



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

Issue #1 2013

### Seven Small Grants Awarded

This year we again asked for proposals related to the prevention or treatment of enteric diseases. Six were selected in 5 different countries from 45 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).



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. Women Protection Society**, Uganda will install Ferro water harvesters in children's schools to collect rain water to provide clean water. *Previously funded*
- 2. Chapra Social and Economic Welfare Association (SEWA)**, India, plans to develop biomedical and social technology to protect children from enteric diseases by involving the community. *Previously funded*
- 3. Action for Community (ACE)**, Kenya, will construct eco-san toilets and install rain water harvesting tank with taps for hand washing, as well as hold workshops on sanitation and hygiene.
- 4. Wema Self Help Group**, Kenya, has a project to facilitate an inexpensive household water quality intervention, using Water Guard and storage in narrow-mouthed clay pots.
- 5. Nyaya Health**, Nepal, will evaluate the implementation in rural settings of an innovative, low-cost approach to make culture-based enteric fever diagnosis available in settings without electricity or trained laboratory personnel. *Previously funded*
- 6. Vitendo Self Help Group** (Tanzania) plans to distribute clay pots to 1500 families. The pots will be fitted with a tight lid and a dispenser

#### Humanitarian Grant

**Aguayuda** (Colombia) needs funds for labor and materials to replace a broken windmill to provide safe water. The new one has been provided.

### Kangaroo Mother Care

At 26 weeks pregnant, the last thing Selina remembered was the look on her mother-in-law's face as she slipped and fell. She hadn't noticed the puddle of water and simply slipped. Even as she was falling her only thought was, "Please, God, let my baby be alright." While unconscious, the 19-year-old Selina was taken to the Kangaroo Mother Care (KMC) ward at the International Centre for Diarrheal Disease Research, Bangladesh's Matlab Health Research Centre. There she delivered daughter Sharmin, three months premature.



The Centre introduced the KMC ward in 2007 as part of its maternal, neonatal and child health project to minimize neonatal mortality in Matlab. Matlab is the area the Centre has, for many years, carried on research with a hospital and laboratories. What is learned there is shared with the rest of the country as well as here in the U.S.

Lack of facilities equipped to care for premature children like Sharmin meant that neonatal mortality was climbing at an alarming rate. "The KMC ward was established as part of our program to increase the quality of health of mothers and their children." explained MHRC Head Dr. Anisur Rahman. "At KMC, the mother acts like an incubator with the baby held close to her body and the baby is retained in this position, except for short breaks for bathing, nappy changing, or when the mother is attending to her personal tasks. It facilitates on-demand breastfeeding, increases the mother-baby bond and keeps the baby warm by transmitting the mother's body temperature to its body." explained Dr. Rahman.

In June 2012, Sharmin celebrated her fourth birthday. Dr. Rahman believes that the KMC practices in Matlab eventually will lead to adoption of the technique by all major hospitals in Bangladesh.

*Adapted from an article on the icddr,b website.*





## Letter from the Chair



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### 2013 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 and respiratory infections. See our guidelines on our website. The campaign is open to organizations worldwide.

Dear Friends,

We are making a difference. According to UNICEF, annual deaths of children under 5 dropped from about 12 million in 1990 to 6.9 million last year. Better access to vaccines, good nutrition and basic medical and maternal care are responsible and that's what we deliver at Child Health Foundation. In 2012, we got reports from some outstanding projects that we had funded in 2011; you can read about them in this newsletter. Then in 2012, we funded 7 more in 5 different countries, having received 45 proposals from countries throughout the world. 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.

The Board of Directors, numbering 10, met four times in 2012, either in person or by teleconference. We welcomed one new member, Veena Hammers, MBA, who is the Director of Product Management for the College of Health Sciences at Walden 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.

The most significant change this year was the retiring of our Administrative Director, Rosario Davison, who had served the Foundation for 16 years. We held a luncheon in her honor and welcomed Jonathan Sack who took over the duties of that post.

Besides our Small Grants Program, we continue to give 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. And another project in Bangladesh, funded generously by Miss Esther Lazarson of New York, continues into its 12<sup>th</sup> year, supplying clean water to thousands of people, many of them, of course, children.

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. And we have made a difference, but UNICEF also reported that 19,000 deaths still occur every day, most of them preventable. We thank you for your help in the past and hope you will continue to help us help them with your generous donations. 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."

Sincerely,  
Maureen Black, PhD  
Chair, Board of Directors

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

## Final Report from Sierra Leone

**Deeper Mission**, Sierra Leone, ( 2011 Small Grant)

reports that their original proposal, based on procuring South African-designed waterless, solar composting latrines (Eloos) from Ghana, was to improve community health and reduce enteric disease due to pit latrine-contaminated ground water wells on the grounds of Mercy Hospital. But due to the Eloo distributor in Ghana closing, the nearest available Eloos were in Germany which increased the per unit and shipping costs; additionally, timing prevented sending a second Deeper Missions team to Sierra Leone in 2012 so they relied solely on the local contractor to secure and guide local labor. Fortunately, this was successfully executed.



A fortunate development was the appearance of a volunteer, Mohamed Nabieu, a local young man, studying Environmental Sciences and Development Studies. His only interest was to contribute to and objectively observe the successful completion of the project. They were able to obtain additional funding and the project was a success.

We are pleased to be a part of this development and expect that the health of the children in the community has been improved.

## At an Orphanage on an Island

The Foundation continues to support the Healing Grace Clinic on the island of Gosaba in India run by **Seed Welfare Society**. The clinic building was originally built with funds from a 2004 Small Grant.



In their recent report they write that “the clinic is used not only for physical healing but for our loving approach to let the patients know of sincere care so that they are healed all over. If necessary we spend time with the patients after clinic hours, this is yielding great results. About 350 patients visit the clinic every week, not only from the orphanage but from the surrounding village. They come mostly for treatment of diarrhea, stomach ache, dysentery, every week, not only from the orphanage but from the surrounding village.

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## More Clean Water

**The Environment and Population Research Centre (EPRC)**, Bangladesh, has supplied a clean water source for another 679 children and 482 men and women, and the total since this began has now reached almost 35,000. The good thing is that this is sustainable since the women are trained to keep the pumps in good condition, and in fact own them.

The project is now in its twelfth year, generously financed by Esther Lazarson of New York City.

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## Need it Quickly? It's in Your Kitchen.

An efficient and effective homemade remedy to be used when watery diarrhea strikes and is a good substitute for ready-made oral rehydration salts, such as Pedialyte and CeraLyte.

½ to 1 cup precooked baby rice cereal or  
1½ tablespoons of granulated sugar  
2 cups of water  
½ teaspoon salt

Mix together well until the mixture thickens but is not too thick to drink. Give often by spoon and offer the child as much as he or she will accept (every minute if the child will take it).

Continue giving the mixture with the goal of replacing the fluid lost: one cup lost, give a cup. Even if the child is vomiting, the mixture can be offered in small amounts (2-1 tsp.) every few minutes or so. Banana or other non-sweetened mashed fruit can help provide potassium.

The same formula can also be used by adults.

We strongly encourage parents to continue feeding children when they are sick and to continue breastfeeding if the child is being breastfed

## Natural Disinfectant

**Life Concerns**, Uganda, in their final report, tell us that they learned a lot from their project to improve the quality of drinking water of school children by using sunlight to inactivate pathogens that cause diarrhea. They made several visits to the 5 schools in the project and found that they needed to train the children repeatedly. The process was to have them bring their plastic bottles of water to school and put them in the sun. They learned, although, that the children like this method because it is simple and low cost, and because it improves their health.



Furthermore, when they began to use this method at home, it reduced the cost of firewood, kerosene, and of course, medical care. And the environment benefited also.

## More Clean Water

*Continued from page 3*

This phase of the project was conducted in 3 villages, determined the most needy by the local Dept. of Public Health Engineering. A total of 8 tubewells were successfully installed and one village was given 37 water storage tanks.

As a result of this effort, children are experiencing fewer episodes of illness due to water-born organisms. Women have more time to plant gardens, and are attending an adult school provided by EPRC. And with funds collected in the community, children are being educated.

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## Informing the Public



**BVDA**, Rwanda, had as their goal to provide over 36,000 people of their community with sustainable information regarding water related diseases prevention methods, and to provide relevant information to 2000 community health workers regarding signs and symptoms of enteric diseases and oral rehydration therapy (ORT). They were successful in carrying this out using an instructional video (on our website), training volunteers to visit homes, and holding 6 awareness marches. Pictured here, the marches averaged 3200 youths each. The sign says, "The future is yours, take care of you life."

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**Child Health Foundation 2012 Annual Report** will soon be ready for distribution. If you would like a copy, please email or call our office and we will send you one. It will also be on our website.

## Preventing Death from Diarrhea

The **Rural And Urban Women's Welfare Organisation (RUWWO)** in India set out successfully to educate the community about how to prevent and treat diarrhea. They reached 400 mothers in 20 villages, 500 mothers-in law, and 50 school teachers with lessons about drinking clean water and administering oral rehydration therapy.



They also held a training program for 20 water source management workers. By the end of the year, they report that there were no deaths from diarrhea in the past three months in 20 villages. Also, there was a considerable decrease in the belief of unscientific information and bad omen practice.

They expect this change in practice and attitudes to continue because they have in place leaders of self-help groups and periodical inspection of water sources. The good news will pass on to other areas by word of mouth of those pleased with their better health.

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## Orphanage

*Continued from page 3*

They come mostly for treatment of diarrhea, stomach ache, dysentery, jaundice, pneumonia, typhoid, malaria, colds and fever.

They have also started another clinic in Shamnagar, where they see nearly 200 patients each week. Every week patients visiting both clinics say they did not get the help they needed elsewhere and came finding health solutions.

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

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