# \*N \* E \* W \* S \*

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

Villagers Benefit from Health Care Mir Jaffar Khan Jamali (MJKJ) Foundation in Pakistan implemented a project in their area to provide curative and preventive



health services for children. In this locale, as many as 87 of every one thousand children die annually from such diseases as diarrhea, pneumonia, malnutrition, malaria, and hepatitis. And while this project was underway, an epidemic of leishmaniasis hit the region by way of sand flies and required mobilizing a treatment program. Notice the lesions on this child's face caused by this tropical disease.

To accomplish their goals, with a 2006 Small Grant, the organization established a clinic and supplied it with medicines to treat and immunize 1608 children, as well as other members of their families.

They also trained and equipped 10 health workers from various locales in remote areas of the district to serve by informing their communities about basic hygiene practices and family planning. Thus they spread the good news.

#### Testimonial from One Mother

Ayesha, a 35 year old mother of 5 children who had been married for 15 years participated in one of the courses. Prior to attending, she avoided even being seen by her husband. After the course, she realized she had been ignorant of her rights. Her husband visited the MJKJ office and thanked the staff for improving the quality of life for his family.

# **2008 Innovative Small Grants**

We are pleased to announce that we are now soliciting proposals for this year's ISG awards. See our guidelines on our website or Email a request and we will send them. Deadline for letter of intent is April 30th. These grants are competitive and the campaign is open to organizations anywhere in the world.



Children celebrate Umoja Children's Day

**Cows Chickens and Bicycles—Part II Umoja Women's Group,** a recipient of a 2006 Small Grant in Kenya, has submitted their final report, though it hasn't been easy. But whereas they lack the technical equipment for writing reports, their project was a great success.

As reported before, 30

children living with grandparents were the beneficiaries of this project. The caregivers were trained in health issues of the children and they in turn are able to train others.

The group built a cow shed (see picture), now



have four cows, and learned that keeping them safely in the barn protects them from ticks and tse-tse flies. These are providing milk for the children. Three acres of grassland has been planted to provide feed for the cows.

A new project was developed in the already existing chicken farm which was increased by 100 additional chickens. The community began bringing in their eggs to be hatched by the farm and then collect the chicks later leaving behind 3 of them as payment. The hatchery, however needs better equipment to handle more eggs in order to better serve the needs of the community.

The needs in this area are great and this project has helped, but they are hoping to get funds to expand.



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## CHF Staff

Rosario Davison Director of Administration Jo Sack Public Relations Director Newsletter Editor

#### Volunteers

Odin Wortman, website designer

The Bangladeshi-American Founda-

tion, Inc. presented Dr. William B. Greenough III an Outstanding Service Award, along with 3 others who with him established the Bangladesh Information Center in D.C. in 1971 to lobby for the



cause of Bangladesh liberation. Dr. Greenough is one of our Board Members.

# She Enjoyed Her Visit

Rosario Davison is the Foundation's Administrative Director and has been with the organization for 13 years. In January, she had the opportunity to visit the Centre in Dhaka, Bangladesh (ICDDR,B) for which she has been these many years helping with mailings, materials, and financial affairs. Here she visits in a clinic in Matlab, the Centre's rural health facility.



Rosario's trip was financed by a generous donation from our new board member, Dr. David Sack, once Director of ICDDR,B.

## The Foundation Has Two New Board Members

**Dr. Nathaniel F. Pierce** is Professor Emeritus of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health. His career in Medicine includes research at Hopkins, 11 years working with the World Health Organization in Switzerland and 3 years in Calcutta, India developing and implementing oral rehydration therapy. For the latter effort, he received the *Pollin Prize for Pediatric Research* in 2002.



At the WHO, among other things, he was responsible for the Diarrhoeal Disease Programmes's efforts to promote and support research on a wide variety of topics related to diarrhoeal diseases in children, including vaccine development, case management, epidemiology, and disease prevention.

Nate received his M.D. from the University of Michigan in 1958 and spent his internship and residency at the Los Angeles County General Hospital. He and his wife, Diane, live in Baldwin, Maryland and they have three children and five grandchildren.

Dr. David A. Sack is a professor in the Department of International

Health at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. He recently retired from the position of Executive Director of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), where he served for eight years.

Obtaining his medical degree from the University of Oregon, Dave did his residency in Internal Medicine at the University of Iowa, Interspersing this with two years as a general physician on the Northern Cheyenne Indian Reservation in Montana. He completed formal training as an infectious disease fellow at the Johns Hopkins University in Baltimore in 1975 and has been on the faculty there since.



During his tenure in Dhaka as Director, the ICDDR,B has expanded from a center focused on diarrheal diseases to a more broadly based health institute involved with issues of child health, reproductive health, nutrition, pneumonia, tuberculosis, HIV/AIDs, equity, and safe water.

He and his wife, Jean, live in Fallston, Maryland; they have two children and three grandchildren.

### We welcome our new Directors

# Visit our website at www.childhealthfoundation.org.

# Letter from the Chair

Dear Friends,

We are very pleased that in 2007 we were able to fund more small grants than ever before. This was made possible because of funds available from the Smith trust fund reported in last year's annual report, by the donors to a memorial fund for one of our founding trustees James Bausch, by our board members, and by other generous donors.



Funding for our Innovative Small Grants was provided to a program in the United States (Los Angeles), Lesotho, Ghana, Uganda, Pakistan, Kenya, and three in India, following the reviews of over a

hundred letters of intent and 63 proposals. We also funded three humanitarian proposals, that is, those we felt were not innovative, but yet worthy of supporting. Details of these proposals are found in this Annual Report.

We are very pleased with the many reports we are receiving which confirm the value of our small grant programs. They also are outlined in this report.

Ms. Esther Lazarson is continuing to provide funds for provision of safe water for mothers and children in Bangladesh, work which is being carried out by EPRC, an NGO directed by Dr. Bilqis Haque. To date, they have provided safe water for almost 17,000 families.

We have invited two new members to join the Board of Trustees. One is Alex Lilavois, Vice-President of Vyalex Global, Inc, a local business and Nand Wadhwani, a native of India who founded Rehydration Project, a self-funded non-profit organization. We expect great things from them.

The Foundation is continuing to provide logistic support for the International Centre for Diarrheal Disease Research (ICDDR,B) and an NIH-funded cholera project, both in Bangladesh, and continues to facilitate funding to the Centre in Bangladesh. This past year the Centre experienced the worst flood ever, leading to an escalation of patients coming to the hospital with severe diarrhea. They needed to work fast to provide all the materials needed for up to 1000 patients a day. Their success in saving so many lives is a tribute to their experience and competence.

We trust you will continue to support our activities with your interest and financial contributions.

Sincerely,

R. Bradley Sack, M.D., ScD., Chairman, Board of Directors

# **Food For the Poorest**

Care Trust in India received one of our 2007 Hu-

manitarian Grants in order to provide nutritious food to the poorest of the children in that area of Tamil Nadu in southern India. You see here the milk, eggs and vitamins that were selected for the children.



# **Improved Attitudes**

Focusing on the prevention of HIV/AIDS and other sexually transmitted diseases among young people, through peer groups and mass education in the schools and community, the **Rural People's Development Society** in South India (2004 Small Grant) has submitted their final report.

About a thousand teenagers in ten schools were visited 30 times to educate them about the harmful effects of sexually transmitted diseases. In addition, 20 villages held 3 meetings per month plus messages given in the market place; condoms were distributed to commercial sex workers. And forty programs were broadcast on television.

All this was done by folks trained by the organization to reduce the rate of infection as well as counsel victims and reduce the stigma which causes communication barriers in the community and the family.

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

# **School Sanitation Clubs**

We learned in the last report from the **Community Empowerment Initiative (CEI) that** in their area in Western Uganda, sanitation in the public schools was not a high priority, so they aimed to change that in order to reduce illness from water-borne and hygeine related diseases with a 2006 Small Grant.

The project was established in 25 schools where workshops were held focusing on such subjects as hand-washing, using latrines, and covering food. Facilities for these activities were put in place and the students themselves were incorporated into the cleaning-up by forming "sanitation clubs."

They also held workshops for teachers and child leaders in how to promote personal hygiene and thus the students themselves enforced the practices. Such projects are of course sustainable, communicable and reach out to other communities. It was a very successful effort.

# **Mexican Worms**

Because worms in children cause uncomfortable symptoms, the **Center of Research in Food and Development (CIAD)** in Hemosillo Sonora, Mexico, initiated a study to discover the impact of an education model on the prevalence of intestinal parasitic infections in schoolchildren during a deworming campaign.

Thus far, they have collected the necessary equipment, trained 3 chemist-biologist students and sent them to sample 150 children and distribute questionnaires. They found 25% of them infected with the worms and they were treated. The study continues.

# **Workshops Promote UN Goals**

The **Millennium Poverty Eradication Programme** in Uganda was instituted to help the United Nations reach their goals by 2015. (*See the list of goals on this page.*) The project, funded by a small grant in 2006, consisted of a 3-day workshop attended by 36 community members and a follow-up evaluation.

In the workshop the volunteers were trained on the nutritional needs of the community. They aimed, among other things, to encourage breastfeeding and to reduce Vitamin A deficiency by raising household rich fruits and vegetables. They also gave instruction that would help reduce acute respiratory infection (ARI), malaria, and diarrhea, which are the major causes of illness among infants and children.

The participants were then instructed to take the information back to their communities and instruct the parents there.

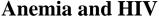
The survey then included 5 data collection periods of 3 months each. Sixty children were evaluated and the incidence of ARI had already decreased from 49.5% to 11.2%, and 150 children under age 10 suffering from measles, malnutrition and malaria benefited directly from the program through timely detection and treatment. Mothers knowledge had increased and their children were eating more nutritious foods. Over time this improvement will no doubt increase without end, spreading even to other communities



Available for purchase from CHF (\$5:00), the 2008 ICDDR,B calendar captures their dramatic response to 2007 floods and cholera epidemics in Bangladesh. In April 2008 the National Library of Medicine features ICDDR,B's work on oral rehydration therapy in their new public display on Global Health Achievements. To read more visit <u>www.icddrb.org</u> and <u>www.nlm.nih.gov/againsttheodds</u>.

## **Millennium Development Goals**

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development



Forty-five children have so far been enrolled in a study by **St. Johns National Academy of Health Sciences** in Bangalore, India, to assess the role of anemia among HIV-infected children, aged 2-12. They found that the effect of antiretroviral therapy on the anemia was marked, i.e., 17 of the 28 children who did not receive the therapy had high

rates of anemia while only one of the ones on therapy was anemic.

Another finding was that iron supplements and dietary advice made only a minor difference, therefore further study is required to learn the cause of the anemia. We look forward to their final report.





CHF 2007 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. contact@childhealthfoundation.org 410-992-5512

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