

# Potomac-Bethesda Rotary Club News

## Rotary Club Calendar

**December 10 – 6:30pm – Meeting - Normandie Farm  
Kathy Stevens-Montgomery College**

Kathy Stevens is the Annual Fund Director at Montgomery College. She has almost 20 years higher education experience including employment law, teaching, insurance, and non-profit experience. Kathy previously was University Liaison at Fair Labor Association, Claims Counsel at United Educators and Residence Director at Ithaca College. She is currently working with Montgomery College alumni and others on gifts to the annual fund and current use scholarships. Donations to the annual fund support the Montgomery College Foundation for current needs, including helping students with scholarship money.

**December 17 – 6:30pm – Meeting - Normandie Farm  
Sheila McDonald - Health Care Bill**

**December 24 – No Meeting**

**December 31 – No Meeting**

**January 7 – 6:30pm – Meeting - Normandie Farm**

**January 12 – 7pm Manna Food Center**

**January 14 – 6:30pm – Meeting - Normandie Farm**

**January 21 – 6:30pm – Meeting - Normandie Farm**

**January 28 – 6:30pm – Meeting - Normandie Farm**



*Even with all the activities going on during the busy holiday season, there were 12 people that packed food boxes at Manna on December 8. Thanks so much to Alex Naron, Todd Nitkin, Chinyere Amaefule, Alan and Irene Grant, Tom Leuchtenburg, Bob Nelson and the other volunteers for their service. The next Manna Food Center packing night is on January 12.*



*Special guests on December 3 were Past President Mon Dickinson and his wife Anne. They just moved to a new home at Ingleside at King Farm.*

## December 3 Meeting Report



We welcomed visiting Rotarian **Ashraf Elattar** from the Cairo Royal Rotary Club in Cairo Egypt. He is on the district membership committee that covers nine countries and his son is attending George Washington University. We are looking forward to Ashraf visiting us again in 2010. **Chinyere Amaefule** introduced her



guest, **Anna Pedro**, a visiting fellow from Portugal at the National Cancer Institute. Past Presidents **Mon Dickinson** (with wife Anne) and **Nadim Salti** were welcomed back. **Alex Naron** set up the projector for our speaker, immediate past president **Todd Nitkin**. Todd gave an illustrated presentation on his trip to Liberia.



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# Potomac-Bethesda Rotary Club News

## Todd Nitkin's Presentation on Liberia

Grand Cape Mount Liberia-Health Status of Population  
Maternal mortality: 994 / 100,000 (12/100,000 in the USA)

Child mortality: Infant: 157/1,000 (>15%)  
(6.78/1,000 in the USA)

Under 5 years old: 235/1,000 (7/1,000 in the USA)

Under 5 population: Death by Malaria 36%; Death by Diarrhea 19%;

Malnutrition: Stunting 39% ; Wasting 5.9%;

Underweight 26.4%



### Results Framework

Goal: Reduce morbidity and mortality of children under five and improve the health of pregnant women within Grand Cape Mount County Liberia:

SO: Improved health outcomes through appropriate household practices and use quality health services in a supportive sustainable environment by 2011;

IR 1: Improved health behaviors and actions at the household level;

IR 2: Improved quality of care in health facilities through implementation of IMCI and capacity – building of health staff in complementary activities;

IR 3: Communities assume responsibility for their own health with strengthened community structures, facility staff and enhanced human resource capacity; and

IR 4: Strengthened institutional capacity of MTI and partners to implement effective and efficient child survival activities.

### Indicators: Baseline and Targets

| Indicator  | Baseline | Target |
|--|----------|--------|
| % communities use information from HIS for decision making   | 0%       | 40%    |
| % communities with an emergency transport plan   | 0%       | 65%    |
| % HF that offer growth monitoring  | 0%       | 85%    |
| % HF clinical encounters all assessment tasks made by HW for sick child  | 9%       | 85%    |
| % HF clinical encounters treatment is appropriate to diagnosis for malaria, pneumonia and diarrhea   | 46%      | 85%    |
| % HF clinical encounters the caretaker whose child prescribed antibiotic antimalarial or ORS correctly describe correct administration all drugs | 49%      | 75%    |
| % HF that received external supervision at least once in the last 6 months   | 5%       | 75%    |
| % HF utilizing information from the HMIS for decision making   | NA       | 75%    |
| % partner organizations using information from HMIS for decision making  | 0%       | 100%   |
| Lessons learned and best practices are disseminated utilizing at least three different media.  | No       | Yes    |

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December 10, 2009 - Page 2

# Potomac-Bethesda Rotary Club News

| Combined Frequency for Project Area in >>>>  | Sep-09 | Sep-08 | Dec-07 |
|--|--------|--------|--------|
| % of newborns who were put to the breast within one hour of delivery and did not receive prelactal feeds ( <b>bfimmAapp</b> )  | 81.82% | 51.04% | 52.50% |
| % of infants 0-5m exclusively breastfed ( <b>ExclBF</b> )  | 90.82% | NA     | NA     |
| % of infants <b>6-9m</b> receiving breastmilk and complementary foods ( <b>BFandCF</b> )   | 72.16% | 72.92% | 54.43% |
| % of infants <b>6-23m</b> receiving breastmilk and complementary foods ( <b>BFandCF</b> )  | 70.70% | NA     | NA     |
| % of children 6-23m still receiving breastmilk   |        | NA     | NA     |
| % of mothers of children aged 6-23m who are providing the appropriate Feeding frequency for complimentary feeding  | 64.58% | NA     | NA     |
| % of children 6-23m who received a dose of Vitamin A in the last 6 months (Mother's recall). ( <b>VitaminAChildSixMonths1</b> )  | 91.67% | 85.42% | 90.60% |
| Additional Indicator: Percentage of children age 0-23 months who are underweight (>2SD for the median weight for age, according to WHO/NCHS reference population) (WFA)  | 15.63% | 20.83% | NA     |
| % of children 12-23 months who received DPT3 before they reached 12 months by the time of the interview card verified. ( <b>dpt3donebydate</b> )   | 73.47% | 60.42% | 57.89% |
| % of children aged 12-23 months who are fully vaccinated (received BCG, DPT3, OPV3, and measles vaccines) by 12 months of age ( <b>fullimmcvrgbyDATE</b> )   | 44.90% | 39.58% | 35.53% |
| % of mothers of children aged 12-23 months who had a Vaccination Certificate ( <b>VCSeen</b> )   | 39.80% | NA     | NA     |
| % of mothers with children age 0-23 months who were protected against Tetanus before the birth of the youngest child. (Protected refers to receiving at least 2 TT or Td injections before the birth of the youngest child sufficiently close to that birth to provide protection.) ( <b>Tetanusgood</b> ) | 70.71% | 66.67% | 87.18% |

|  |        |        |        |
|--|--------|--------|--------|
| % of children 0-23 months with diarrhea in the last two weeks who received Oral Rehydration solution (ORS) and/or recommended home fluids. ( <b>ORTUse</b> )   | 96.88% | 79.17% | 85.51  |
| % of children 0-23 months with diarrhea in the last two weeks who were offered more fluids during the illness. ( <b>diarrheaMoreDrink</b> )  | 69.79% | 64.58% | 71.62% |
| % of children 0-23 months with diarrhea in the last two weeks who were offered the same amount or more food during the illness. ( <b>diarrheaMoreFood</b> )  | 54.17% | NA     | NA     |
| % of households of children 0-23 months that treat water effectively. ( <b>waterTx</b> )   | 25.25% | 7.29%  | 18.67% |
| % of mothers of children 0-23m who live in households with soap or ash at the place for hand washing and that washed their hands with soap or ash at least 2 of the appropriate times during a 24 hour recall period. ( <b>approphandwashing</b> ) | 82.83% | 43.75% | 28.00% |
| % of mothers of children 0-23m who live in households with an improved source for drinking water ( <b>cleanwater</b> )   | 84.85% | 82.29% | NA     |
| % of children age 0-23 months with chest-related cough and fast/difficult breathing in the last two weeks who were taken to an appropriate health provider. ( <b>HCPCCough</b> )   | 81.25% | 83.33% | 60.56% |
| % of children age 0-23 months with chest-related cough and fast/difficult breathing in the last two weeks who were taken to an appropriate health provider within 48 hours. ( <b>ARIAppropTime</b> )   | 79.17% | 83.33% | 60.56% |
| % of children age 0-23 months with chest-related cough and fast/difficult breathing in the last two weeks who received antibiotics ( <b>ariTxOrMed</b> )   | 84.38% | 83.33% | 60.56% |
| % of children 0-23 months who slept under an insecticide-treated bed net the previous night. ( <b>ChildNet</b> )   | 66.67% | 67.71% | 22.08% |
| % of children 0-23 months with a febrile episode that ended during the last two weeks who were treated with an effective anti-malarial drug after the fever began. ( <b>FeverPropMed</b> )   | 53.13% | 48.96% | 40.58% |
| % of mothers of children 0-23m who had at least one prenatal visit prior to the birth of her youngest child less than 24 months of age   | 88.89% | 92.71% | NA     |

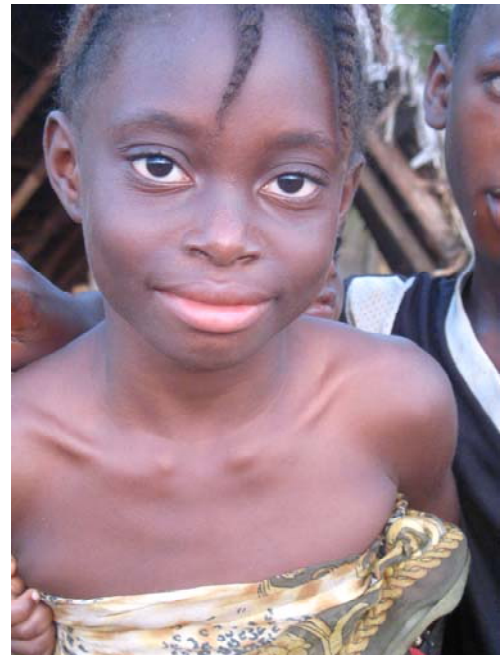


# Potomac-Bethesda Rotary Club News

|  |        |        |    |
|--|--------|--------|----|
| % of mothers of children 0-23m who had at least three prenatal visit prior to the birth of her youngest child less than 24 months of age         | 68.69% | 66.67% | NA |
| % of mothers of children 0-23m who have a maternal health card   | 41.41% | 31.25% | NA |
| % of pregnant mothers who ate the same amount or more food during this pregnancy. <b>(MoreOrSameFood)</b>  | 69.07% | NA     | NA |
| % of children aged 0-23 months whose delivery was in an appropriate health facility  | 29.29% | 25.00% | NA |
| % of children aged 0-23 months whose delivery was attended by a skilled health personnel   | 30.30% | 23.96% | NA |
| % of mothers of children 0-23m who received a post-natal visit from an appropriately trained health worker within three days after birth         | 32.32% | 28.13% | NA |
| Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within three days after birth | 37.37% | 36.46% | NA |
| % of mothers of children age 0-23 months who are using a modern contraceptive method   | 9.09%  | NA     | NA |



*Photos of Liberians by Todd Nitkin*



*Please send news articles and photos to  
[Bob.Nelson@NASA.gov](mailto:Bob.Nelson@NASA.gov)  
for inclusion in the newsletter*

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December 10, 2009 - Page 4

# Potomac-Bethesda Rotary Club News

## **Concert Raises Awareness, Funds For Polio Eradication**

By Antoinette Tuscano RI News – 3 December 2009

*Rotary Foundation Trustee Chair Glenn E. Estess Sr. (left) presents an award to violin virtuoso Itzhak Perlman in appreciation of his help in fighting polio during a reception following the 2 December concert. Rotary Images/Alyce Henson*

Violin virtuoso Itzhak Perlman played to a sold-out audience in New York City's Avery Fisher Hall at the Lincoln Center for the Performing Arts on 2 December, during a benefit concert to raise money and awareness for Rotary's efforts to eradicate polio.

Perlman received several standing ovations during the fundraiser, a benefit concert for polio. The organization joined with Perlman and the world-renowned New York Philharmonic for the first time to present the event.

"The concert was very uplifting," said Charles Murphy, governor-elect of District 7950 (parts of Massachusetts and New Hampshire). Murphy works with people with disabilities, and one of his best friends has survived polio. "I have a vision of polio ending."

The polio eradication effort resonates strongly with Perlman, who contracted the disease at age four and overcame physical challenges to become one of the world's most celebrated musicians, winning 15 Grammy Awards as well as a Lifetime Achievement Award in 2008.

Rotary Foundation Trustee Chair Glenn E. Estess Sr. presented Perlman with an award for his help in fighting polio during a reception after the concert.

"There's no reason anyone should get this disease," said Perlman.

The polio eradication campaign received more good news this week with the announcement that Rotary has surpassed the halfway mark in its effort to raise US\$200 million to match \$355 million in challenge grants from the Bill & Melinda Gates Foundation.

Rotarians, many of whom traveled from great distances to attend the historic event, deemed the concert a success. Ann Lee Hussey, Murphy's friend and a district

governor-elect, said the event really helped raise awareness about polio.

Hussey, a member of the Rotary Club of Casco Bay-Sunrise (Portland Area), Maine, is chair of the Rotarian

Action Group for Polio Survivors and Associates.

A polio survivor herself, she remembers when people with the disease were shunned, and survivors didn't want to talk about it for fear of standing out. But Hussey says she encourages polio survivors to share their story with Rotary clubs and others, because it helps motivate Rotarians to continue

the push to end the disease. "It will be such a relief when polio is gone," she said.

For now, the battle continues, and ending polio is Rotary's top priority.

Rotary International, the World Health Organization, UNICEF, and the U.S. Centers for Disease Control and Prevention launched the Global Polio Eradication Initiative in 1988.

Since then, the number of polio cases has been slashed by more than 99 percent, preventing five million cases of childhood paralysis and 250,000 deaths. However, the final 1 percent of cases is the most difficult and expensive to prevent. The wild poliovirus remains endemic in just four countries: Afghanistan, India, Nigeria, and Pakistan.

## **Fight Against Polio Takes A Step Forward**

By Antoinette Tuscano RI News – 4 December 2009

In a major step forward in the fight to rid the world of polio, the U.S. government and the Organization of the Islamic Conference (OIC) announced that they will be strengthening their collaboration toward eradicating the disease.

Panelists speaking at UNICEF headquarters in New York City on 2 December stressed that the battle against polio may be won or lost depending on how well all sectors of society can work together, including governmental and nongovernmental agencies, and religious organizations. In the areas where polio



# Potomac-Bethesda Rotary Club News

maintains its last strongholds, misinformation and conflict continue to impede workers' ability to vaccinate children.

The panel was organized after U.S. President Barack Obama issued a statement in June announcing "a new global effort" with the OIC to eradicate polio.

Dr. Bruce Aylward, director of the Global Polio Eradication Initiative at the World Health Organization, said eradication is possible through some very simple methods, if the political will is there.

"The OIC is central to the global efforts" of polio eradication, agreed Ann M. Veneman, UNICEF's executive director.

Ambassador Abdul Wahab, permanent observer of the OIC to the United Nations, said that vaccinating children against polio is consistent with teachings in the Quran to make every possible effort to take care of children. The OIC has been on the forefront of the fight to eradicate the disease in many Muslim countries.

Wahab also reported that the OIC secretary-general has helped secure funding for polio eradication and contacted the presidents of Afghanistan, Nigeria, and Pakistan to encourage them to strengthen their efforts in support of eradicating the disease. The International Islamic Fiqh Academy has issued an edict, or fatwa, about the importance of parents getting their children vaccinated against polio. Though the disease is 99 percent eradicated, reaching children who live in areas torn apart by conflict or political upheaval has been a major hurdle.

"The toughest cases always come at the end," said Ambassador Frederick D. Barton, U.S. representative to the Economic and Social Council of the United Nations. He said that addressing the challenges of ending the disease requires trust in the Global Polio Eradication Initiative partners and confidence in the solutions offered.

Barton noted that phenomenal progress has been made in the battle against polio. "[What] Rotary has done with the US\$200 Million Challenge and the

leadership it has shown for the past decades is remarkable," he said.

Past RI President James L. Lacy, chair of Rotary International's Polio Eradication Task Force for the United States, said Rotarians who remember what it was like to fear polio will do whatever it takes to end it. "We have to keep pressing ahead. And it takes every one of us to do what we can."

The panel's moderator, Dr. William Foege, senior fellow of the Bill & Melinda Gates Foundation's Global Health Program, said Rotary's work will be remembered in history, but the job needs to be finished. "They won't thank us at all for starting it, but they will thank us for ending it," he said.

"No one should suffer from a disease that's completely preventable for a few pennies of vaccine," said Lacy. Polio eradication will be "our everlasting gift to the world. It's a promise Rotary intends to keep."

*Ambassadors Abdul Wahab, permanent observer of the OIC to the UN, (left) and Frederick D. Barton, U.S. representative to the Economic and Social Council of the UN, speak during a panel on polio at UNICEF headquarters in New York. Rotary Images/Alyce Henson*



## Check Out These New e-Learning Modules

RI News – 12 November 2009

New interactive e-learning modules have been posted to the Rotary E-Learning Center.

The Rotary E-Learning Center is your online resource for the independent study of Rotary. New e-learning modules have an interactive, "how-to" approach. Click on any of the following modules to get started:

- \* Future Vision overview
- \* Future Vision: choosing a grant
- \* Future Vision: grant management
- \* RI Web site tour
- \* How to start a service project
- \* How to get involved in Rotary

The Rotary E-Learning Center also features Your Voice, Your Solution, a compilation of best practices and solutions from Rotarians to everyday challenges and *Rotary Basics*, an online introduction to Rotary International.

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December 10, 2009 - Page 6