africa from which the Gullah were taken.

After the civil war, the Gullah remained on the Sea Islands with very little interaction with others on the mainland. In the meantime, papers were published that suggested lupus was rare in West Africa. Given that, as in almost all diseases, lupus is believed to be a result of a genetically susceptible host responding to an environmental factor (infection, toxin) unleashing the immune system to attack the body, and assuming that the Gullah would genetically still be similar to their ancestral forebears, we embarked on a program to define genetic and potential environmental differences in the Gullah and Sierra Leoneans.

Through United Methodist Volunteers In Mission (UMVIM), I was connected with Dr. Darius Magee who is a retired gynecologist in Texas. He had established the West Africa Fistula Foundation in Bo soon after the

civil war ended. He worked out of the Bo Government Hospital diagnosing and repairing urethral and bladder damage that occurred during childbirth. Given that he was treating young women, who are at the highest risk for lupus, I accompanied him on three different trips to Bo from 2009 to 2013. I helped out in the ER and clinic at the Government Hospital, while trying to figure out how to address our research questions.

Each time I went to Bo, I became more and more tied to it, and the wonderful people of Sierra Leone.

It soon became evident that there was no way to screen the population in Sierra Leone, for it would be unethical, since we could not provide them with long term treatment. We were able, however, to acquire blood samples and subsequent DNA samples from a number of individuals, testing them at the same time for malaria and providing them treatment for malaria if they were positive.

During the last visit to Sierra Leone, I learned of Mercy Hospital and went there for a visit with a colleague. An HCW UMWIM team had arrived the night before and the team leader graciously invited us in for a tour and offered for us to stay for lunch (my first interaction with Fudia). We toured the hospital and the Naval Research Laboratory

where I met Rashid, and we began a collaborative effort for genetic studies along with the Helen Keller Foundation.

Each time I went to Bo, I became more and more tied to it and the wonderful people of Sierra Leone. I investigated Helping Children Worldwide and was greatly impressed with the programs they had in Bo. Mary Ann, my wife, also became interested in doing more with HCW. We were able to get our local church, Bethel United Methodist Church, to become a partner church. This all happened during the time of Ebola, so there were no more trips, but through Rashid we were able to send a large number of personal protective equipment to Mercy.

In July of 2018, Mary Ann and I went on our first trip with a HCW team. This was also Mary Ann's first trip to Sierra Leone. I had a feeling she would feel the draw like I did,

and she was immediately overwhelmed at the multiple wonderful things going on in Bo. The eleven others on our team became best friends with whom we still communicate. Of course we met (then-CRC Director) Nabs, his wife Kim, JJ, JB, Rosa, Fudia, Jinnah, Sister Augusta and Dr. Amara. We had taken a large amount of medical equipment and supplies with us donated by MUSC. As many of you are aware, we hated to leave.

In July of 2019 we returned for our second trip along with two other Bethel members: Misti, a PhD nutritionist and diabetes educator, and Beth, a neonatal ICU nurse. We reunited with Sharon from Texas, and again were just overwhelmed by our experience on outreach, visiting a village where our church had provided funds for drilling a well, and seeing the children we are sponsoring.



Dr. Gary Gilkeson on the beach in Freetown with Dr. Aruna Stevens and HCW Assistant Director for Mission Advancement Mohamed "Nabs" Nabieu. At the time of the photo, Nabs was Child Reintegration Centre Director.



Dr. Gary and his wife Mary Ann sponsor three Child Reintegration Centre students. Here they are with Promise Scholar Henrietta Kowa, who is majoring in Environmental Studies at Njala University.



2020 HCW Mission Teams

TENTATIVE TRAVEL DATES	DEADLINE TO APPLY
October 17- October 31, 2020	Deadline passed, contact HCW
December 26, 2020 - January 3, 2021	June 20, 2020

Learn more or apply for a mission team: www.helpingchildrenworldwide.org/mission-trips

We were on the team for July of 2020, but regrettably it was canceled due to COVID-19. Beth and Misti were planning to return as well. Meanwhile, Mary Ann had been asked to join the Board of Directors and she accepted. We have enjoyed meeting all the other believers and hosting many of them at our home.

We realize we are not changing the world, but we believe we are at least changing the world for a few folks in Bo.

I have biweekly calls with Dr. Stevens to help in whatever way I can, especially with the COVID-19 virus just hitting there. Mary Ann and a friend of ours have made COVID-19 masks with the outer material made of fabric we brought back from Sierra Leone. The masks are a big hit.

In the end, my experiences in Bo and with HCW are some of the most meaningful experiences in my life. It is especially fun having this relationship for Mary Ann and I to enjoy and support together. We realize we are not changing the world, but for the children we sponsor, and with the equipment and expertise we provide, we believe we are at least changing the world for a few folks in Bo.

Mercy Hospital and MUSC collaboration: Learning a new way to practice medicine

The Medical University of South Carolina (MUSC) has established a mutually beneficial collaboration with Mercy Hospital. Dr. Gary Gilkeson, a rheumatologist/internist at MUSC, and Dr. Misti Leyva, a PhD nutritionist and diabetes educator traveled to Mercy in 2019 and are now providing video consultation with Dr. Aruna Stevens and other Mercy staff members.

Dr. Gilkeson has traveled to Bo five times, with Dr. Leyva making her initial trip last July. The newest participant on the MUSC team is Dr. Beth Gray, a retired Neonatal Intensive Care nurse. Dr. Gray provides best practice advice for neonatal resuscitation at birth and post birth management.

Every other Thursday morning, Drs. Gilkeson and Leyva participate in a video conference with Dr. Stevens, Administrator Jinnah Lahai, Matron Augusta Kpanabaum, and others to discuss patients and events. The team also discusses equipment and supplies that could be provided by HCW and MUSC.

These conferences are particularly relevant as the COVID-19 pandemic begins impacting Sierra Leone. The American physicians share what they have learned the hard way about the proper diagnosis and care of COVID-19 patients, and there are productive dialogues about Mercy's plans to deal with the crisis.

MUSC Hospital has generously provided surplus medical equipment for Mercy and the outreach staff. Over \$80,000 USD worth of equipment is already in place, with an operating room table and a new ultrasound machine to be delivered when logistically possible. Vital sign monitors, suction machines, defibrillators, and other equipment were taken over during the last two years, along with trunks of supplies.

On site, the MUSC staff provided training on the use and maintenance of the donated equipment. A link between Mercy and the Radiology Department at MUSC is in place to provide readings for x-rays as needed. Dr. Leyva established a diabetes education program, and has provided dozens of glucometers to help in the care of the growing number of diabetics in Bo.

The MUSC team, in line with HCW policy, only takes equipment requested by Mercy staff, and only provides consultation upon request. We have learned a great deal in return about practicing medicine in the setting of a low supply/equipment environment. The Mercy staff is clearly doing great things for their patients with the limited resources they have, and MUSC is proud to be part of the effort.

- Gary Gilkeson, MD



Dr. Beth Gray (left) assists Matron Augusta Kpanabaum with a newborn.



Dr. Misti Leyva (center) consult a mother on village outreach, with HIV Coordinator Mohamed Koroma (left) and lab technician Simeon Allen.

Why we must be **radically collaborative** now

Laura Horvath, Ed. D.

Director of Program Development and Community Engagement, Helping Children Worldwide

I'm writing this in the middle of a pandemic unlike anything we've witnessed in our lifetime. We're literally in a moment in history for which no one knows what comes next. And the unique characteristic of this COVID-19 pandemic is that it necessitates our sheltering at home and our isolation from one another, at least in the ways in which we have always been accustomed to being together, in churches, schools, conventions, on airplanes, in parks, at work. All of us, all over the world, are largely at home, cut off from one another.

But now, more than ever before, we must connect with each other. We must not only be collaborative, but radically so. What do I mean by radically collaborative? I think we all understand what it means to collaborate. We work together, to achieve a common goal or further a common mission. It's not always smooth, and we don't always agree on how to get there; but we are committed to getting there, and doing so together. I think, as a species, we're fair at collaboration, but there is always that drive to compete--to be sure that your name is attached to your own good work, to get credit when you've earned it, to be first or best. There's nothing wrong with that, but it only gets you so far.

A friend of mine told me once "If you want to go fast, go alone. But if you want to go far, go together." To go far, to have real impact, we have to work together. I believe that to have real impact, we are going to have to resist the natural urge to be first, to be best, to compete, and ensure that we get the credit. We need to determine the mission and then throw out our egos, along with throwing all caution to the wind, and put our hands together to achieve a noble purpose.

What I'm suggesting is difficult. To be radically collaborative requires radical honesty, radical courage, radical generosity, and radical humility. Radical collaboration forces us to change and adjust not only our

If we're going to tackle big challenges like public health and family preservation, we will have to be radically collaborative. Here's why.

own individual actions, but our mindset and approach to everything. It requires making space for others to provide, extending grace in every direction to those you serve, to those who serve with you, even to those with whom you'd be in natural competition.

Radical collaboration is essential if we're going to tackle big challenges like Ebola and COVID-19, and long-lasting, entrenched problems, like public health, and family preservation.

Many hands make light work, but they also exponentially increase the power of what any one person or organization is able to do.

We all have a natural desire to be star performers. According to Jim Tamm, co-author of *Radical Collaboration*, "the problem with star performers is that they tend to be more aggressive, and they get to be stars not by their own good work, but more often by suppressing others." Collaborating is not easy. According to Tamm, "people feel vulnerable and get scared--but fear makes us defensive, makes our thinking rigid, and makes us unable to solve problems."

Defensiveness makes us hide our fears from ourselves. We are designed to take pride in our work, to want recognition



The Child Reintegration Centre and Mercy Hospital are working together to supply hand washing stations and sanitation supplies to villages, as well as providing these communities with COVID-19 prevention education. Above, CRC Director Olivia Fonnies leads the team in prayer at Fengehun village.

and reward. But real, creative, lasting solutions can only be found when we work together, and to be radically collaborative, we must engage with wide open minds, hearts and hands.

Individually, small NGOs like Helping Children Worldwide can rescue and bring relief to a small set of people in need. By radically collaborating with other leaders in the field however, we can collectively strengthen and empower children, families, communities, and systems far beyond our own reach. Many hands may make light work, but they also exponentially increase the power of what any one person or organization is able to do.

Mercy and the CRC are already finding ways to deepen and expand their own collaborations: with each other, with the government, and with the communities they serve. Dr. Aruna Stevens, now at Mercy Hospital and a graduate of the CRC, has led COVID-19 response training with the case management team at the CRC, and together, they've traveled out into the remote villages around Bo to bring

hand-washing supplies and health education, not just to the children and families supported by the CRC, but the entire communities in which these families live.

COVID-19 is giving us the opportunity to see and appreciate the mutuality of our human condition. I've noticed that our radical collaborations now have a mutuality to them as well. When the pandemic hit the US before it hit the continent of Africa, I woke up one morning to a video sent to the HCW staff from the staff of the Child Reintegration Centre. Members of the CRC staff each held up a hand-made sign with that person's wish and prayer for us. "We love you all and we don't want to lose any one of you. Keep safe." "Always keep safe my partners. I love you and I want to have you forever." "Nothing is more important to us now than your safety."

I'm sure that in December of 2019 we all felt pretty confident that we'd been called to serve the needs of those less fortunate than we--to bless others when we have been richly blessed. And I hope that's still the case. But



For two years in a row, the Child Reintegration Centre has held an education collaborative for Sierra Leonean and visiting American educators to train together and learn from one another. Although the Summer 2020 teacher collaborative has been postponed due to COVID-19, the program is planned to resume.

COVID-19, in its lack of discrimination in who it infects, is showing us that we have needs and fears of our own, and that our radical collaboration with our partners flows in both directions across the ocean that separates us. We may not be in the same boat, but we are in the same storm now.

It is estimated that there are as many as 147 million children living separated from their families around the world. COVID-19 is taxing healthcare systems in the developed world, but it threatens to decimate healthcare systems in the developing world. Food insecurity is already on the rise and the impact on vulnerable children and families will

be severe. There is no need for any of us to feel the need to carve out our niche, to feel or be competitive about who else might be trying to get orphaned or abandoned children home into loving families, or to keep people safe and healthy during this pandemic.

We don't need to compete - the need to serve will be big enough for all of us, and we are more powerful when we are together. Luke 10:2 reads, "the harvest is plentiful, but the laborers are few." Now is the time, when we are all isolated and cut off from one another, to intentionally and radically connect and collaborate for the good of us all.

Join us to celebrate 20 years of God's faithfulness to the CRC

When the Child Reintegration Centre launched twenty years ago on July 4, 2000, the mission was to provide safety to children orphaned or abandoned in the Sierra Leone civil war. The CRC soon grew to become a nationally-recognized model for providing assistance to children at risk. For the first 18 years of its existence, the CRC's child welfare programs included a residence for children without parental care, support for vulnerable children and families in the community, and a post-secondary scholarship program for high academic achievers, eventually growing to provide assistance to 600 children and youth from extremely vulnerable backgrounds.



As it became increasingly evident that children thrive best in families instead of institutions, the CRC made plans to end the residential program and reunify the remaining children to live with natural or foster care families in 2018. In October 2019, the Child Rescue Centre Board of Directors met in Sierra Leone and voted to officially change the name of the CRC to the **Child Reintegration Centre**, to proclaim to the world a bold new vision and focus: to preserve and strengthen vulnerable families, to reintegrate children to live with parents or prepared caretakers, and to help other child welfare organizations make the transition to family care, so that all children can grow up in safe and loving families. Learn how you can join us in celebrating the CRC's 20th Anniversary Celebration: bit.ly/CRC20for20



You can make a difference for vulnerable children and families in Sierra Leone.
Learn more at: www.helpingchildrenworldwide.org



Noah and his caregiver Kadie. Noah is one of several foster children lovingly cared for by Kadie, a CRC-trained caregiver.



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