



CHILD HEALTH FOUNDATION

...saving the greatest number of children's lives at the lowest possible cost

Issue #1 2012

## Six Small Grants Awarded



This year we asked for proposals related to the prevention or treatment of enteric diseases. Five were selected from about 60 innovative proposals submitted and reviewed by our grant committee of health

experts. The reviewers look for projects which employ innovative methods to improve and save children's lives, and then award them up to \$5,000 which, especially in developing countries, is a small fortune. We also awarded one Humanitarian Grant (\$3,000)--one that we also funded in 2009.

We wish we could fund the others that received high scores. If you would like to help with funds for these, please let us know and we will even let you select the project, then keep you informed about its progress.

### Innovative Grants

1. **BVDA**, Rwanda, Providing information to the community to sustain water related infectious disease prevention and installing clean water wells.
2. **Life Concern Foundation**, Uganda, Improving the drinking water quality among primary school children through the use of sunlight to inactivate pathogens causing diarrhea.
3. **Deeper Mission**, Sierra Leone, Installing a solar composting, environmental toilet (Eloo) project.
4. **Ruwwo**, Tamil Nadu, India, Empowering mothers with complete knowledge of enteric diseases and skills to prevent and manage them.
5. **Grampari**, Maharashtra, India, Increasing hand washing with soap behavior using, in part, a device called the tippy-tap.

### Humanitarian Grant

**Friends Orphanage School**, Uganda, Supplying safe water by installing a permanent water tank. *See report P.3*

## Two New Board Members

**Peter Agre, MD** received the Nobel Prize in Chemistry in 2003 for his work with aquaporins, a family of water channel proteins found throughout nature and responsible for numerous physiological processes in humans. Dr. Agre joined the faculty of Johns Hopkins University in 1984 and has spent most of his professional life at Hopkins' School of Medicine, leaving in 2005 to become Vice Chancellor for Science and Technology at Duke University Medical Center for 3 years. He has now returned and is the Director of the Malaria Research Institute, which gives him the opportunity to concentrate on an area in which he has always been interested - the problem of disease in the developing world.



Dr. Agre is married and has 4 children.

**Sujata Rana, MPH** is an HIV/AIDS specialist with over 17 years of experience designing and implementing HIV and other health programs including Water, Sanitation, Hygiene (WASH) and nutrition globally. Currently she is Senior Health Advisor for CHF International (no relation to Child Health Foundation), providing technical direction to public health programming including multi-sectoral approaches to HIV/AIDS, behavior change-related HIV/AIDS prevention and treatment, orphans and vulnerable children, counseling and testing, integrated care, support, treatment and adherence.



Ms. Rana lives with her husband in Columbia, Maryland.

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## Clean, Clear Water

Quite amazingly, the **EPRC (Environmental and Population Research Center)** Project with a goal to give everyone clean water is now in its eleventh year. It is generously financed by Esther Lazarson of New York City.

The project empowers women to be leaders in the installations and maintenance of tubewells that give people access to clean water. **By November 2011 more than 38,500 people have been supplied with safe water.** As a result, children are experiencing fewer episodes of illness due to water-borne organisms.

This phase of the project was conducted in four villages, where drilling for water met many problems with arsenic and salinity, but with careful sampling, these were overcome. With funds collected from the localities, the education of children continued and because the women no longer have to travel far to get *continued on page 3*



## Letter from the Chair



Dear Friends,

### 2012 Board of Directors

**Peter Agre, MD,**  
Professor, Johns Hopkins University

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### CHF Staff

**Rosario Davison**  
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#### 2012 Innovative Small Grants

We are pleased to announce that we are now soliciting letters of intent for this year's ISG awards. This year we are reviewing proposals that deal only with the prevention or treatment of enteric diseases. See our guidelines on our website. The campaign is open to organizations worldwide.

We are pleased that Child Health Foundation has been able, in spite of the economic difficulties confronting our country, to fund some outstanding Small Grants in 2011. We received 40 proposals from countries throughout the world, and funded 6 of them representing 5 different countries. It was an extremely difficult task because many of the projects that we were unable to fund were innovative and deserving of support, reaching children at the greatest need, in line with the mission of the Foundation. You can read about several of our funded projects in this newsletter.

The Board of Directors, numbering 12, met three times in 2011, either in person or by teleconference. In 2012, we now have 10 members, four having been excused. We were happy, however, to welcome two new members, Ms. Sujata Rana and Dr. Peter Agre. Ms. Rana is an HIV/AIDS specialist with over 17 years of experience designing and implementing HIV and other health programs globally. She is currently CHF International's (no relation to our foundation) Senior Health Advisor providing technical direction to public health programming. Dr. Agre received the Noble Prize in Chemistry in 2003 for his work with aquaporins. He is now the director of the Malaria Research Institute at Johns Hopkins University. The men and women who serve on the board have many years of experience in child health and make great contributions to the work of the Foundation, notably reviewing the many proposals that we receive.

Our other major activity is giving support to the International Centre for Diarrheal Disease Research (ICDDR,B) in Bangladesh through logistical support, facilitation of funding, and an NIH-funded cholera project. Our project in Bangladesh, funded generously by Miss Esther Lazarson of New York, continues into its 11th year, supplying clean water to thousands of people, many of them, of course, children.

We also continue a relationship with Cera Products, Inc. With a donation of CeraLyte and the competent distribution facilitation of Direct Relief International, we supplied oral rehydration solution for the treatment of diarrheal diseases to the victims of the cholera epidemic in Somalia.

We are pleased that the Child Health Foundation has continued to be responsive to the humanitarian and health needs of children throughout the world, including the USA. We thank you for your generous support in the past. We appreciate your comments and your assistance in enabling us to fulfill our mission of "saving the greatest number of children's lives at the lowest possible cost." We welcome your donations as we look forward to new opportunities to improve children's lives.

Sincerely,  
Maureen Black, PhD  
Chair, Board of Directors



A Member Organization of  
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*All reports herein are available on our website and more complete reports can be sent to you if you request them.*

Visit our website at [www.childhealthfoundation.org](http://www.childhealthfoundation.org)

## Clean, Clear Water...continued from p. 1



water from rivers and streams, they have time for planting gardens and taking literacy classes.

In January, Dr. R.B. Sack visited one of these villages and observed firsthand how successful this project has been. The photo was taken during this visit.

## Pumping Up Iron

Iron and Zinc are important nutrients in adolescence. During this period, the demand increases because of accelerated growth.

A study, funded with a 2009 Small Grant, was done by the **Research Center Food and Development (CIAD)** organization in an area of NW Mexico where the prevalence of this nutrient deficiency was recorded to be higher than the national average. This study set out to investigate the iron status and zinc levels in adolescent women (174 agreed to participate) to establish their association with dietary consumption and absorption inhibitors.



The researchers found that there was a low prevalence of anemia in the girls, but the high prevalence of low serum zinc levels and low consumption of zinc was significant and must be attended to. They are hoping

that the government that gives supplements to pregnant women will see the importance and include adolescent women. The Foundation is very pleased with this excellent final report.

**Friends Orphanage School** (2011) has submitted their interim report in which they say that the rain water harvest tank has been installed and they have yet only to purchase water cleansers, and water supply plastic pipes with water tank wire nets.

The kids and local women are happy to have free safe water again for better health.



## Building Motivation in the Community

An interim report from **Spandan** in India explains that they began a project in April 2011 to apply deworming as an early childhood care and development method by training health workers and caregivers on anthelmintic treatment through home visits.

Awareness meetings were organized in 30 villages and a workshop was conducted with 94 people participating. Then a 2-day training program was organized for 30 health volunteers on the procedure of

*continued on page 4*



On December 4th, R. Bradley Sack, MD, ScD, and David A. Sack, MD, brothers and Board Directors, were each awarded the Donald Mackay Medal by the American Society of Tropical Medicine for their out-

standing work in tropical health. Brad has spent 49 years in international infectious disease research, making discoveries that improve the health of people worldwide. David was, from 1999-2007, the Director of ICDDR,B, our partner in Bangladesh.



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## Transforming Health in Mali

**Mali Health Organizing Project** sent their final report of work they have done which they entitled, Action for Health. This project which has been throughout the year working with families to seek early care when their children are ill by taking them to a free clinic accompanied by a Community Health Worker (CHW), and the importance of immunizations, bednets, and hand-washing. 800 children were enrolled.

The primary purpose of the study was to educate the mothers to take responsibility for their children's health. CHWs were important in this venture. The final activity was to interview the mothers to evaluate how much they had retained. Here are two of the answers received:

*The most important change as a result of the project is that our children are cared for quickly and easily. The CHW has taught us certain good behaviors about the health of our children. It is important because it helps us care for them in the best way if they are ill.*

*The fact that our children are cared for free at the clinic means that we take them there very early before the illness gets worse.*

The investigators hoped to reduce prevalence of common illnesses with this activity, but unfortunately they are not there yet. A dent has been made but they have a way to go yet to meet their goal. We are pleased with progress they have made so far and hope they can continue.

## Spandan *continued from page 3*

medication administration and introduction to the health card. Cards were printed for 4,000 households for recording growth and drugs were administered. Some 3,980 households were then surveyed and that work continues.

Health camps were carried out in the 30 villages where Abindizole was administered to 1,256 children (two doses).

Monthly follow-up visits are made and we will learn more about this very successful project later.

## Saving Lives in India



We are pleased to report that **Chapra Social and Economic Welfare Association**, India, very successfully improved the lives of a community by training

mothers to train mothers. Some 292 Young Mothers (some pregnant) were involved in the project and as result a group of 94 mothers were trained to assist community mothers in regards to early registration, complete immunization and institutional deliveries.

As a result:

No maternal death has been registered because 94% (145 pregnancy out of 153) were immunized within 12 weeks of pregnancy; No child death was recorded during the year because of timely child immunization, 107 (87%) and exclusive breast feeding (81%); Eighty-one percent (99 out of 122) deliveries were done in the institution during the year and the remaining were done at home by trained Birth Attendants in villages; and 119 (98%) babies received breast milk within 2 hours of delivery.

The trust that the community has in this organization is reflected in this success.



## Health Education in Mexico

Another project designed and carried out by the **Research Center Food and Development (CIAD)** (*see p. 3*) has sent a final report of



their very well done study educating school children about good health and then collecting data to determine how effective it was. They had received a Small Grant from the Foundation in 2006 and used information from that study to carry out this one.

Stool samples were processed and data concerning socioeconomics, parental education, household condition and income were collected at the beginning and then nine months later. The educative process consisted of four topics:

1. Feeding and hygiene
2. Environmental care
3. Prevention of gastrointestinal infection
4. Self approval

A questionnaire was designed to identify changes in the children's behavior.

The study was implemented in one suburban and one urban school with 245 and 324 schoolchildren respectively. Two other schools (1 urban and one suburban) were controls.

The purpose of the study was to determine if these strategies would improve the health of the children, i.e., reduce the intestinal parasites infections. The investigators found that indeed most infections were reduced in the suburban schools, but did not see any reduction in the urban schools. This they believe may relate to poor participation and low parent availability.

Other successful outcomes include adoption of more healthy food for sale during break time.

We hope that the investigators will be able to publish this very fine report in some medical journal.

CHF 2011 Annual Report is soon ready for distribution. If you would like a copy, please email or call our office and we will send you one. 410-992-5512 [contact@childhealthfoundation.org](mailto:contact@childhealthfoundation.org)

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