

In our house, any reference to Freetown or Sierra Leone that is heard on the BBC World Service is quickly seized upon, with eager interest. As Sierra Leone is a small country, our antennae for receiving any global reference to it, seems proportionately higher than it would be if living in the UK. How gratifying it is, therefore, to hear good news about Salone and not yet another negative bulletin on matters of health, education or perhaps bad governance. When the Charities Aid Foundation (CAF) announced the World Giving Index 2010, that of all the 153 nations surveyed, Sierra Leone was in 11th position, in its overall willingness to give to others. Australia and New Zealand may have tied for first place, but Sierra Leone was in first place for the countries of the African Continent.

The CAF World Giving Index is shaped by using an average of the same three measures for all of the countries: the proportion of the public who had, in the previous month, given money to charity, who had given time to those in need and thirdly, helped a stranger or person they did not know.

The news came whilst preparing to preach at the annual thanksgiving service for a local benevolent society, which coincided with hearing of the author J.K. Rowling's £10 million donation towards building and supporting a Multiple Sclerosis clinic in Edinburgh. In addition, an email arrived asking us to donate blood at a local emergency hospital. Together, they provided more than sufficient reason to study carefully the consequences of the CAF report on how we respond to need, local and global.



No day goes by without two contrasting experiences, being gently asked by individuals, known and unknown, to support them or their family's need of food and education fees whilst being confronted with another ostentatious building project which shouts, "we have abundant personal wealth". The habitats of people near to where we live provide physical reminders of the disparities of human existence for Freetonians. And yet in the midst of such day to day reality, Saloneans demonstrate to their African neighbours the capacity for generosity, for grace and for compassion.

Week in and week out, when attending worship services in various churches, we are aware of the emphasis given to numerous collections that punctuate a three hour liturgy. The obscure reasoning used in encouraging the congregations to be generous, causes us to question what is an



appropriate response to such demands. The global rise in ‘prosperity preaching’, (the more you give the more you will be personally blessed), has not escaped Salonean churches, and there is no shortage of mega religious events which invariably promote the idea of benefitting significantly, through one’s own personal giving.

The news of the CAF report, coincided with the request for us to donate blood and our subsequent hospital experience has added further to our consideration of giving and receiving. Women arriving at the Mercy Ships Hospital for fistula operations have often travelled considerable distances on foot and by public transport and in doing so, have left behind the vital support of their immediate family. For some women, treatment for fistula can only be conducted following an operation to provide a temporary colostomy at Goderich Emergency Hospital. This hospital is a few miles out of Freetown on a wretched road but it has an excellent reputation and its 200 hundred beds are fully occupied. Treatment is free, but in the event of an operation, units of blood of blood have to be donated, before surgery can proceed. We were asked to show up at the hospital and to offer blood in the name of Fatma, who was awaiting a colostomy before undergoing a double fistula operation at Mercy Ships Hospital.

We had decided to try and take other potential donors with us and so Mohamed our nearest neighbour, having been assured he would have enough blood to offer, also joined us. Others



quietly declined. Our offer to give blood in the UK has always been declined, on the grounds of either having spent too many years in tropical countries or having a history of malaria. Mercy Ships had assured us that such circumstances

were no barrier to donorship in Salone. Our decision to take others was to promote the giving of blood by Saloneans, as a way of helping the stranger.

In the blood laboratory of Goderich Hospital, a large sign dominates one wall. *No Money for Blood Transfusion. Please Bring Donors.* The staff were intrigued that we should be donating blood for a person we had not met and knew little of, as we waited alongside others donors, with friends and relatives in the hospital. As the age for donating blood is between 16 and 55 years it was decided that we could offer only one paediatric unit each, whilst Mohamed, if he agreed, which he did, could offer an adult unit. A midwife friend, who works in remote areas of the Kailhaun District, on the eastern edge of Sierra Leone, where Liberia and Guinea meet, has often spoken of how difficult it is to obtain blood from relatives of those needing treatment. If no blood is given, patients are sent home to die.

With our blood taken and stored, but without the usual cup of tea and scone, we were encouraged to say “hello” to Fatma and assured her of our prayers and learnt that she was from the north of the country and far from home.



The CAF report gives a clear indication that personal wellbeing influences generosity, more than a person's wealth. Clearly, most Saloneans have very little money, yet their elevated position in the index is largely due to their immense willingness to help the stranger in their midst. This provides us with yet another question, how is it that a small country which was recently torn apart by bloody atrocities, is still able to generate

a degree of compassion which is exemplary on the continent of Africa? And this we witness on



the streets of Freetown every day.

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Posted By Peter and Janice to [ClarkServInSalone](#) at 9/19/2010 07:22:00 PM