



FAMILY IS WHERE THE HEART IS ♡



Separated by the Ebola crisis, brothers John and Abu are reunited at last.

FAMILY IS WHERE THE HEART IS

Abie and her children lost so much to the Ebola crisis, but the Child Rescue Centre helped them keep hope alive.

Like thousands of other families in West Africa, the Williams family was devastated by the Ebola crisis of 2014. Husband and father John, an ambulance driver, contracted Ebola and died at the treatment center in Bo. His wife, Abie, and children Abu, Mary and John, were required to go into quarantine for weeks, their lives hanging in the balance while they waited to learn if anyone else had been infected with the deadly virus.

By the time the family emerged from quarantine, they were financially ruined and utterly without hope. Their main provider was gone, and Abie was left alone with no way to support her family. She scraped together what little she could by selling rice cakes on the street, but there wasn't enough money to feed her growing children, let alone pay rent and school fees. Desperate and alone, Abie appealed to the Child Rescue Centre for guidance and assistance.

The CRC came alongside Abie to provide support and help Abie make some decisions about caring for her children. After consulting with the CRC staff, Abie made the difficult decision to temporarily place her youngest and most vulnerable child,

The Williams family was devastated by the Ebola crisis, but the CRC helped them survive. "Without the support of the CRC, my children would not have been in school and have good health, after the death of their father, my husband," Abie says.



John, in the residential program until her situation stabilized. The CRC enrolled Mary's older children, Mary and Abu, in the Child Support Program, so they could stay in school and receive medical care at Mercy Hospital.

Nothing would ever be the same as it was before Ebola and the tragic death of her husband, but at least now Abie was not walking alone through this terrible crisis. It took several years for Abie's financial situation to improve, but now at last she has a home where the family can live together, and

John has been joyfully reunited with his mother and siblings. Abie's sister is allowing the family to stay in a house she owns until they can find someplace to rent. The house is only partially finished, but it is safe and affordable.

In accord with the global movement away from placing vulnerable children in orphanages, the Child Rescue Centre has transitioned from residential care to a focus on reintegration, family strengthening, and family preservation. Last year, John was among the last group

of children to be reunified with their families. His mother visited him often while he was in residential care, and she participated in family strengthening classes to prepare for the reunification of her family.

The Williams family missed their youngest member deeply and they are so happy to be together. "Since John has been reunified home he always supports our mother in domestic work. He encourages others to study," Abu says proudly of his younger brother.

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John helps his mom make dinner. "He always supports our mother in domestic work," his brother Abu says.

Learn how you can help families like the Williamses at www.helpingchildrenworldwide.org/sponsor-a-child

Abie and her children will always miss their husband and father. Like so many families in Sierra Leone, life is not the same as it was before Ebola. But they are together now, because the Child Rescue Centre reached out to them when they were desperate and brought them through disaster to a place of stability. "Without the support of the CRC, my children would not have been in school and have good health, after the death of their father, my husband," Abie says gratefully.



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HOW MANY CHILDREN IN RESIDENTIAL CARE ARE TRULY ORPHANS?

Worldwide, there are approximately 140 million children who have lost one parent, and of those, 15 million children have lost both parents. It is estimated that 80-90% of orphans have a surviving parent, grandparent, or other family member to care for them. (www.data.unicef.org/topic/child-protection/children-alternative-care)

Recognizing that institutionalization adversely impacts children's development, many countries are making efforts to reduce the number of children living in institutional care, and reunite children with their families (Read "What global orphan crisis?" on page 12).

UNICEF has estimated that there are approximately 2.7 million children in residential care globally, although many countries lack accurate statistics and the number may be much larger. Approximately 126,000 children are believed to be in residential care throughout West Africa.

Accurate figures about the number of orphans and the number of children in residential care in Sierra Leone are elusive. Sierra Leone's Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) puts the number of orphans in Sierra Leone at 2,600, but organizations including UNICEF believe the real figure could be more than 7,000.

Street Child UK states that more than 12,000 children lost one parent to Ebola, and more than 3,200 lost both parents (www.street-child.co.uk/ebola-orphan-report).



Most orphaned children have surviving family members to care for them.

140 million children have lost at least one parent.¹

15 million children have lost both parents.²

2.7 million children are in residential care globally.³

80-90% of orphans have surviving family members to care for them.⁴

2,600-7,000 children are in residential care in Sierra Leone.⁵

12,000 children lost a parent to Ebola in Sierra Leone.⁶

3,200 children lost both parents to Ebola in Sierra Leone.⁷

The vast majority of orphans live with a surviving parent, grandparent, or other family member. Many countries are making efforts to reduce the number of children in institutional care and reunite them with their families.

1,2,3,4 - UNICEF data www.data.unicef.org

5 - Sierra Leone MSWGCA, UNICEF

6,7 - Street Child UK www.street-child.co.uk



Abdul is grateful that Gloria's education is supported by the CRC. "I now have nothing to worry about as far as educational support is concerned for Gloria," he says.

Overcoming the challenges of extreme poverty

Many families in Sierra Leone are deeply affected by the long term effects of childhood deprivation and disease. The Child Rescue Centre is helping two vulnerable families affected by blindness escape the generational cycle of poverty.

Children raised in extreme poverty may suffer irreversible consequences from lack of education and early health care. For example, untreated childhood measles is the leading cause of blindness in low income countries (See "The connection between poverty and vision impairment," page 9). The Child Rescue Centre aims to make education and health care available to vulnerable children, so they can escape the cycle of generational poverty. In spite of tremendous challenges, these CRC families, both affected by blindness, are determined to see their children survive and succeed.

Abdul Koroma, the father of Child Rescue Centre student Gloria, was not born blind. Like millions of other children in the developing world, Abdul contracted measles at age nine, and without the prescribed high dose of oral Vitamin A, he eventually lost his sight (see sidebar on page 8).

Abdul attended the Paul School for the Blind in Bo where he learned Braille and typing. He completed his lower school education, passed the very difficult West African Senior School Certificate Examination (WASSCE), and was admitted to Njala

University where he earned a teaching certificate. He now teaches at the Paul School and is a pastor at his church in the blind community.

Although he only receives a small stipend from the school (like many teachers in Sierra Leone, he is a volunteer), Abdul is the primary breadwinner for his family. His wife works as a petty trader who sells cooked food in the marketplace.

Daughter Gloria was enrolled in the Child Rescue Centre two years ago after passing the primary exam and being promoted to Junior Secondary

School. Gloria has a younger brother who is not yet attending school.

Although the assistance the family receives from the CRC makes a huge difference, Abdul struggles to feed his family and pay rent. Nevertheless, his hope is buoyed by Gloria's enrollment in the CRC and the support they receive for her education.

"In the midst of all this situation, one of the good things that God did for me was to have my daughter enrolled into the CRC program where I now have nothing to worry about as far

continued



The Conteh family with their Child Rescue Centre case manager, Rosa Saffa (in blue dress), who meets with the family on a regular basis to assess their needs and track their progress.

Learn how you can help families like the Koromas and Contehs at www.helpingchildrenworldwide.org/sponsor-a-child

The connection between poverty and vision impairment

Approximately three-quarters of the world's blind children live in the poorest regions of Africa and Asia, where specialist eye health practitioners are scarce. Eye diseases causing preventable blindness are often the result of a combination of factors such as poverty, lack of education and inadequate health-care services.¹

Africa has a disproportionate number of the world's blind and vision impaired. With approximately 10 per cent of the world's population, Africa has 19 per cent of the world's blindness. The International Agency for the Prevention of Blindness has found there is a "critical shortage" of optometry professionals in sub-Saharan Africa.²

Measles is the single leading cause of blindness among children in low income countries, accounting for an estimated 15,000 cases of blindness per year. Measles remains a major problem in developing countries, where it affects an estimated 30 million children a year and causes up to one million deaths annually.³

1. World Health Organization, www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment

2. Guardian Online, www.theguardian.com/global-development/2016/jul/15/preventable-blindness-children-rise-poorer-countries

3. Department of Ophthalmology, Johns Hopkins University School of Medicine

as educational support is concerned for Gloria," Abdul says.

Blind from birth, Mohamed Conteh left his village as a young boy when he received a scholarship to attend the Milton Margai School for the Blind in Freetown. In 2005, Mohamed met and married his wife Francess, who is also blind, although she lost her sight at age nine, probably due to illness. The Koromas have four beautiful children, none of whom are blind.

Three of the couple's children were enrolled in the Child Rescue Centre in 2015 after the severe economic downturn caused by the Ebola crisis, which affected the whole country, but especially vulnerable families. Martha and Emmanuel are in Junior Secondary school and Naomi is in Primary school. Of the four children only the youngest son, John, is not enrolled. The CRC generally caps a family's enrollment at two children to be able to serve more families, but made an exception for the Koromas, due to the extra challenges of the parents' vision impairment.

The family lives in a small home on the grounds of the Paul School for the Blind in Bo, where Mohamed receives a stipend to teach. Daughter Martha does most of the household chores, including looking after her younger siblings. Every morning, Martha helps John and Naomi get ready for school and heats the leftover dinner for their breakfast.

Prior to enrollment in the CRC, the Conteh children felt awkward with other kids in the community because their parents are blind. The CRC gives them a place of belonging, where they can socialize and play with other kids, which helps them feel normal. Francess is pleased that the children are fitting in better at school now that they have the proper learning materials. "My kids use to go to school with very few books and plastic bags and shoes and only [one] uniform, but with CRC they are provided with all these," Francess told CRC case manager Rosa Saffa on a recent visit.

The children have big dreams too; Emmanuel wants to be a medical doctor when he grows up. Martha wants to be an accountant, and Naomi,

a nurse. Mohamed and Francess are doing everything they can to support their children in achieving these goals.

The children receive free health care at Mercy Hospital, greatly relieving the financial burden on the family. "My children used to suffer with certain illnesses due to financial constraints. But as a family we now use the little we have on food and other needs, rather than health, which has been taken care of by the CRC," says Francess.

There is no "safety net" in Sierra Leone; the Child Rescue Centre provides real support to vulnerable families to keep them from falling through the cracks. Although the Contehs still face very real challenges, they are able to manage because of their children's enrollment in the CRC.

Poverty and blindness are only part of Mohamed's and Francess' story. When they look at their four precious children, they see a brighter future, and that gives them so much hope.

Naomi wants to be a nurse, Emmanuel, a doctor, and Martha, an accountant. Little John hasn't decided yet.



Reflecting on the Possible

Helping Children Worldwide's intern in Sierra Leone learns first-hand how Mercy Hospital is rescuing children from malnutrition and malaria

*By Sam Bundren
Monitoring and Evaluation Project Lead*

As an intern for Helping Children Worldwide, my interactions with the outreach program were limited to Excel spreadsheets, email exchanges with the Outreach Coordinator Mohamed Khadar, and video conference calls. My understanding of the importance of the outreach program was superficial and based in numbers: number of tests performed, medicine given out, and patients seen.

For these reasons, I was thrilled when Khadar told me that he wanted me to be the Outreach liaison for HCW. In this role, I would observe and report on what I saw during outreaches.

A few weeks later, loading into the back of a Mercy Hospital ambulance with six Mercy employees, I found myself headed to Tikonko village for my first outreach. Leaving the familiarity of Mercy Hospital made me a little nervous, and as the outreach staff and I rode in the back of the Mercy ambulance, I watched as glimpses of buildings out the windows became more and more rare.

As I clambered out of the back of the ambulance, the children were just as likely to wave and smile as they were to hide behind their mother's legs. I made my way to the center of the village where the outreach procedures would take place.

The women of the village sang a song about how thankful they were to welcome us, and a few speeches were made about the importance of outreach and the specifics of the stations that the participants would visit that day. Finally, the outreach would begin.

First, I worked at the registration station. Here, we took the names of the children who would be seen, their age, and their sex. As simple as this task sounds, it proved to be quite difficult for me. The combination of the language barrier and my complete lack of familiarity with common names in Sierra Leone resulted in me asking for help spelling the name of almost everyone I helped register.

I did my best to work quickly and not delay the process too much, and everyone was exceptionally patient with me, spelling things out and making sure I understood how to pronounce every name--even if it took me a few tries.

After registration was over, I had the opportunity to work with the pharmacist, a task I found interesting and--thankfully--harder for me to disrupt. The pharmacist explained to me what the different medications were prescribed for, and how the dosages work, while expertly measuring out the medications and explaining to the patients how frequently they should be taken.



"The effect this program has on a village can be seen in the faces of smiling children and the weight of malnourished children that increase with every visit to their homes." -Sam Bundren

Directly adjacent to the pharmacy was the lab, and I even had the opportunity to help perform rapid diagnostic tests (RDTs) for malaria while I was assisting the pharmacist. I felt particularly fortunate to be able to assist in administering these blood tests, and was flattered by the confidence the outreach staff had in me to help perform these important tests.

Waving to the children as we pulled out of the village, I reflected on just how much the outreach program makes possible. From distributing medicine and

food supplements to performing malaria and HIV tests, the outreach program has a direct impact on those who are unable to make it to Mercy Hospital.

The effect this program has on a village can be seen in the faces of smiling children and the weight of malnourished children that increase with every visit to their homes. I consider myself truly lucky to have had the opportunity to attend an outreach, and I hope I am fortunate enough to attend more in the future.

Learn how you can rescue children from malnutrition at www.helpingchildrenworldwide.org/mercy-hospital

What global orphan crisis?

What if the best place for orphaned children wasn't in an institution?

By Dr. Laura Horvath, Ed. D.
Director of Program Development and Community Engagement

The fact is, there is no "global orphan crisis."

This might seem a radical notion, especially in the face of research that puts the number of orphans worldwide at somewhere between 140 and 153 million children. That certainly sounds like a global orphan crisis, doesn't it?

The fundamental flaw with that statement is a profoundly important one: most of those 'orphans,' aren't in fact, orphans. And even if they are, an institution is not the best place for any child, orphan or not, to grow up. According to Mick Pease, author of *Children Belong in Families* and founder of the organization Strengthening Families of Abandoned Children (SFAC), framing the issue of children living separated from parental or family care as an 'orphan crisis' focuses far too much attention on the symptom, and not enough attention on the root causes.

"For far too long, well-intentioned Westerners have looked at the issue of children living in orphanages and considered them to be orphans without parents and families. Sadly that premise has been supported and even promoted by many in the donor world--the notion that these children really are orphans," Mick says.

It is an understandable assumption for most people, who don't know that UNICEF defines the

word orphan as having lost one parent. A child who has lost two parents is a double orphan.

Global estimates of children living in institutional care vary widely, ranging from 2.7 to 8 million. It's almost impossible to know how many children there are in institutional care, partly because there is no clear definition of what that means. Obviously, this includes orphanages, but does it also include boarding schools, family-style residential facilities, even remand homes or prisons?

"For too long the narrative has been focused on the 'global orphan crisis.' What we really have is a 'global family preservation crisis.' - Mick Pease, author of "Children Belong in Families"

On top of that, in the developing world government agencies lack the capacity to conduct an accurate census of children in alternative forms of care. In many places, including Sierra Leone, it is not difficult for well-meaning NGOs to build and fill a residential home with children without officially registering it with the government.

Even more shockingly, of those 'orphans' we know are living in institutions around the world, 80-90% of them have a living parent. They're not in an



CRC student John (pictured with his mother and sister) was happy to be reunited with his family last year after living for several years in residential care.

orphanage because they don't have parents; most are there because of extreme poverty. Even those who are truly double orphaned have extended family who could care for them, if they had some support.

If you are a parent, ask yourself where you'd want your child to be, should something happen to you and your spouse? I'm willing to bet your first choice would not be an institution.

Parents who are extremely impoverished make the heartbreaking choice to put their child in an orphanage because they believe they have no other option. The orphanage represents three meals a day instead of hunger; or access to an education poor parents can't afford to provide. Imagine feeling that your child's best hope in life is, out of necessity, not with you.

But what if there were another way?

The truth is, as Mick puts it, "Few questions are asked and simple answers are concluded: if these children are in orphanages, then they must be orphans." We can all agree that something must be done about a child abandoned or separated from family care, but when we focus on the child as an isolated case, we ignore the root causes of separation, and fail to address them.

Likewise, for families who believe they can't afford to provide for their children, clearly some support is needed, but there are other ways to provide that support that don't necessitate separating a child from the love of a family. "For too long the narrative has been focused on the 'global orphan crisis,'" Mick asserts. "What we really have is a 'global family preservation crisis.'"

continued



Saffiatu struggled to provide for her family until she enrolled in the Child Rescue Centre microfinance program. Today she is able to support her family with the earnings from her small business.

“Orphanages should be a last resort, because there is a better way: family-centered, individualized care.” - Kristi Gleason, VP of Bethany Christian Services

“How often do we use the phrase, ‘prevention is better than cure?’ Mick asks. “Yet when it comes to responding overseas to children separated from care, prevention is ignored in favor of the quick fix--build another orphanage!” Although the safety of the child must be of paramount concern, “we must not be satisfied with merely rescuing children,” he says. “We must restore the parents and family in that child’s community.”

According to Kristi Gleason, Vice President of Bethany Christian Services, “Orphanages were never meant to meet the needs created

by poverty. They were once necessary in the midst of large-scale crises, like the HIV/AIDS crisis [or in times of war], that took the lives of entire villages. But now, orphanages should be a last resort, because there is a better way: family-centered, individualized care.”

What if our work to care for vulnerable children focused more on restoring children to family care, and ensuring that the family had what it needed to care well for that child? What if rescue were just the first step in a journey that either led to reuniting a child with their family, or with identifying a loving family for a child, and then providing the family with the support they need to remain together? Isn’t this what every child deserves?

Come hear Mick Pease, author of *Children Belong in Families*, speak at the Rising Tides Conference.



Join us September 6 & 7, 2019 at Floris UMC In Herndon, Virginia for Helping Children Worldwide’s policy conference **Rising Tides: The Future of Global Missions**. Leading voices in global missions will present on global public health and development, program sustainability and community development in developing countries, how to do short-term missions meaningfully and ethically, and the evolving role of child welfare programs in the care of orphans and vulnerable children. Learn more about the conference and register at www.helpingchildrenworldwide.org/rising-tides.



*“If over 80% of children living in orphanages have a living parent, but the parents need help...why aren’t we helping them?” – From the movie **Lost Kites***

Featured speakers include Mick Pease, founder of Strengthening Families of Abandoned Children; Gaston Warner, CEO of ZOE Empowers; Dr. Kim Lamberty, Changing the Way We Care team, leading Catholic engagement; and Sarah Gesiriech, US Government Special Advisor on Children in Adversity at USAID; along with many other influential voices in child welfare and global missions.

The award winning documentary *Lost Kites* will be screened Friday morning at the conference, and screenwriter Casey Walker will also be a featured speaker. *Lost Kites* follows a young film team seeking answers to the global orphan crisis.

Learn more and register for Rising Tides at: www.helpingchildrenworldwide.org/rising-tides



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