

BAWA Health Initiative News



A PUBLICATION OF THE BAWA HEALTH INITIATIVE

December 2008

Dear Friends of BHI,

The American author, Herman Melville, wrote: *"We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads..."* Truly, the Bawa Health Initiative and the lives of families in Bawa and surrounding villages in Cameroon are now connected by innumerable threads - visible and invisible. With your support, the Bawa Health Initiative is making a profound difference in the lives of children and families. I encourage you to read the letter from Dr. Dennis Richardson detailing the impact of BHI initiatives.

In December 2007, I travelled with Dr. Richardson to Cameroon to see first hand the work BHI is doing; to meet with our Field Coordinator, Sylvain Foulefack; and to participate in a ground-breaking ceremony for a **Primary Health Clinic and Health Resource Center**, a **Nurse's Residence** and a **Visitor's Residence** on land donated by the village.

In Bawa, I listened as village leaders shared their needs and stories. I saw water drawn from the local stream poured through the BioSand filter at the home where we were staying. I visited in a home where children are now more adequately protected from malaria because of insecticide treated bed nets distributed by BHI. I travelled on roads that were barely passable in the dry season and which, in the rainy season, make transport to the nearest government clinic or hospital virtually impossible. I understand the difference a clinic in Bawa will make on the lives of families.

Dennis Richardson and I also returned from Bawa last December with a sample of Arabica coffee beans freshly harvested from a farm in the village. Over the past ten months, a group of enthusiastic and dedicated students at Quinnipiac University have established *Café Cameroon*, a project to purchase Bawa coffee at a fair price and import, roast and market it here in the United States. The profits of the coffee sales will return to the village to help support clinic construction.

The first phase of construction work at the Health Clinic campus will begin in January. Construction equipment will prepare the site and set the foundations for the three buildings thanks to a generous grant from the Episcopal Diocese of Connecticut and many individual donors. We are now working on raising the funds to raise the walls and roof of the Clinic.

We need your continuing financial support. There is much to celebrate and much work still to be done!

With grateful appreciation,

Margaret Jay, President of BHI



(left to right) Sylvain Foulefack, Dennis Richardson, Margaret Jay, Blaise Dondji at the Ground-Breaking Ceremony in Bawa - December 2007

"We cannot live for ourselves alone. Our lives are connected by a thousand invisible threads, and along these sympathetic fibers, our actions run as causes and return to us as results."

- Herman Melville



Site of Future Health Clinic

A Letter from Dr. Dennis Richardson, Field Parasitologist

Dear Friends of BHI:

I have good news that I wish to share with you. We recently received data from the health clinic in Nka, which is the hospital that people from Bawa use when they are fortunate enough to receive medical care at all. This data provides the first quantitative data suggesting that our efforts at providing clean water and insecticide-treated bed nets are paying off. Data for water - borne diseases and malaria in Bawa are given below for 2006 through June 2008. All morbidity and mortality rates are based on a population of 350 individuals.

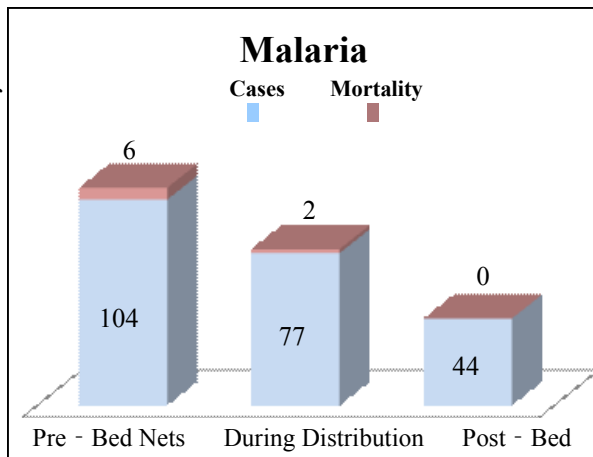
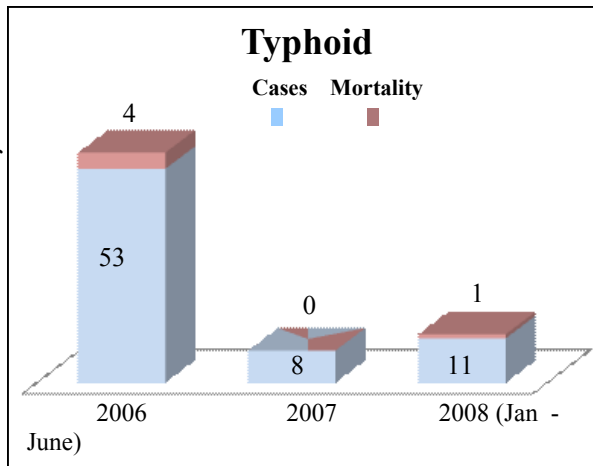
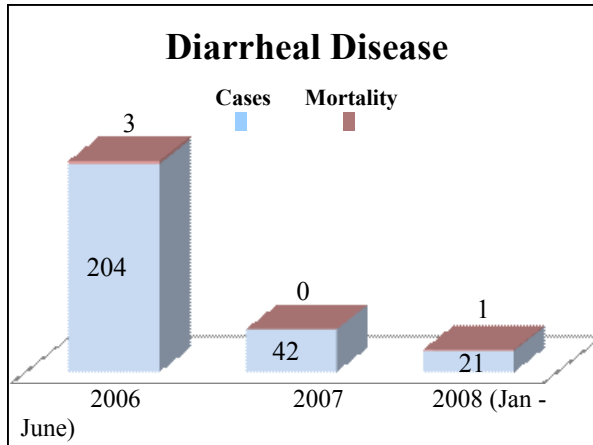
Water - borne Diseases

Installation of water filters began in the village in June 2006 and by July 2006 everyone had access to clean water from the filters. By the end of 2006, each family compound had a water filter.

From January through May 2006, 128 cases of diarrheal disease were reported from Bawa leading to 3 deaths. All deaths were in children under 5 years of age. In June through December 2006, 76 cases of diarrheal disease occurred with no deaths. In total during 2006, 204 cases of diarrheal disease were diagnosed (58.3% morbidity rate) with 3 deaths (0.9% mortality rate). Of the 204 cases, 114 (55.9%) were in children

under 5. During the entire year of 2007, 42 cases of diarrheal disease were diagnosed (12% morbidity rate) with no deaths. Of the 42 cases, 18 (42.9%) were in children under 5. During 2008, 21 cases of diarrheal disease were diagnosed (6.0% morbidity rate) with the death of one infant. The incidence of diarrheal disease (based on visits by residents of Bawa to the clinic in Nka) has been reduced by 84%. This reflects a statistically significant decrease in both morbidity and mortality in the occurrence of diarrheal diseases.

From January through May 2006, 34 cases of typhoid were reported from Bawa leading to 3 deaths. In June through December 2006, 29 cases of typhoid occurred with 1 death. In total during 2006, 53 cases of typhoid were diagnosed (15.1% morbidity rate) with 4 deaths (1.1% mortality rate). During the entire of year of 2007, 8 cases of typhoid were diagnosed (2.3% morbidity rate) with no deaths. During the first half of 2008 there were 11 cases of typhoid diagnosed with one death. Thus the incidence of typhoid based on visits by residents of Bawa to the clinic in Nka has been reduced by 65%. This reflects a significant decrease in both morbidity and mortality in the occurrence of typhoid.



Malaria

In June 2006 installation of bed nets began in Bawa, with children and women of child - bearing age receiving nets first. Distribution of bed nets to all residents of Bawa was completed in December 2006. From June 2005 through May 2006, 104 cases of malaria were reported from Bawa (29.7% morbidity rate) leading to 6 deaths (1.7% mortality rate). Forty one (39.4%) of the cases and three (50%) of the deaths were in children under 5 years of age. From June 2006 through May 2007, 77 cases of malaria were diagnosed (22% morbidity rate) with 2 deaths (0.6% mortality rate). Of the 77 cases, 30 (39.0%) were in children under 5. From June 2007 through June 2008, 44 (12.6%) cases of malaria were diagnosed with no deaths. Fourteen of these cases were in children under 5. Thus the incidence of malaria based on visits by residents of Bawa to the clinic in Nka was reduced by 57.7%. This reflects a significant decrease in both morbidity and mortality in the occurrence of malaria.

These data suggest that your efforts are clearly making a difference and saving lives in Bawa. We thank you from the bottom of our hearts!!! And, we implore you to continue your generous support of this important work.

Other News

On another note, when I visited in December 2007, I was greeted with a tremendous and unexpected honor. Two children in Bawa have been named after me. It is impossible for me to express what a profound honor it is to have friends a half a world away who have such trust in me that they have given their children my name. Shown are photographs of Ngufack Dennis Richardsong (sic) and Momo Kenfack Dennis, the son of my dear friend Mathias.

Here in Connecticut several new friends have joined the BHI board and we are working hard applying for grants and brainstorming fundraising ideas. My wife, Kristen, has now joined the board and has taken on the task of coordinating website updates, along with Susan Nathiel, Pam

Ferguson, and C. J. Wong. As a result of the generosity of the Albert Schweitzer Institute at Quinnipiac University, Kristen and I will be teaching college students how to build BioSand water filters here on campus.

In the summer of 2009, BHI will be co-hosting, with CAWST (www.cawst.org), a workshop on water filter programs designed for Village Health Committees. The program, conducted in French, will be presented in Dschang and will utilize BHI's program in Bawa as a model. The Albert Schweitzer Institute at Quinnipiac University is supporting us in this effort.

We are delighted to announce that the Episcopal Diocese of Connecticut has granted BHI \$8,500 toward the first phase of construction of the clinic and health education resource center in Bawa. The clinic budget is over \$100,000 US. We are making slow, steady progress toward that goal.

Dedicated students from Quinnipiac's SIFE (Students in Free Enterprise) chapter have launched Café Cameroon. Their new business purchases raw Arabica coffee beans from coffee farmers in Bawa and surrounding villages at a fair price and sells the coffee in local U.S. markets. All profits are going to the Bawa Health Initiative. It is the best coffee in the world; you really need to

try it. For more information about this project, or to order coffee online, go to www.cafecameroon.com.

On behalf of the BHI Board of Directors thank you for your continued support.

Sincerely,

Dennis J. Richardson
Co - Founder and
Field Parasitologist
Bawa Health Initiative



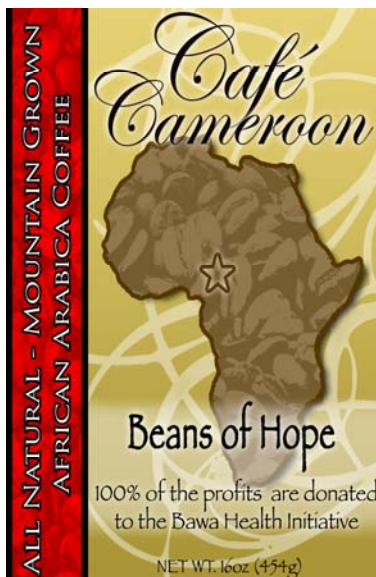


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Our Mission: The Bawa Health Initiative (BHI) is a non-profit 501c (3) organization founded in May 2005 by Dennis Richardson, PhD. and Blaise Dondji, PhD. (a native of Bawa). Our mission is to improve the health of children and families in Bawa and surrounding villages in Cameroon, West Africa by addressing vital public health issues - safe water, malaria, HIV/AIDS prevention, parasite infection treatment, socio-economic improvements - and by building, equipping, and staffing a **Primary Health Clinic**.

Café Cameroon Partners with BHI and Bawa Coffee Growers

Some People
Really Can't
Live Without
Coffee



Café Cameroon is a non-profit organization founded by Quinnipiac University's Students in Free Enterprise. Our all natural Arabica coffee is imported from Bawa, Cameroon, and boasts exceptional flavor with hints of cocoa attributed to the high altitude growing conditions. **100% of the profits** are donated to the Bawa Health Initiative to help build a desperately needed health center.

Brew These Beans of Hope
and Help Save Lives

www.cafecameroon.com
www.bawahealth.org