



CHILD HEALTH FOUNDATION

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

Issue #1 2009

Ten Small Grants Awarded

Thanks to the generosity of our board members and donors like you, we were able to fund 8 Innovative and 2 Humanitarian grants in 2008. The funds (\$3,000 to \$5,000) went to programs in Uganda (bio-sand waterfilters), India (solar-based lighting system), Nepal (child nutrition), Guatemala (child growth), Indonesia (worms), Pakistan (ORS), Kenya (peanut-butter), and the United States (breastfeeding).

It always amazes us that so little money can go so far to improve and save the lives of the world's children.

Read about these projects in the coming newsletters and read about the last year's successes in this one.

Treating Cholera in Zimbabwe

Since August 2008, cholera has spread through the African country of Zimbabwe, never before as severe as this epidemic. Sponsored by Child Health Foundation, Drs. Eric Nelson and Danielle Kauk from Boston, who worked in coordination with our Board Director, Dr. David Sack, to develop a method for treating cholera at the International Centre for Diarrhoeal Disease Research in Bangladesh, www.icddr.org, traveled to Zimbabwe in December. This method called COTS teaches physicians, nurses and other health workers how to effectively treat cholera patients during a massive outbreak.

Drs Nelson and Kauk reached a rural, 100-bed hospital treating hundreds of cholera patients, where they helped to upgrade the management of cholera. Using the COTS "pocket cards," they were able to quickly teach even inexperienced nurses how to assess dehydration and replace the needed fluids. In the process, they also were able to understand how to make the COTS more practical when used in the middle of an epidemic, not simply in a classroom or in an equipped ward.

Many of the supplies so critical for treatment, like oral rehydration solution, IV fluids, and antibiotics, as well as new latrines to limit water-borne spread, were provided at this hospital through agencies like the Red Cross and Medicine Sans Frontiers. However, these basic medical supplies are generally lacking at other government facilities. Other supplies needed were plastic sheeting for the beds, bottles for water for patients who had long walks home, and zinc tablets for children.

Because of the collapsing infrastructure, available water is contaminated, the people lack means to purify it, and simple supplies like hand soap, water purification packets, and disinfectants are not available within this economically troubled country.

Since returning to the USA, Drs Nelson and Kauk have



Children are shown worm culture in a petri dish

Happier Mexican Children

The **Center of Research in Food and Development (CIAD)** in Sonora, Mexico, have sent their final report on a study to discover the impact of an education model on the prevalence of intestinal parasitic infections in schoolchildren during a deworming campaign.

Space does not permit the description of the education model, which of course included methods to improve the hygiene of the children so that they would not be subject to parasitic infection. However, here are the results after the final evaluation:

1. Mothers pointed out that their children are more concerned to show clean hands and short nails, well combed hair, teeth brushed, and daily shower.
2. The level of knowledge among the children improved in 79% of those infected.
3. The teachers noticed changes in the classroom, i.e. no perceived odors, lice gone and improved performance as a result.
4. Only 2 of the 100 children tested for parasites in June were infected—down from 28 in October.

They say that these results will encourage authorities to promote education not only in northwestern Mexico, but also in the rest of the country.

briefed several public health agencies about their findings. Hopefully, their observations will result in practical measures to reduce the cholera burden and save lives in Zimbabwe.

The COTS program CD's are available from Child Health Foundation for \$5 each. The CD is an electronic training manual for the immediate management of a cholera outbreak. It is also available on their website: www.cotsprogram.org



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Dr. Abdullah Baqui's research study 'receives Lancet's "Paper of the Year 2008" award.

Letter from the Chair



Dear Friends,

We are delighted to let you know that even with the distressful economic crisis looming, Child Health Foundation was able to fund ten small grants in late 2008. These \$3,000 to \$5,000 grants support programs that are now able to supply clean water, improve nutrition, prevent disease, and otherwise contribute to saving and improving the lives of children in **Uganda, India, Nepal, Indonesia, Guatemala, Pakistan, Kenya, and the United States.** The USA grant is in Minnesota among the Native American population and supports a breastfeeding promotion program. We received over 100 proposals. After an independent, rigorous review process, modeled after NIH reviews, we identified many excellent proposals that were worth funding. It is a daunting task telling those who did not make the cut that we can not support their projects. If you would like to contribute a targeted gift, we would match you with a project and it could be yours to watch over for the year. A very rewarding activity!

We continue to receive excellent reports from past grantees. You can read about some of them in this newsletter. We also make available the entire report for anyone who would like to have a copy. Seeing the pictures they send and reading the descriptions of their work convince us that the work Child Health Foundation does is unique and reaches the lives of millions of children throughout the world.

We would like to acknowledge one of our faithful supporters, Esther Lazarson, who has been supporting a project in Bangladesh that provides clean water for villagers, saving children from life-threatening diseases. This year Ms. Lazarson is also financing a project in the Democratic Republic of Congo to prevent rape and treat women who have been raped. Unfortunately the prevalence of violence toward women is high due to political tensions in The Congo.

With the donation of CeraLyte from Cera Products, Inc. and the competent distribution facilitation of Direct Relief International, we were able to supply the survivors of the Myanmar cyclone disaster with oral rehydration solution to treat diarrheal diseases, a serious threat in refugee settings.

We added a new board member in 2008, Dr. Abdullah Baqui, an Associate Professor at The Johns Hopkins Bloomberg School of Public Health. Dr. Baqui is a native of Bangladesh who adds an experienced career in international medicine to our board.

The Foundation continues to provide 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.

We thank you for your generous support in the past. We appreciate your comments and your assistance in enabling the Child Health Foundation 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

Board Director Receives Honor

Dr. Abdullah Baqui, the Foundation's newest board member, was honored when his publication received "Paper of the Year 2008," one of three research studies the Lancet (a prestigious medical journal) named. The journal's papers received votes from its many readers, and Lancet says that these results show that "well designed, imaginative studies that have the ability to change practice and benefit large populations are highly valued by the medical community."

In Bangladesh, 45% of child deaths happen in infancy. Dr. Baqui's and colleagues' study *Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district*, reports a complex intervention that decreased neonatal mortality by one-third.

Lancet concludes by saying, "Encouragingly, these three studies embody the can-do spirit of visionary research."

Visit our website at www.childhealthfoundation.org.

Health Care for Uninsured Children

On January 30th, in a 66 to 32 vote, the Senate overwhelmingly approved legislation to expand the State Child Health Insurance Program, or SCHIP to 11 million low income children. This is especially vital now, as more and more parents are suffering job losses and the resulting loss of employer provided health insurance. That this was one of the first pieces of major legislation to be passed by this Congress is encouraging, but there are many battles yet to come that will require the time and resources of the child advocacy community.

U.S Presidents and Children

The **Every Child Matters Education Fund** has published a report about the contributions past presidents have made and the challenge for the present one. The photo on the right illustrates this and the rest of the report is available on their website, www.everychildmatters.org.

This is a summary of the report:

President Theodore Roosevelt held the first White House Conference on Care of Dependent Women and Children resulting in measures of child well-being improved steadily (1909).

President Franklin D. Roosevelt ended child labor (1938).

President Harry S. Truman signed legislation to enact the National School Lunch Program Act (1946). Since the beginning, more than 170 billion lunches have been served.

President Lyndon B. Johnson announced the beginning of the Head Start program which has since served 22 million children (1965).

President Richard M. Nixon signed legislation enacting the Women, Infants and Children's Act (WIC), currently serving 45% of all infants born in the U.S (1972).

President William J. Clinton sponsored the State Children's Health Program (SCHIP) and the number of uninsured children has decreased by one-third (1997)..

And now (see above) **President Barack Obama** has signed legislation continuing and expanding this program.

Overcoming HIV Stigma

The **Precious Child Education Center** in Uganda held two seminars for children and their parents infected with HIV, working to reduce the stigma of the disease, increase their attendance at school, and give love and support to those who have lost their parents. This is an interim report from one of our Humanitarian grants.

One of the children's responses when asked how she found the program: "It is so good and encouraging because before we thought we had no future and we were waiting for our death but now we know we can live positively."

The children were also given clothing, books, pencils and crayons.



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

Mother's Clubs

This is the final report from a program in India by **Crescent Educational Society**.

Mother's clubs were formed in four villages with 90% of pregnant women's participation. Education by lecture, demonstration, and film included:

1. Personal hygiene and neo-natal care.
2. Importance of immunizations (children were vaccinated every Saturday)
3. Importance of nutritious food (vegetable seeds and plants were distributed and kitchen gardens encouraged)
4. School safety (first-aid kits distributed)

In two of the villages, soak pits were formed. They are designed to distribute household waste water and rain water into the soil structure.

Prizes were given for the "best" healthy baby and articles were published about the project in the local newspaper. News of this successful project will undoubtedly reverberate into the neighboring locals.



2009 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.

Study Addresses Anemia in India

The **Family Health and Development Research Service Foundation** in South India set out to establish the effectiveness of a multiple micronutrient fortified salt in addressing micronutrient deficiencies among children compared to routine health education currently practiced by physicians in rural India.

Thus far, 275 children, aged 5 to 15, both boys and girls, have been enrolled in the study. They have established the hemoglobin level of each of the children and their plans are to give one group fortified salt and health education, the second group only the health education, and the third group will be the control, receiving only primary care.

The study continues and we look forward to the results.

Water-borne Diseases in Bengal

Common diseases caused by contaminated water are common in this study area of North India and visits to the doctor drain the financial resources of an already poor community as well as risk the lives of the children. **The Social and Economic Welfare Association (SEWA)**, with a 2007 Small Grant, was determined to find out what could be done.

First they did a survey in 9 villages, discovering, among other things, that the causes of illness are related to eating stale food, not having proper lavatories, and lack of personal cleanliness.

Their next step was to educate the public about the causes and encourage them to improve their habits. The people were very receptive of this attention and SEWA found that already the rate of infection had dropped by about 12%. They have also influenced the government to improve healthcare facilities to this area.

The photo depicts a Community Health Volunteer conducting an Awareness Generation Camp on Community Health Education by involving community mothers of the area.



Centre in Bangladesh Promotes Gender Equality

The International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) has had since 2006 a daycare center for their staff members and in 2007 opened a breast-feeding center on site also to further acknowledge the needs of dual career families. The centre is dedicated to developing the cognitive and psychomotor skills of children and serves as a model for others in the country. Perhaps, even in other countries.

CHF 2008 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



Child Health Foundation
10630 Little Patuxent Parkway, Suite 126
Columbia, Maryland 21044

Phone 410-992-5512

Fax 410-992-5641

Email: contact@childhealthfoundation.org