



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

Issue #1 2014

Eight Small Grants Awarded



In 2013 we again asked for proposals related to the prevention or treatment of enteric diseases but also included respiratory diseases. Six were selected in 6 different countries from 63 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 two Humanitarian Grants (\$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. **Act Ngono**, Tanzania, will install a rainwater harvesting tank as well as hand-washing stations and latrines for school children.
2. **Grampari**, India, was funded in 2011 and plans to extend the same project of tippy-tap hand-washing to 13 more schools.
3. **Achung**, Kenya, have as their objective to make 80 soapstone water pots with tripod stand and dispenser tap for safe storage of boiled or treated water.
4. **UPPO**, Bangladesh, plans to install sanitary latrines and encourage their use.
5. **Mali Health**, Mali, was funded in 2010, and will continue the program of having Community Health Workers make regular visits and hold education sessions on clean water, vaccinations, healthy eating, and diarrheal solutions.
6. **Fundacion NC**, Colombia, will detect and diagnose asthma in school children aged 5-10 yrs, then educate the parents, using a mobile unit called *Asmamovil*.

Humanitarian Grants

1. **TLC**, Rwanda, plans to provide clean water at five libraries.
2. **MCODE**, Uganda, will educate community members about disease prevention.

Water Is Life

"Water is life. Yet 768 million people do not have access to safe, clean drinking water, and 2.5 billion people live without proper sanitation. When water is unsafe and sanitation non-existent, water can kill. Across the globe, every day, 1,600 children die from diseases directly linked to unsafe water or a lack of basic sanitation facilities."

UNICEF



We believe that Child Health Foundation is making a small dent in this problem with our many projects aimed at providing clean water. For example, in our last newsletter, we reported that the project in Bangladesh (EPRC) has supplied clean water to 36,000 people during the past 12 years, most of them children. They do this by installing tubewells like the one pictured above.

Another of our projects, in Uganda last year, installed a water cistern that collects rain water to provide school children clean drinking water.

Other locations have used sunlight, and purification tablets to remove the bacteria from the water and this not only improves children's health but saves the family the expense of boiling the water (kerosene and firewood).

Sanitation is another focus of many of our programs. In India, for example, an organization is using a simple, homemade, apparatus called a tippy-tap, which the children use to wash their hands with soap. They think it is fun. Others have built Eco-san latrines and provided hygienic pots for storage of water.

And, in Bangladesh, at our partner organization, the icddr, there is an extensive study in action called WASH (water, sanitation, hygiene), which is measuring the impact of handwashing as well as good nutrition in children during their first two years of life.

These interventions have clearly saved and im-

2014 Innovative Small Grants

We are pleased to announce that we are now soliciting letters of intent for this year's ISG awards. See our guidelines on our website. The campaign is open to organizations worldwide.



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Letter from the Chair



Dear Friends,

We have spent another year saving and improving the greatest number of children's lives at the lowest possible cost. In fact our percentage of administrative costs went down to 6.9%, which means that 93.1% of your donation goes directly to the children we serve. In 2013, we got reports from some outstanding projects that we had funded in the previous year; you can read about them in this and previous newsletters. Then in 2013, we funded 8 more in 8 different countries, having received 63 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 11, met four times in 2013, either in person or by teleconference. We are welcoming three new members in 2014: Anwar Huq, PhD is a professor at the Maryland Pathogen Research Institute of the University of Maryland, College Park, Christine M. George, PhD is an Assistant Professor in the Department of International Health at Johns Hopkins Bloomberg School of Public Health, and Zahirah McNatt, MHSA, who was on our Advisory Board, is Director of Leadership Education and Practice at the Global Health Leadership Institute at Yale 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.

One outstanding success was a grant of nearly \$7,000 we received from Yale University's Philanthropy in Action class which Zahirah McNatt developed for us as she worked with the students. She presented the Foundation's mission and accomplishments and we were one of just 9 that received an award. You can view this on the website:

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 13thth year, supplying clean water to thousands of people, many of them, of course, children.

We also responded with funds to those hit by a cyclone in India and with CeraLyte to victims of the typhoon in the Philippines.

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, yet there is still a great need, and much of the illness in the developing world can be prevented. 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

Visit our website at www.childhealthfoundation.org.

Peer Groups Deliver the Message

Chapra Social and Economic Welfare Association (SEWA), India, called their project *Prevention of Endemic Enteric Diseases with Community Participation*.



An adolescent peer group discussion

They have held 30 group meetings with 600 adolescents in 30 villages for selecting peer leaders. Ten from each village were chosen and instructed on issues

dealing with hygiene, toilet habits, and care of food. 1,250 children of 30 villages have been motivated to work with their families on these issues. Some 96% of these children consented enthusiastically to take part in door to door campaigns. The group also held meetings with mothers and pregnant women encouraging them in better food management, boiling water, taking children for immunizations, and registering for safe delivery. As a result 75% of 1862 pregnant women visited health centers for early registration. This is their final report.

Water Dispensers with Taps

In their interim report, the Achung Kenda Progressive Women Group reports that they have designed and moulded 130 soapstone water dispensers (*pictured*) as well as tripod stands to hold them. They were distributed to preschools with the highest incidence of enteric disease. The team then made visits to evaluate the level of usage and success of the dispensers. We expect that because the children have clean water to drink, they will be healthier and their attendance at school will improve. We expect to hear more in their next report.



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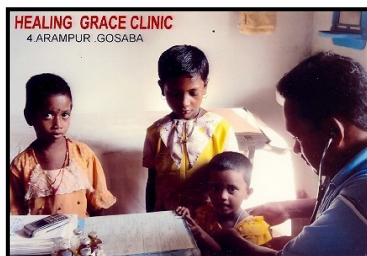
At an Orphanage on an Island

The Foundation continues to support the clinic on an island in India run by the Seed Welfare Society, which was built with Small Grant funds in 2004. Originally built to provide health care for the orphans, it has branched out to the community.

In their recent report they write, "In our clinic in Gosaba a minimum of 600 patients get treated per month. There are a few pockets in Gosaba where the 'adivasis' (people of aborigine origin) live and there are a few villages where only Muslims live. All these people are extremely poor and clannish; they never go out of their villages. Somehow these people have accepted our clinic as a safe one and they come regularly to get themselves treated."

One little girl who attended the clinic had severe diarrhea. They gave her medicine and ORS packets and taught the mother to boil the water and keep the surroundings as clean as possible.

We are pleased that we are able to reach so many people, young and old.



GEMS

The Centre of Nutrition & Food Security at the icddr, b in Bangladesh has contributed to a new international study about the impact and common causes of diarrheal disease worldwide. The study was published in the Lancet in July 2013, providing guidelines for prevention and treatment. It was the largest study every conducted on enteric diseases in

developing countries. Some 20,000 children (ages 5-7) from 7 sites in Asia and Africa were studied.

Globally, diarrhea is the second leading cause of diarrheal disease among children. And 760,000 children die annually. Interestingly, however, in Bangladesh, because of the extensive research and health services there, it is ranked 9th.

It can't be eliminated because of the vast unsanitary conditions, but much can be done to prevent it with vaccines, Zinc intake, and education about sanitation. And it can be treated with oral rehydration therapy and antibiotics.

Dr. A.S.G. Faruque says "GEMS shows us clearly how we can target our approach and where we need to invest our resources to make a difference."

Info and photo from Glimpse



A mother gives ORS to her sick child



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Safe Water and Storage



In Kenya, Wema Self Help Group (2012 grant) educated the residents of a slum area about treating their contaminated drinking water with Watguard, an inexpensive, locally available sodium hypochlorite solution, which they provided. Then they encouraged them to store the water in affordable clay pots with lids.

It was also necessary to teach the children to wash their hands before eating.

They partnered with a community medical clinic to collect data about the incidence of diarrhea and discovered that there was a significant drop in visits after the project implementation, improving health and saving the family funds. This encouraged the community to continue treating their water.

They have reached over 6,000 children in the selected area and another 1,200 primary school children. This is their final report.

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

Emergency Aid



When cyclone Phailin hit South India in October, we sent \$1,000 to Jeevanrekha Parishad, an NGO that had received one of our Small Grants, to support their health camp. This was their response:

Thank you very much for your kind support to initiate Emergency Health Services in the Phailin affected areas. We all are grateful to CHF for such support without which we would not be able to start our mission. We have utilized your support for purchase of Medicines, ORS, Water Testing Kit, Pouch Water etc. and the same are being used in the "Emergency Medical Relief Camps."

We also supported the donation of Ceralyte by Cera, Products, Inc. and the delivery of this oral rehydration therapy by Direct Relief to victims of the Haiyam typhoon in the Philippines with a total of \$950.

Obesity in the United States

According to a study reported in the New England Journal of Medicine, 1 in 8 children in the U.S. is obese by kindergarten age. And overweight 5-year olds are more likely to become obese during elementary years. So that by eighth grade only 13% were normal weight. Targeting these 5-year olds with prevention methods, the study believes, would be the best solution to the problem.

Our 2013 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. contact@childhealthfoundation.org
410-992-5512