

Infant Nutrition for Cleft Lip & Palate Surgery  
Project Presentation to Rotary Foundation

A. Organization & project description.

1. Name:

Fundación San Estanislao de Kostka (Funsek)

2. Activity summary:

Funsek supports the nutritional recovery of babies and children with cleft lip & palate so they can attain the health conditions required to qualify for free surgical procedures with international volunteering teams, of the highest medical level, in Guatemala. It is thanks to the prompt & timely identification of patients with these birth malformations that we can help provide the care they need to reduce risk of infant mortality in these patients, to prevent ongoing chronic malnutrition, to support their cognitive development and to allow them to receive the medical attention and adequate surgery they desperately need.

Recently we have incorporated nutritional support for the mothers of affected cleft lip and palate babies, with the goal of improving the nutritional quality of their breast feeding and to reduce the future birth malformations within the same family.

3. Project description:

Through monthly visits at home, in their isolated rural communities, the social promoters share care providing & special feeding techniques, medical information, family education and nutritional supplements with the affected families. Through this support network the recruited patients can undergo nutritional recovery and prepare to participating in life-changing, free-of-charge, surgery.

The value of the human network (the social promoters) is success key to the entire program because they speak the indigenous languages of the communities and are well trusted within the midwives and community leaders (Municipality & Cocode).

4. Project justification:

Hundreds of international medical missions come to Guatemala every year to perform surgeries free of charge to the families, yet if the patients do not have the required health conditions they can not qualify for these surgeries due to high risk of mortality during or after surgery.

The surgeries are very needed, and the medical teams travel to Guatemala to perform them as volunteers, but patient preparation was missing, and it was the missing link to success for cleft patients.

Babies and children with cleft lip and palate are required to meet specific physical and health conditions in the subjects of age, weight and hemoglobin, as well as good respiratorial health, all of the previous goals require intense nutritional support and monthly medical monitoring.

Without our support for timely recruitment and nutritional support, hundreds of affected children would be left out of participation in these medical missions every year,

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maybe some of the missions would stop coming to Guatemala all together due to scarcity of patients.

5. Expected results:

- i. To avoid infant mortality due to starvation in the identified babies.
- ii. To have all recruited patients achieve the required health conditions in order to qualify for surgery and have a successful recovery; our nutritional support is pre-op & post-op.
- iii. To allow recruited patients to stay in the program and repeat the same procedure for a second surgery because 85% or more of all patients need at least two surgeries because they have both cognitive malformations: cleft lip & cleft palate.
- iv. To allow for patients to attend the designated medical mission in good nutritional health and hygiene.
- v. To allow recovered patients to lead a healthy, happy and community-integrated life for education, and later for work.
- vi. To allow affected families to obtain updated medical knowledge regarding cleft cognitive malformations in order to step away from erroneous beliefs in curses that lead to discrimination and isolation.
- vii. To allow affected families to decrease or eliminate the risk for future cleft births within the same family.

6. Project duration:

For the majority of cases the support begins just days after birth, with timely identification led by community midwives, and lasts between 18 to 36 months per patient, depending on number of surgeries required and unexpected health issues within that time frame.

7. Project geographical coverage:

The outreach of the social promoters' contacts and routes cover the entire national territory of Guatemala.

The vast majority of cases are identified in Alta Verapaz, Baja Verapaz, Quiche, Huehuetenango and San Marcos departments (states/provinces).

8. Scientific & cultural facts that lead to high incidences:

The previous geographical concentration of incidences point to a combination of genetic & environment factors.

- i. Families in these indigenous communities are less likely to marry outside their close community members leading to genetic theories.
- ii. High levels of mycotoxins found in corn & corn derived products due to contaminated strands or due to bad corn-drying techniques, as well as feeding contaminated corn to farm animal, increases the risk of fungus infections that prevent folic acid absorption in expecting mothers - even if folic acid is given in prenatal care.
- iii. Extreme humidity in soils, difficult and limited access to clean water, as well as extreme poverty, contribute to continuous consumption of mycotoxins from contaminated corn.
- iv. Daily smoke inside the houses, originating from fire stoves without proper extraction, also contributes to high levels of mycotoxins in the home

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environment, which also increase the risk of birth malformations such as clefts.

B. Population to benefit from project (annually).

9. Total population to benefit:  
 350 women (affected mothers)  
 350 babies and children (affected patients)  
 38% Females (133 aprox.)  
 62% Males (217 aprox.)

C. Budget for 350 children.

<u>Description</u>	<u>Amount in Guatemalan Quetzales</u>	<u>Amount in US Dollars (US\$) E.R. Q.7.50</u>
1. Nutritional costs for 350 patients: Q.3, 500 per patient per year (pre-op & post-op).	Q1,225,000	\$163,333
Recruitment costs for 350 patients: Wages & travel expenses for social promoters that recruit and Visit the patients at home monthly. Q.2, 100 per patient per year.	Q735,000	\$98,000
<b>Budget Total (No. 1. + No. 2.)</b>	<b>Q1,960,000</b>	<b>\$261,333</b>
Total Budget to carry out the <i>Infant Nutrition for Surgery Project</i> During year 2018, benefiting 350 patients. 350 patients represents a 14% growth over year 2017.		
<u>Support requested from Rotary Foundation</u>	<u>Q375,000</u>	<u>\$50,000</u>
Q.5, 600 per patient, equivalent to \$747 per patient per year. Support for nutrition and recruitment of 67 patients (19% of total)		19%

D. Contact Information.

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