



**HELPING
CHILDREN
WORLDWIDE**



TACKLING EPIDEMICS

Mercy Hospital's HIV/AIDS program ensures survival

Battling stigma

Mercy Hospital's HIV/AIDS program was launched in October 2008 when Mercy Hospital first opened its doors. Program Coordinator Mohamed Koroma has been with the program since day one. "Our department gives support to adults and children living with HIV or AIDS," Mohamed says.

Services include testing and dispensing of anti-retroviral drugs designed to help combat HIV/AIDS, but that's not all. The program provides clients with counseling services, and with drugs for opportunistic infections like malaria, typhoid and for other sexually transmitted diseases. This is critically important to these patients, because HIV/AIDS compromises the immune system and therefore the ability to fight off infections that healthier people can more easily withstand. "We have some patients who started in the program in 2008 who are still taking drugs from Mercy and living positively with HIV," Mohamed shares. Community Outreach provides Mohamed the

ability to bring Mercy's HIV/AIDS program to those who otherwise would have no access to these life-saving medicines. Mohamed travels with the Mercy Outreach team to 11 different catchment areas serving 55 villages around Bo each month, bringing test kits and medications. "If we identify someone as positive, we try to refer them to Mercy for their medication, because this will be a lifelong process for them," Mohamed shares. HIV patients must remain on medication for the rest of their lives.

Transportation is challenging for many in the village, who lack the means to travel to Bo to

get their medications, so some depend on Mercy to bring their medications to Outreach clinics.

Discretion and privacy are another asset Mohamed is proud that Mercy provides. Some villages do have health clinics that can give out the drugs, but patients worry that because clinic staff know them personally, they don't trust that their condition will be kept confidential. "We have a saying, 'shameness da kill fast pas sickness,' which means shame kills faster than disease. Some people would even prefer to go without drugs rather than have people know they have it," Mohamed says. "Mercy is very

highly trusted to maintain patient confidentiality. Many have told us that if they could not come to Mercy they would no longer take their treatment."

Mercy's HIV/AIDS department routinely conducts tests on viral loads in patients in the program. "Over 70% are suppressed, which means that their chances of infecting others are small, and they are doing well on the medications," Koroma reports. "The results are very encouraging."

Mohamed has personal reasons for loving his job. "I had a friend who died of AIDS," he says. "When he

Patients await outreach services, including nutrition, prenatal, and testing for malaria and HIV.



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HIV/AIDS Coordinator Mohamed Koroma prepares testing kits for patients at a Mercy Hospital village outreach.

tested positive, they asked him if there was anyone he trusted to tell about his status, and he called me. But by then it was too late, and he could not make it up.” The loss of his friend inspires Mohamed to continue to try to reach as many people as possible.

“Mercy has patients living positively on treatment since 2008.”

He has high hopes for the HIV/AIDS program at Mercy. Mercy has recently completed construction on a new office space, thanks to AIDS Healthcare Foundation which also provides test kits and support to combat opportunistic infections. The new space has a screened entryway that prevents those outside from seeing in, which offers greater patient confidentiality. He worries about the stigma his patients have to live with. “I hope a day will come when people will come to talk openly about having HIV.”

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Mercy Hospital HIV/AIDS
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WHAT IS MERCY HOSPITAL DOING ABOUT HIV/AIDS?

Compared to other countries, Sierra Leone’s rate of HIV is relatively low, however, it is critical to provide testing and treatment to those who need it in order to prevent the spread of the disease. It is believed that the number of cases is much higher than reported - stigma keeps many from getting tested.

- Mercy Hospital employs an HIV/AIDS counselor whose role it is to test as many people as possible for HIV, so that patients can receive treatment if needed.
- Mercy Hospital’s HIV/AIDS Program performs 250 HIV tests a month on average, of which, approximately 1% are positive. The majority of testing is done on Mercy’s Outreach visits to villages surrounding the city of Bo.
- As of December 2018, there are 193 people enrolled in Mercy’s HIV/AIDS Program, including 43 men, 141 women, and 9 children.
- Patients testing positive for HIV on village outreach are advised to report to Mercy and given their test results there in order to preserve patient confidentiality.

HIV/AIDS in Sierra Leone

38%
of women have ever been tested for HIV and received their results.

14%
of men have ever been tested for HIV and received their results.

47%
of those who tested positive are receiving anti-retroviral medications.

A screened entry way into the new HIV counseling center at Mercy Hospital protects patient confidentiality.

Living with HIV

Stories of survival from Mercy patients

When “Ismael” tested positive for HIV in April of 2016, he denied the results and left Mercy Hospital after refusing treatment. A few weeks later, he was brought back to Mercy, unconscious and suffering from a stroke (possibly caused by the stress of receiving his diagnosis). With the care and supportive counseling of HIV Coordinator, Mohamed Koroma, “Ismael” was helped to realize his need for medication.

In August of 2017, “Ismael’s” viral load was tested, and determined to be “undetectable,” rendering him virtually no threat to anyone else. His viral load continues to be undetectable. “I come and get my medicine and come to Mercy any time I need to,” he shares. “Ismael” has a small business that he hopes will continue to grow, but most of all, he hopes that one day there will be a medicine that can completely cure his HIV.

“I come and get my medicine at Mercy any time I need to.”

HIV medications can not only protect a patient, they can also protect the unborn child she may carry. “Sarah,” a nurse at Bo Government Hospital, referred her pregnant daughter “Beatrice” to Mercy’s HIV program, knowing Mercy’s reputation for discretion, and “how difficult confidentiality is at Bo Government,” where the nature of the facility makes discrete conversations quite challenging. Tests conducted at Mercy revealed that “Beatrice” was positive for HIV. She began anti-retroviral treatment immediately, and her baby was born HIV negative.

“John” was brought to Mercy for HIV testing by his uncle, because he was under the age of

consent. After “John” tested positive, his uncle explained that both of his parents had died in the same year of an unknown illness that Mercy staff now believe may have been undiagnosed AIDS. With his uncle’s support, “John” began taking his medications and is now able to return to normal activities like playing football and going to school.

“Aminata” came to Mercy for general medical treatment, but something in her exam prompted Mercy’s lead doctor, Dr. Sao Amara, to order an HIV test. Much to the shock of “Aminata” and her husband “Aruna,” the test came back positive. Married 15 years and parents to three small children, the couple were initially devastated by the news. Mercy staff persuaded “Aruna” to be tested as well, and the couple was grateful to learn that his results were negative.

“Aminata” was put on anti-retroviral medications, and encouraged to use protection to ensure that “Aruna” would remain HIV negative. Thankfully, a year later, “Aruna” remains HIV negative,

and “Aminata” is feeling perfectly healthy as long as she remains on her treatment. The couple’s three children are also HIV negative.

“Aminata” is deeply grateful to Mercy for their care and for the counseling support offered to them as a couple. She is also grateful to her husband for being supportive and encouraging. “He never tries to blame me or remind me that I am sick,” she says. “The only time he mentions it is to remind me to take my medicine.” Thanks to HIV’s counseling services and access to medication, the couple can remain healthy and safe.



Women and children await outreach services at Mercy Hospital. Statistically 1 in 100 Mercy Hospital patients will test positive for HIV/AIDS.



Mercy Hospital Administrator Jinnah Lahai, UMC Health Coordinator Catherine Norman, Chief Medical Officer Sao Amara, HCW Executive Director Melody Curtiss, and UMC Bishop John Yambasu stand in front of the new Surgical Wing.

Mercy Hospital Dedicates Surgical Wing

On Friday, January 18, Mercy Hospital officially opened the doors of its long-awaited Surgical Wing. Bishop John K. Yambasu, District Medical Officer Dr. Roland Carshon-Marsh, UMC Health Coordinator Catherine Norman, UMC Bo District Superintendent Reverend Francis Charley, and HCW Executive Director Melody Curtiss were present to mark the occasion.

The official Act of Dedication was performed by Bishop Yambasu before an official ribbon-cutting and tour of the new surgical wing took place. The Bishop asked God to “graciously accept this building

which we now dedicate to thee, to thy service, and to thy glory, that in it skill and tenderness may unite to bring health and cure to those who come for aid.... Grant that those who come here in weakness may be made strong, that those who come in pain may find relief, and that those who come in sorrow may find joy and gladness.”

On this historic day, Mercy also officially launched the Electronic Medical Information System (EMIS), which includes electronic medical records with linkages to pharmacy, laboratory and financial systems, as well

as a thumbprint scanner to better track patients who may not be literate. This system will replace a system using patient cards that were easily lost or damaged. The EMIS is the first of its kind in Sierra Leone.

Over 50 operations were performed during the first two days after the opening of the surgical wing. Most of the surgeries currently being done at Mercy include appendectomies and hernias, as Mercy is still awaiting some key pieces of equipment for the wing and the EMIS to become fully operational. Mercy is still in need of a blood bank, operating table and power grid to ensure that both the surgical wing and the EMIS have power 24/7.

You can help!

Mercy Hospital is still in need of a few essential items to be fully operational. The Surgical staff needs a blood bank and an additional surgical table in order to perform certain major operations and solar power would ensure reliable, consistent, and sustainable power to keep the surgical wards and Electronic Medical Information System accessible 24/7. Contact HCW Executive Director Melody Curtiss at 703-793-9521 for more information on how you can help.

The Teachers' Learning Collaborative

HCW teams of teachers have traveled to Bo nearly every year since the summer of 2006. Originally focused on providing academic support to the children in the residential program, the project has evolved to focus on local teachers in the belief that providing support to teachers ensures that the impact will extend to all those they teach. The Teachers Learning Collaborative (TLC) that launched in July of 2018 enabled teachers from the US and Sierra Leone to share best practices as equal colleagues. The TLC's first efforts were led by teacher educator Sharon Gardner and a small group of teachers from HCW Partner Churches First UMC Colleyville and Ebenezer United Methodist Church. Sharon and others share the lessons learned from this pilot project in an interview with HCW.

"I learned what true courage, heart and love for teaching really is."

HCW: "The TLC Project doesn't have a traditional 'expert teaching' format. Can you share a little about the TLC approach?"

Sharon Gardner: "It was most important to me that this project be a gathering of equal teacher-professionals. I wanted our US teaching team to always honor and value the knowledge, skills, and experiences of the teachers from Sierra Leone. After all, none us has any idea what it is like to teach there."

Janie Williams: "The classrooms the teachers in Bo have are packed with students and include little to no resources. Some days I am overwhelmed in my classroom with 24 kindergarteners and all kinds of resources. I admire the dedication from teachers who have up to 100 children in their classroom, and are still so passionate about making a difference."

Sharon: "Participating in the TLC was all about sharing the heart of a teacher for both US and Sierra Leonean teachers."

HCW: What surprised you the most?

Will DeBoesser: "I learned what true courage, heart and love for teaching really is. After spending money to go to university to become a teacher, most then teach for 5-6 years in over-crowded, under resourced classrooms - without a salary (teachers in Sierra Leone cannot receive a salary until they are listed on the Government roster - which can take years). When I asked why not quit, one teacher said 'the children are why we keep coming back. They are the future of our country, and need to be invested in.'"

HCW: What's next?

Sharon: "One of my hopes for this project is for future collaborations between US and Sierra Leonean teachers based on the wants, needs and hopes of our Sierra Leonean colleagues. They are true experts where their students and the needs of their classrooms are concerned. Another hope, in terms of impact and outcomes, is to further equip these teacher-leaders to lead and develop other teacher-leaders in their schools."



US and Sierra Leonean Teachers sharing a love of teaching that crosses borders.

HCW Partner Churches Host Events



10th Anniversary of UMC Colleyville's "Run for Rescue"

WHEN: April 13, 2019
TIME: Fun Run starts at 8:00am, 5K begins at 8:30am
WHERE: UMC Colleyville, 1000 Church St., Colleyville, TX.

Run will be followed by a pancake breakfast. Celebrate the "Run for Rescue" 10th Anniversary by dressing in a costume representing your favorite decade! Register at fumccolleyville.org/get-involved/missions-sign-up/run-for-rescue/



Come "Go for Bo" at Ebenezer UMC's 8th Annual 5K, 1 Mile Fun Run, and Tot Dash!

WHEN: October 12, 2019
TIME: Fun Run and Tot Run begin at 8:00am, 5K begins at 8:30am.
WHERE: Ebenezer UMC, 161 Embrey Mill Rd., Stafford, VA.

Run will be followed by a pancake breakfast. Registration will open soon at goforbo.org.

Last Reunification Celebration

Child Rescue Centre leads the transition to family-based care in Sierra Leone

For eighteen years, the Child Rescue Centre has been a safe haven and home for orphans and vulnerable children in Bo. The CRC has also provided support to families living in Bo, so that they could remain intact throughout this time. Since the CRC opened in 2000, 100 children have lived in the residential program, and many hundreds more have been supported in family-based care.

Recognizing that children grow best in families, it has always been the goal of the CRC to transition the children in its residential program into either kinship or foster care as soon as possible. In July of 2018, the CRC realized its dream of ensuring that all of its children found homes in family settings when it held its final Reunification Celebration and transitioned the last 20 children out of its residential program and into its family-based support program. Reunification Chairperson and Education Manager, Mabel Mustapha opened the ceremony for the children and their parents. "Today is a very important day in the history of our organization," she said. "The children will finally be reunited with their families. We have spent two years helping to build a bond between these parents and children, and I am happy because they are ready to be together."

"The best place for a child is in the home."

CRC Director and former CRC resident, Mohamed Nabieu shared his joy at having reunified all 20 children with families. "The best thing for a child is to be raised in the home with their real relatives. Children need to know their roots and be with their forever families. Parents need the opportunity to raise their own children."

Nabieu also assured parents that the CRC would continue to support them and their children, "We are shifting our focus from the individual child to the entire family," he said. Bishop John Yambasu advised the parents, "It is a blessing to be a parent, and it comes with much responsibility. With

love, we will come to empower you to be the best parents you can be." Olivia Fonnies, CRC Supervisory Chair, encouraged parents to have patience with their children as they learn to live together.

Director of the Ministry of Social Welfare and Gender Affairs, Patrick Bangura, praised the CRC for following the government directive to transition children from residential to family-based care. "The best place for a child is in the home. Sierra Leone does not have [true] orphans; there is always a relative, auntie or uncle. We appreciate the steps that the CRC has taken." Mrs. Koker, Executive Director of the SOS Children's Home in Bo also praised the CRC, "I want to congratulate the CRC for the bold step they have taken. We realize that we all need to make these changes. We need to work together to do the best we can for these children."

Sally Mattia (caregiver for Hassan and Sallay Combe), shared the joy all the parents felt. "We are so happy today. We thank you for taking care of our children, and for teaching and training us. We have been so happy when the children came to visit and stay with us, and we are excited to have them home

with us now." Musu Mansaray (Aminata and Isatu's grandmother) shared her joy as well, "I am so happy that the children are coming home to stay with me. It is very good. I love my girls, and I am glad we will finally be together. Thank you to CRC for helping us."

The government of Sierra Leone has made a commitment to transition all orphans and vulnerable children to family-based care in alignment with the United Nations Conventions on the Rights of the Child. The CRC is the first residential children's home in the country to fully transition its residential program to family-based care, and the Director and staff are working closely with the Ministry of Social Welfare to share the lessons learned through this process in the hopes of inspiring others to follow its lead. CRC also meets regularly with the leadership of other children's homes in Bo to share best practices.

Helping Children Worldwide is actively working to share the experiences of the CRC transition with others in the field of global child welfare.

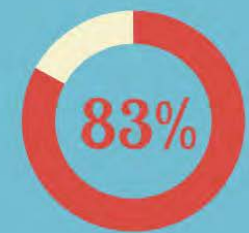


CRC students and siblings Kadija and Norman Koroma are reunified with their foster mother Jeneba Momoh.



From left: Bishop John K. Yambasu, Aminata Tarawally, CRC Supervisor Chair Oliva Fonnies, Abu Bakkar Pessima, Ministry of Social Welfare and Gender Affairs representative Patrick Bangura, and CRC Director Mohamed Nabieu pray during the celebration ceremony.

140 MILLION ORPHANS Worldwide



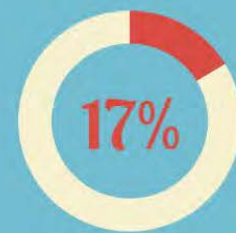
of orphan population classified as "single orphans", denoting children who have lost only one parent



30% of the orphan population is located on the African continent



20% of the orphan population in sub-Saharan Africa is under age of 18



Children with no parents comprise only 17% of the total orphan population

The orphanage epidemic

An editorial by Dr. Laura Horvath

It is estimated that 8 million children in the world live in residential children's homes or orphanages, even though current research states that more than 80% of these children have a living parent who could care for them with the right support. The primary reason these "orphans" wind up in institutional care is poverty. In 2016, HCW began to press for accelerated reunification of children in the residential program, along with the leadership of the Child Rescue Centre (CRC). The Child Rescue Centre's carefully planned transition to family-based care took nearly two years to execute, and the CRC continues to provide health, education and case management support to these reunified children, as well as more than 500 children living with families in Bo. The decision to make this transition was an outgrowth of the CRC's 18 year commitment to provide the very best support and care to vulnerable children. Research demonstrating unequivocally that children grow and develop best in families led the CRC to the natural conclusion to make this transition.

Nearly every country on the planet, including Sierra

Leone, has ratified the 1989 United Nations Conventions on the Rights of the Child (UN CRC), which stipulates that all children have the right to grow up in families; and despite the global efforts of organizations such as Faith to Action, Catholic Relief Charities, Lumos and Christian Alliance for Orphans, there is evidence that orphanages are in fact proliferating at an unprecedented rate. Even as many organizations like HCW and the CRC are heeding the research and encouraging organizations to transition children into family-based care, it seems that new orphanages are popping up all over the developing world. Given that nearly every country in the world has signed the UN CRC, why is the number of orphanages in the developing world growing instead of shrinking? The simple answer may be, money.

The key driver of the global rise in orphanage proliferation has to do with the rising interest in a phenomenon known as volunteer tourism, voluntourism, and sometimes even orphan tourism. Volunteer tourism has become a popular way to see a different part of the world coupled with an opportunity to participate in a worthy cause. While

there are a variety of ways to engage in good works in other parts of the world, none is more popular than the opportunity to visit an orphanage or school, and to pour love and attention on vulnerable children. The problem is twofold. First, children in institutional settings are already suffering the trauma of being separated from family and community. Short-term travelers who quickly bond with them and then leave, re-traumatize them, and this impacts their long-term ability to form healthy attachments to more permanent people in their lives. While many voluntourists participate in mission sending organizations; in many places in Africa and the East, it is possible to arrive in a town, ask a cab to take you to "an orphanage," and immediately have access to children to interact with, play with and 'love on.' With little to no supervisory oversight, it is not difficult to imagine the kinds of dangers to children this represents.

"In many parts of the world where state regulation is weak or non-existent, orphanages have become big business."

Second, volunteers to orphanages also reinforce what has become known as "orphanage business." In order to have visitors come to visit your orphanage and perhaps continue to provide financial support, you have to have orphans in your institution. In the best of cases, well-intentioned foreigners traveling to countries in the developing world see vulnerable children and genuinely desire to help in any way that they can. Creating a place of safety and security, providing access to resources local people can only dream of seems like the right approach, particularly when those providing aid believe that the children have no other carers available to them. In developing countries where state infrastructure lacks capacity for proper oversight, this can result in well-meaning organizations being built, staffed, and children installed in them, without the appropriate government agencies even being aware of their existence. Often this is because those creating the institution - usually from places in the

West, either aren't aware of the need to register with appropriate government agencies, or find that working within a damaged or broken system is too frustrating to deal with when it is far easier to work around them.

Unfortunately in increasing numbers, "entrepreneurial" people have learned that foreigners like to donate money to help "orphans." In many parts of the world where state regulation is weak or non-existent, orphanages have become big business. This leads to a kind of trafficking that in the worst case scenarios includes "child finders," who identify vulnerable children and recruit them into the orphanage often by misleading their families and parents as well as the western donors providing the funding. Again, the lack of state oversight often leaves these children vulnerable to exploitation in order for the orphanage to continue to raise funds; or worse, to those with more nefarious goals for gaining access to vulnerable children.

Many countries are looking into ways to discourage both orphan tourism and the support of orphanages not engaged in the process to deinstitutionalize. Mission sending organizations all over the world are embracing methods to engage volunteers that are more responsible and less harmful to vulnerable children. On November 29, 2018, Australia passed The Modern Slavery Bill into law, recognizing orphanage tourism as the key driver of "a type of modern day slavery."

Helping Children Worldwide carefully tracks the global movements involving orphans and children in alternative forms of care all over the world, and advocates for programs that prioritize the needs and rights of all children by supporting those focused on family-based care. Additionally, Helping Children Worldwide has spent more than two years working in close collaboration with licensed clinical social workers, case management experts and the CRC leadership to transition the ways in which UMWIM teams interact with children and staff in the CRC programs. By providing support and capacity building to the adults who care for the children, teams are able to empower these caregivers and have a far greater and more positive impact on children through their caregivers. This also allows the children and their families to develop the healthy attachment and bonds necessary for these children to be able to form healthy attachments in their adult lives.

For more information about the impact of orphanages on vulnerable children and the worldwide movement away from residential care, visit helpingchildrenworldwide.org/crc-resources.



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