



Summer 2015 Update

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*In Sub-Saharan Africa
over 51% of the
population live on less
than \$1.25 per day.*

“You can help”



*To donate to support a
child at the City of
Refuge or the AITC*

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Heartbeat for Africa supports partners in the Ivory Coast (Cote d'Ivoire) and Ghana.

Many people ask, “What is it like to make a trip with HBA to West Africa?” That question is best answered by reading the stories published on our web site from those who recently made trip with us. (see www.heartbeatforafrica.org/news). This summer HBA was asked to send a medical team to the Ivory Coast and an education team to Ghana.

The medical team was made up of one doctor, one nurse practitioner, two nurses and two non-medical people. They traveled to Abidjan and Abengourou in the Ivory Coast in June. The team was asked by Medical Ambassadors International, West Africa Regional Director, Dayo Obaweya to provide educational training in the areas of Women’s Cycle of Life and discipleship, and to conduct community health assessments and medical clinics in rural area villages around these two larger cities. In total the team provided medical support to over 1000 people in 6 days. Many people coming to the clinics were afflicted with diseases such as malaria, pneumonia, typhoid, asthma, stomach pain, hypertension, vertigo, diarrhea and bloody stools. Ten patients seen were sent to a hospital for further medical treatment. The team also brought soccer balls and gave them out to a small very poor community outside of Abidjan that was suffering from flooding, rampant disease, and malnutrition. The soccer balls quickly facilitated and created positive and loving relationships between the team and the people of the community.

Overall the educational lessons associated with Women’s Cycle of Life and Discipleship opened the door for seeing effective and holistic community development and evangelism take place in these areas of the Ivory Coast. The health clinics and health assessments were seed projects in communities where CHE had not begun. The leaders of these rural communities become aware of health issues in their specific community and were shown that through working with local trainers these health issues could be addressed.

In August, a second HBA team consisting of seven people from four churches in Tucson traveled to Ghana. They spent the first 37 hours of the trip traveling from Tucson to Navrongo which is located in the upper North East Region of Ghana along the boarder of Burkina Faso. During the two weeks this team was in Ghana they taught trainers in the CHE development strategy, facilitated three health assessments in three rural villages and taught Women's Cycle of Life classes to women in four different locations. This was in support of HBA partners Dayo Obaweya, of Medical Ambassadors International and Stacy and Johnbull Omorfe of City of Refuge Ministry.

So back to the question posed above, "What is it like to make a trip to Africa with HBA?" The most difficult part is not the inconvenience of limited showers or electricity, language barriers, cultural differences, eating unfamiliar food, and the additional difficult circumstances involved in travel around an unknown country. The most difficult part is leaving! Although some team members are ready to come back to the US after two weeks many others are not. Reality of what you had done and seen and what you had experienced sets in very quickly once back in the States.

Such was the conversation I had with my 16 year old grand daughter who was part of the Education Team with me. Upon landing back in the States at JFK she said to me "I am really not ready to be back here, I already miss the people that I was with in Ghana, their joy, their happiness, even in their lack of material things". Her words are very common to those of us that have experienced and lived just a little with the people of West Africa living in real poverty. Ashlyn became vividly aware, at least to a limited degree, that millions of people living in 7 of the 17 West African countries face a food crisis each day of their life. She came face-to-face with widespread poverty that led to sanitation and clean water problems. She saw the dreadful affects from disease, the reality of limited health professionals in-country, women facing abuses even within their own family, poor schools, unemployment, and poor nutrition. But here is the hard part. The people living in these conditions are happy, joyful and content with life in direct conflict with the idea in our culture that an individual must have material wealth to be satisfied. We saw such a contrast to how we live as a people!

So for me even after many trips to West Africa I realize that I can only do my part in helping to reduce poverty, help the sick and diseased, and improve sanitation, education and nutrition. But this is my part and what I am called to do, so I press on. HBA is committed to seeing communities transformed from the inside. We as a non profit foundation have been called to help to empower people through education living in rural communities; to help them to see that they can make a difference in their life and the lives of their families. We do that through medical education on disease prevention and education of local trainers that work with their own people to transform their communities. This strategy is called Community Health Education.

Join us on a trip in 2016. It will make a difference in your life!

Few people living in the wealthy countries have any detailed conception of the extent of poverty in the Third World or the forms that it takes



Left: Medical Team in poverty area outside of Abidjan. Chief said "first time white light has come into my village We are grateful for caring for us."



Right: Education Team on border of Burkina Faso with partners Dayo Obaweya and Rev. La Missi.

Rev La Missi oversees a ministry to thousands of widows living in Northern Ghana along the border of Burkina