

**Dentist.
Father.
Polio Eradicator.**

Rotary is 1.2 million ordinary men and women working together to accomplish extraordinary things. Thanks to them, more than two billion children worldwide have been immunized against polio. Soon the world will be polio-free.

Learn more at rotary.org.



Rotary.
Humanity in motion.

 *Customize this ad to promote your club.
Download at www.rotary.org/humanityinmotion*



Focus on Reducing Child Mortality

SIMPLE PROJECTS THAT SAVE LIVES

Rotary solutions in the Philippines, Tanzania, Congo, and Brazil

SPECIAL MESSAGE FROM RI PRESIDENT LEE

Q+A WITH JOSETTE SHEERAN

World Food Programme chief talks about how Rotary can help

GLOBAL OUTLOOK

Putting children first

Rotary's special emphasis for 2008-09 ties in with major UN goals and reinforces work Rotarians are already doing

It is hard to fathom, let alone accept: We live in a world in which a staggering 9.2 million children will die before they reach their fifth birthday. That's more than 1,000 deaths each hour.

Since 1960, the mortality rate of children under five has declined by more than 60 percent. But it's still not good enough. The United Nations has a targeted plan to save at least 5.4 million more children by 2015 as part of its Millennium Development Goals.

Sub-Saharan Africa faces the greatest challenges. In 2007, that region accounted for about half the deaths of children under five. In Sierra Leone, where more than a quarter of all children will die before reaching that milestone fifth year, tiny gravesites pock the landscape.

"None of us will be judged kindly 100 years from now for not having done more, as it's so clear what needs to be done, and it's so affordable and the approaches are so well known," says Charles MacCormack, president

and CEO of Save the Children, an independent organization working in more than 50 countries.

The reality that a huge number of lives could be saved easily inspires hope. About 70 percent of early childhood deaths are attributable to six preventable causes (see chart). And the basic interventions to treat many of those causes – nutrient-enriched food, vitamins and minerals, vaccines, insecticide-treated bed nets – cost mere pennies per child per day according to the World Health Organization. Other measures, such as promoting breastfeeding and altered habits during and after childbirth, involve education and come at little or no cost.

RI President Dong Kurn Lee's special emphasis in 2008-09 on reducing child mortality has inspired Rotary clubs and districts to initiate new projects and come together for two international conferences devoted to the topic. In 2008, more than half of all World Community Service health projects centered on efforts that reduce child mortality, involv-



Children in Koure, Niger, await treatment at a health clinic supported by the Rotary clubs of Mannheim-Brücke, Germany, and Niamey, Niger.

ing medical clinics, health care training, and nutrition, according to RI's ProjectLINK database.

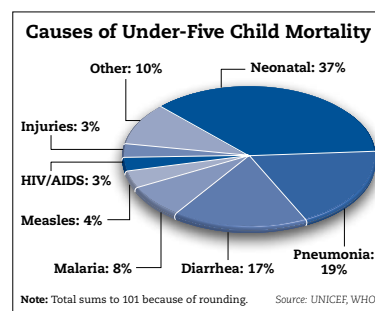
"We've always had projects that helped children," says Past RI Director Barry Rassin, a hospital administrator in Nassau, Bahamas, and a member, along with past directors Rudolf Hörndler and Kalyan Banerjee, of RI's Child Mortality Emphasis Coordinating Team. "For President Lee to ask us to focus on it takes it to a whole new level."

A better understanding of the complexity of child mortality – the related causes of death, how a com-

prehensive approach can address them, and the emergence of new global partnerships to conquer the problem – can help Rotarians plan new projects for the world's most vulnerable.

Focus on newborns

Many groups are turning their attention to neonatal complications. UNICEF reports that newborn health conditions like premature births, infection, asphyxia, and breathing problems are the biggest killers of children under five, accounting for 37 percent of deaths.



Four million children die in their first month, with half of those lost within the first day.

"Only in the last three years have we understood the magnitude" of deaths in the first 28 days of life, says Dr. Peter Salama, chief of health for UNICEF. "If we are going to meet the Millennium Development Goals, then we're really going to have to address these newborn deaths."

Mary Beth Powers, who directs Save the Children's Survive to 5 campaign, explains the significance of the age bracket: "If you make it to age 5, you do not face the same risk of death again until you're 70."

Save the Children and Survive to 5 programs emphasize that critical first month, with Survive to 5 advocating education about birthing safety and newborn care in communities, breastfeeding, keeping the umbilical cord dry (which helps prevent infections), and "kangaroo care" – skin-to-skin contact between mother and child – to regulate body temperature.

"Up to half of these children can be saved with better household care practices," says Powers, a former Rotary Foundation Ambassadorial Scholar. One simple practice that helps regulate body temperature is providing caps for babies. Over the past three years, Save the Children volunteers all over the world have knitted nearly one million caps that were distributed to mothers in developing countries.

A SPECIAL MESSAGE FROM THE RI PRESIDENT

Making a lasting difference



President Lee speaks about his emphasis during Rotary-UN Day at the United Nations in 2008.

This year's theme and service emphases represent an opportunity to focus the efforts of 1.2 million Rotarians and to choose an area in which to make a real, and lasting, difference.

In this Rotary year, my theme is *Make Dreams Real*. I have asked Rotarians around the world to work through our emphases of water, health and hunger, and literacy to bring about a reduction in the rate of child mortality.

We as Rotarians are uniquely positioned to bring about a real improvement in a terrible situation. Today, and every day, 26,000 chil-

children will die of preventable causes. Most of the deaths will be related to problems of malnutrition, contaminated water, lack of medical care and, above all, poverty. These are the areas that we have been working to address for a very long time, and they are areas we know well.

The number of children who die every day of preventable causes is catastrophic. I saw the chance to choose child mortality as the focus of my RI theme as an incredible opportunity to really do something about this problem.

When 1.2 million Rotarians come together to address a problem, you know that there will be a real impact. And there has been.

My hope is that the projects that were begun this year will continue for years to come, and that the steady decline in the rate of child mortality will continue. If that happens, it will be an achievement of which we can all be proud.

Dong Kum (D.K.) Lee
President, Rotary International





Rotarian support helps expecting mothers at the Koure clinic get the health care they need.

Protecting the mother

Salama says the link between a baby's health and that of its mother is critical. Recent developments in antiretroviral drugs and other measures help prevent the transmission of HIV/AIDS from mother to child – a significant cause of deaths among the young in Africa. Not only has AIDS left a generation of African children without mothers, but the surviving babies who are placed in orphanages face dire living conditions that double their risk of death.

Childbirth itself remains life-threatening for mothers in much of the world. Today, some 529,000 women die during childbirth, “exactly the same figure since 1987,” says Dr. Francisco Songane, director of the World Health Organization's Partnership for Maternal, Newborn & Child Health. Songane, a former minister of health from Mozambique, believes that lack of gender equality and economic opportunity are contributing factors. “Young women work up to the day they deliver. Most of the time they are the [breadwinners] of the families.”

A related UN Millennium Development Goal – to improve maternal health – is the focus of an ambitious project of the Rotarian Action Group for Population Growth and Sustainable Development, with nearly 20,000 members. The US\$1.46 million joint Nigerian-

German-Austrian effort, led by Robert Zinser, vice chair of the action group and past governor of District 1860 (Germany), is aimed at treating obstetric fistula; the project encompasses 10 hospitals in the states of Kano and Kaduna in northern Nigeria. A complication of prolonged labor, obstetric fistula is often fatal for the infant and leads to other complications, such as chronic incontinence, in the mother. Up to 100,000 women develop fistula each year, and two million go untreated, according to WHO.

The action group has helped improve the situation in northern Nigeria in several ways. Rotarians fund clinics that provide expedited and expert surgeries to treat these women. The clinics also educate patients about the importance of get-

ting immediate care during labor. At the same time, thousands of insecticide-treated mosquito nets are distributed to counter malaria, also prevalent in the region, says Zinser.

Integrated solutions

Experts say such integrated, multi-tiered approaches may be the best way to make a lasting impact. Expanding access to health care and health information is key, particularly in Africa, notes Dr. Elizabeth Mason, WHO's director of the Department of Child and Adolescent Health and Development. “You can go and immunize children, can give them vitamin A, but that's not enough,” she says. “Children get sick very quickly and they die very quickly, so they need to get treatment very quickly.”

Making inroads in the Philippines

Since 1989, the Philippines Department of Health has launched numerous initiatives promoting immunizations against disease, oral rehydration therapy to treat life-threatening diarrhea, and breastfeeding to improve early childhood nutrition. Using these and other tactics, the Philippines has reduced its under-five mortality rate by 48 percent since 1990. Rotary projects have contributed to the progress there.

Treating tuberculosis: In 2007, the Rotary Club of New Manila Heights, Quezon City, took a survey of community needs and found that tuberculosis, or TB, was rampant among neighborhood children. TB, a bacterial disease that usually affects the lungs and is spread through the air, kills 78 Filipinos daily. With help from a Rotary Foundation Matching Grant, the club launched a project to treat 90 children under the age of 10 for TB. Through the project, headed by a Rotarian physician, the club provides medicine and distributes food to the children.

Combating parasites: Dr. Mel Simon, of the Rotary Club of Gallipolis, Ohio, USA, and his wife annually return to their native country, the Philippines, on medical missions. One of their recent projects, sponsored by Simon's club in partnership with the Rotary Club of Pasig North Rizal, provided deworming medicine to needy children. Intestinal worms retard growth and cause malnutrition and intestinal blockage and, in severe cases, lead to death. A Rotary Foundation Matching Grant helped purchase antiparasitic medicine to treat schoolchildren. Teachers, school nurses, public health officials, and local Rotarians monitor the project.

– Susie O. Ma



UNICEF's Darnton-Hill speaks on ending child hunger during Rotary-UN Day in 2008.

Songane concurs. "It's not just having doctors and clinics," he says. "We need to train a different level of caregiver, not a doctor or nurse but somebody who will be trained to give antibiotics and live close to the children." He cites two leading killers of children that can be readily addressed this way: pneumonia, with the timely delivery of antibiotics, and diarrhea, with rapid oral rehydration therapy.

As the perils to children are intertwined, so are the solutions. The same projects that ensure the survival of a village, like water and sanitation systems, can save children by fostering good hygiene. Focusing on malnutrition in conjunction with other health issues is particularly important, Salama says. "In many countries there's a real relationship between diseases and malnutrition. For example, you can deliver a lot of food, but unless you tackle the other side of the infectious diseases you won't be successful."

Malnutrition kills more than three million children and puts even more at risk, according to the UN. "There are at least 150 million under-fives who are undernourished and therefore at greater risk of dying unnecessarily, or [suffering from] impaired

development that can last for a lifetime," said Dr. Ian Darnton-Hill, UNICEF special adviser on ending child hunger, during Rotary-UN Day in November.

Through countless projects, Rotary also has vast experience helping poverty-stricken communities obtain potable water, integral to cutting diarrheal diseases. "UN Secretary-General [Ban Ki-moon] said in terms of the importance of reducing poverty and everything else, [providing] safe water is the most important thing that can be done," says Sylvan Barnet, alternate RI representative to the UN and a member of the Rotary Club of New York. "Thirty percent of child diseases today can be eliminated if we have safe water."

In Djeol, Mauritania, a water project of the Rotary Club of Martigues et Etang de Berre, France, specifically targets young children. Two water filtration systems and a generator will provide clean water for 700 mothers – nearly half of them pregnant – and their 1,500 children. "We hope that this project will save 25 children who are dying each month in Djeol," says club member Jean-Paul Boyer.

A water project undertaken in El Salvador by the Rotary Club of Wallowa County in Enterprise, Oregon, USA, improves villagers' health while also promoting the community's self-sufficiency. The club provided the village of El Progreso with a water distribution system and a truck so residents could bring their produce to market, which keeps families employed and able to keep their children healthy.

Rassin lauds such comprehensive approaches. "In the Rotarian world, we will do a lot of one-off projects," he says, but clubs might concentrate on adopting a village to serve multiple needs simultaneously. "In that way, we can make a

serious impact on child mortality. We can do more, and then move on to another community."

Pooling efforts

By teaming up with other groups in a country-by-country effort to reduce child deaths, key players like Rotary make an impact. One group that has attracted Rotarians' attention is Renewed Efforts Against Child Hunger, or REACH. A partnership of WHO, the World Food Programme, UNICEF, and the Food and Agriculture Organization, "REACH is designed to help countries get together and move with one voice," says Dr. Denise Costa Coitinho, a WHO official who is coordinating the interagency team's efforts in Laos and Mauritania.

"We saw the potential of REACH immediately," explains RI Representative to FAO Marco Randone. "Rotarians have always been concerned about the well-being of children."

Coitinho believes that Rotary can help reduce child mortality by building on its success with polio – by exploiting the "plus" in PolioPlus: the networks and physical infra-

Countries with 10 Highest Rates of Child Mortality

Rotary clubs worldwide can partner with local clubs in these countries on World Community Service projects to help improve childhood survival.



Source: UNICEF

structure put together over decades. “Because you can maximize delivery if you are doing immunization, for example, you can use the same operational process and logistics to add a few more actions that are really cost-effective,” Coitinho says. Techniques might include offering deworming tablets while distributing food or inoculating children.

“The greatest things we’ve learned are the techniques of social mobilization, to get a whole country, a population, and a government behind an effort such as immunizing 165 million children in a few days in India,” says Barnet. In the future, he says, “those lessons also can be applied to the elimination of [diseases like] malaria.”

This year’s focus on reducing child mortality has inspired clubs and districts to new levels of Service

Children get sick very quickly and they die very quickly, so they need to get treatment very quickly.

– Dr. Elizabeth Mason, WHO

Above Self. Many Rotary projects begin with grassroots efforts that raise awareness as well as funds.

Fran Bayless, governor of District 6630 (Ohio, USA), organized a three-day international symposium on child mortality in conjunction with Rainbow Babies & Children’s Hospital in Cleveland. In addition, Bayless asked every Rotarian in her district to donate \$26.50, which was the donation that launched The Rotary Foundation in 1917. The donations – totaling \$100,000 at press time – were sent to the Foundation

and earmarked for projects related to reducing child mortality.

To put a face on her mission when visiting clubs in her district, Bayless brought along a photograph – plucked from the Internet – of a boy living in squalor, whom she

nicknamed Bobby. “What I’ve been trying to do is have them open their hearts before their pocketbooks, to give a reason to give,” she says. “Certainly, Bobby gives them a reason. The outpouring has been awesome.”

– Brad Webber

Simple projects that save lives

Child mortality can be reduced through simple, cost-effective measures. Here are a few examples of innovative Rotary projects that are saving children’s lives.

Treated mosquito nets: Malaria is responsible for 10 percent of all under-five deaths in developing countries. Rotarians Eliminating Malaria in Tanzania is a collaboration between Rotary clubs in Great Britain, Ireland, and Tanzania to provide insecticide-treated nets. The nets are especially effective because they repel and kill mosquitoes and act as a physical barrier. The project has received two Matching Grants and one Health, Hunger and Humanity (3-H) Grant from The Rotary Foundation. Over the last five years, more than 200,000 nets have been distributed in Arusha and other communities, with the ultimate goal of providing a treated net for every child under five and every pregnant woman in Tanzania. Each net costs only US\$4 to produce and distribute. Learn more at www.remit.org.uk.

Safe motherhood kits: Many women in developing countries give birth at home, where both mother and baby face potential risks from nonsterile conditions and unskilled birth attendants. To help these mothers, the Rotary Club of Bonds Meadow (Westminster), Maryland, USA, created a Safe Motherhood Kit, with help from experts at Johns Hopkins Hospital in Baltimore and the nonprofit IMA World Health. Each kit contains items to use during delivery, such as sterile razor blades, gauze, soap, and plastic sheeting. Several items are also provided for the baby, including knitted caps, blankets, and baby jackets. The kits, which are distributed to pregnant women at health care facilities, cost US\$10 to \$20 to assemble and ship. The club has sent 1,100 kits to the Democratic Republic of the Congo and 300 to Haiti. Visit www.bondsmeadowrotary.org for more information.

Breast milk distribution: Breastfeeding has the potential to prevent 1.4 million deaths in children under five in the developing world. When breastfed, babies receive a strong foundation of nutrients, vitamins, minerals, and antibodies. Members of the Rotary clubs of Bagé-Minuano, Rio Grande do Sul, Brazil, and Jackson Hole Supper, Wyoming, USA, developed a project to help mothers who cannot provide enough breast milk for their babies. The project is establishing a center to collect and redistribute breast milk at a hospital in a low-income region of Bagé. A Rotary Foundation Matching Grant is helping them purchase equipment for the center.

– Susie O. Ma

Josette Sheeran, World Food Programme

Since April 2007, Josette Sheeran has served as the executive director of the United Nations World Food Programme (WFP), the world's largest humanitarian agency. WFP provides just over half of global food aid, primarily to the least developed and low-income, food-deficit countries. In 2008, WFP, together with UNICEF, WHO, and the Food and Agriculture Organization of the United Nations, formed the REACH partnership to renew efforts against child hunger and undernutrition (the outcome of insufficient food intake and repeated infectious diseases). This initiative pools the resources of national governments, the UN, civil society, and the private sector to accelerate countries' progress on Millennium Development Goal 1 (eradicating extreme poverty and hunger), essential to reducing child mortality levels.

The global coalition seeks to mobilize and support urgent action in countries with widespread undernutrition that are lagging behind on progress toward that goal. Vince Aversano, editor in chief of *The Rotarian*, interviewed Sheeran in October for *Global Outlook*.

Global Outlook: How is the hunger problem different now from what it was in the past?

Josette Sheeran: It's a question of resiliency to hunger. When a shock comes, food is often the first thing that goes. And that's what we've seen with the food-price crisis [in 2008]. Some families have the ability to rely on communities, churches, or government safety nets such as food stamps. But for a billion people on earth, there is no safety net. Their community has no resiliency, and their government is either too poor or doesn't care enough to spend its money on the kind of safety nets that protect people from that shock.

GO: Oxfam's Barbara Stocking and others have called the international community out on its failure to adequately address the global food crisis. How do you respond?

Sheeran: I believe that the big challenge of our lifetime is to eradicate hunger from the human experience. For the first time in human history, we have the technology, the skills, the knowledge and, frankly, the wealth in the world so no child should go to school hungry and no child should have to miss a basic meal. But the world has yet to de-

duce that hunger is an unacceptable condition and to organize properly around that commitment – and the commitment has to come first.

GO: How much would it cost to end hunger?

Sheeran: It's impossible to put an overall price tag on hunger, which is growing by the day. But if we just took the cost of feeding the 59 million children around the world who go to school hungry, it would cost about US\$3 billion a year. We are talking about a daily meal of porridge – sometimes the only meal kids will have that day – which helps them grow and learn and have hope for their future. Partners like WFP working with Rotary International and others could help eradicate hunger among schoolchildren, not only in our lifetimes but possibly in the next five years, if we put our mind to it. The misconception is that the problem is too big to tackle.

GO: What is WFP's approach to the challenge of feeding the hungry?

Sheeran: We very much believe in the approach that you teach people how to fish, you don't just provide them a fish. And so, our school feeding programs always use locally pro-



Sheeran (above) says ending hunger is "the big challenge of our lifetime."

duced food, whenever possible and wherever possible so that small-scale, poor farmers can benefit. In addition, we add micronutrients and fortification to the food, so that children, maybe for the first time in generations, are getting added vitamins and minerals. The forced multiplier with that cup of food we give at schools is a deworming pill. Many millions of children in the world are so infested with worms that they cannot retain any nutrients. And so that one deworming pill, which can cost pennies a year, can make all the difference in the world. All that can be done at an average cost of 25 cents per child, per day, and that can be a lifesaving safety net for these children.

GO: What is the idea behind REACH, which is based at WFP?

Sheeran: REACH is directed at an extremely critical and often neglected area of hunger intervention: ensuring adequate nutrition for mothers and young children, especially children under the age of two. We now know from scientific evidence that if children are denied adequate nutrition from gestation through two years old, it can never be made up. They will live with losses to their



A child at the Koure clinic gets essential nutrients from fortified porridge.

physical and mental development for a lifetime. So while the Millennium Development Goal target is focused on improving nutrition for children under the age of five, we know that there is a real window of opportunity – and responsibility – up until the age of two.

We also know, irrefutably, that the cost to societies in lost human potential is huge, with over 10 percent of national GDPs being lost due to undernutrition. So REACH is designed to help countries identify a set of essential, proven interventions that we know have rapid impact for mothers and children up to two years old, and to bring all partners together around a common goal and strategy of making sure that all children get these interventions, which give them an adequate nutritional foundation for life.

GO: How is REACH structured and where is it active?

Sheeran: What is critical about REACH is that we're taking a country-led approach to be sure that we adapt our support and interventions to really meet the needs of the local communities and countries. And we've developed a model for supporting in-country partners to do joint situation analysis and planning for implementation; it is being

tested this year in two pilots. We did our first pilot of REACH in Mauritania, where WFP virtually has a nationwide school feeding program and where poverty and drought are causing high levels of malnutrition. We also chose a country in Asia for our REACH partnership, Laos, where there are major problems like the lack of essential nutrients and underweight children.

GO: What is your impression of Rotary's work?

Sheeran: I would like to say that I am a huge admirer of Rotary and its members around the world. I meet them all over the world doing good, making a difference. So I want to thank Rotary for what they do. Literally, this global network saves lives. First, what impresses me about Rotary is that you have such huge advocacy potential. When Rotary is activated to raise awareness, the world becomes acutely aware not only of the issue or challenge but also the solutions needed. The current focus of RI President Lee on reducing child mortality, for example, has really helped change the world's view of the issue and what's needed to tackle it. Secondly, you truly have an unparalleled network in the world which has led to Rotary being so effective on its polio [eradication] campaign. I have seen how Rotary members throughout the world use their unique positioning as highly respected community members to change the ideas of what's possible. I think Rotary can really move the dial on child hunger and mortality.

Stay informed

Visit www.rotary.org for daily news in English, French, German, Italian, Japanese, Korean, Portuguese, Spanish, and Swedish. These articles can be e-mailed and commented upon by users, promoting the sharing of project ideas and other Rotary information between members. Also, English-speaking Rotarians can sign up for free updates of Rotary International news sent directly to their e-mail address each week. Many Rotarians use this as a source for club or district newsletters. Explore Rotary news at www.rotary.org/rinews-en.

More online

Read an extended interview with Josette Sheeran, learn more about the UN Millennium Goals, and read other Web extras at www.rotary.org/go.

Contributors to this issue

Brad Webber is a past contributor to *The Rotarian* and a freelance writer based in Chicago.

Susie O. Ma is a Chicago-based freelance writer who profiled RI President Dong Kurn Lee for the July issues of the *Rotary World Magazine Press*.

Global Outlook: A Rotary World Magazine Press Supplement

is published quarterly by Rotary International. Copyright © 2009.

Managing editor Joseph Derr **Features editor** Barbara Nellis **Designer** Avery Mamon **Production coordinator** Candy Isaac **Articles** Christine Sanders, Jane Lawicki **Photos** Rotary Images/Alyce Henson unless otherwise noted **Editorial advisory panel** Bob Aitken (*Rotary Down Under*), T.K. Balakrishnan (*Rotary News/Rotary Samachar*), Carlos Henrique de Carvalho Frôes (*Brasil Rotário*), Andrea Pernice (*Rotary*), and Matthias Schütt (*Rotary Magazin*).