by Emily Penrose-McLaugelin, Independence, MO, USA, Executive Director, HealthEd Connect

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ourteen years ago, my husband and I embarked on a journey to serve as World Service Corps volunteers for one year in Zambia. Though we were foreigners with

only a feeble sense of the local language, and the world view of white Americans, we tried to exemplify that we came to learn, to live side-by-side, to honor the richness of local culture and customs, and to offer whatever skills we could in service with the community. It was through this experience of humbly knocking at the door, that we were invited to enter the homes and the lives of people who became our dearest friends and taught us what was important.

I most appreciated opportunities to work with women and children and felt joy in seeing their excitement and pride in learning something new. I realized that it was important to me to serve a purpose that would uplift and empower those who may be marginalized, oppressed, or impoverished. This was rooted in a sense of calling I felt to embody the cares, concerns, and actions of Jesus in the present day.

Fast forward several years, and I now have the great honor to work with HealthEd Connect – a nonprofit organization that empowers women and children through evidence-based health, education, and advocacy. We strive to accomplish this mission by training and partnering with volunteer community health workers (CHW) in Zambia, Democratic Republic of Congo, Malawi, and Nepal to identify and address issues of basic health and education from the grass roots level.

Our CHW colleagues are trained to provide villagebased primary health care based on World Health Organization guidelines. Emphasis is on weighing and monitoring growth of infants and children, prenatal monitoring and teaching, nutrition, sanitation, importance of immunizations, family planning, and first aid. Volunteers also learn how to conduct participatory research through community surveys to assess needs, empowering them from the start as the local experts and best advocates for their communities.

CHWs in Zambia, for example, were some of the first to elevate the plight of orphans and their caregivers, where 1 in 10 are orphans due to the staggering AIDS crisis. Their community surveys indicated the most pressing need was education for the children. An elderly caregiver shared poignantly, 'we may be hungry tomorrow, but if our children do not have education, they have no future.' Since then, HealthEd Connect has supported this need with the establishment of three community schools, providing access to quality primary education (K-7) for orphans and vulnerable children. Starting small, these programs have grown right along with the happy children attending them! There are now over 1,400 students enrolled in the three schools, where all receive a meal every school day.

Not only did the CHWs lead the way for establishing these schools, but they continue to provide wraparound support to the students. They tend the garden where veggies are grown, adding nutrients to the school lunches, facilitate the Isubilo (meaning "hope") grief support group for orphans, and the Girls Achievement Program (GAP) to teach girls about their bodies, their rights, the importance of staying in school, and guiding team building and skills development activities.

In every country and region, our CHW colleagues have responded to the most pressing needs. In D.R. Congo, many CHWs became trained as Traditional Birth Attendants to address the alarmingly high maternal death rate. Their success is evident in the CHWs ability to triage high risk patients to hospitals, and safely deliver thousands of babies every year in rural birthing centers. In Malawi, CHWs have made it their primary goal to address malnutrition, where 47% of children were stunted; providing education for mothers about nutrition and sanitation to ensure infants and children have the chance to thrive. In Nepal, CHWs have jumped into action to support their communities through natural disasters, and now work on sustainability projects such as latrines to eliminate disease caused by poor sanitation, and vented cook stoves to improve respiratory health problems caused by smoke inhalation in the home. And in 2020 up to now, all of our colleagues have been focused on initiatives to prevent COVID-19, while continuing their usual efforts noted above.

I have been able meet many of the HealthEd Connect CHWs from all four countries. And to me, each one represents the hands and feet of Jesus, embodying the cares, concerns, and actions of the great teacher, the healer, the advocate, the friend, to the individuals and communities they serve. I feel incredibly fortunate to learn every day from this global family of care givers and support efforts to uplift and empower women and children. I am living my calling.

HealthEd Connect is an independent non-profit organization cofounded by Jac and Sherri Kirkpatrick in 2009. The organization has cooperative relationships with Graceland University and Community of Christ, and the three community schools sponsored by HealthEd Connect are on church property. To learn more about our work, please visit www.healthedconnect.org

