ABCUSA MATTHEW 25 GRANT APPLICATION

A generous donor has given a sum of money through American Baptist Churches USA to be used for programs that address "housing, feeding, education and health with regard to the less fortunate." The donor's primary concern is to help ameliorate poverty. ABCUSA will distribute grants of up to \$5,000 semi-annually as long as the generosity of this donor continues. A panel will select recipients largely based on the degree to which the funds will be used to directly assist persons in poverty. Ministries must be in relationship with American Baptist Churches USA to be eligible to apply.

1. General Information:

Organization Name: Missions Of Love, Inc.

Affiliation with ABCUSA: Member of the congregation of American Baptist East of Evansville,IN. MOL is a supported mission of American Baptist East.

Address:

Home: 5400 W. Sherwood Dr. Newburgh, IN 47630 Office: PO Box 292 Hartford KY 42347

Phone: 812-568-3951 Federal Tax ID#: 61-124810

Contact person: Karen Becher, RD email: kjbecher@hotmail.com

Please submit with your application a copy of:

Your mission statement

- Your most recent annual report or audited financial statement
- 2. How do you plan to use the requested funds? How will the funds specifically assist individuals battling poverty and its effects? (Please submit on separate sheet. Maximum of one page.)
- 3. Total cost of the project: *Cost to treat and heal one child is \$70 US.*
- 4. Amount being requested from the ABCUSA Matthew 25 Grant: **\$4,200**: I estimate that 60 children will be enrolled in the next 6 months and this would cover their treatments.
- 5. Your other funding source(s): Presentations to churches and Sunday School Classes, Certificates of Giving, Luncheon Fundraisers, KT Community Foundation, donations via MOL website, individual sponsers, Vacation Bible School, borrowed a food booth at a Spring Carnival and proceeds from the weekend sales went to Manba fund, selling bracelets.

I certify that all the information submitted with this application is true and correct, and that we will use any granted funds as described. We will supply a 1-page report on the use of the funds and a photo within six months of receipt of the grant.

(Signed)	Date: 2/27/2013
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Printed Name/Title: Karen Becher, RD, U.S. Project Coordinator, Manba for Malnutriton

Please note:

- Incomplete applications will not be considered.
- Recipients agree to share their stories via the ABCUSA website.
- Application deadline is March 1 for grants distributed on April 15; Sept. 1 for grants distributed on Oct. 15
- Completed applications should be sent to: Mission Resource Development



American Baptist Churches USA P.O. Box 851 Valley Forge, PA 19482-0851

Or emailed to: Beth.Fogg@abc-usa.org

Manba for Malnutrition

Reason for Grant Request:

We are writing to request grant funding to help sustain a nutrition program for the purpose of saving and improving the lives of children suffering from malnutrition in and around Jolivert, Haiti. Funding will continue to provide medical care, safe water access, nutrition instruction and a ready-to-use therapeutic food (RUTF), a fortified peanut butter supplement that reverses malnutrition in the home setting. Manba is the Kreyol word for peanut butter. The use of the RUTF, Manba for Malnutrition (MFM), can reverse malnutrition in as little as 8-10 weeks.

Summary of organization's mission:

Missions of Love (MOL) is dedicated to ministering to the physical, educational and spiritual needs of the Haitian population in the area of Jolivert, a small village situated in the Trois Rivers area of Northwest Haiti. (Jolivert is accessible only by vehicle and is a 2 hour drive from the nearest airport or seaport). We emphasize improving medical and public health services in cooperation with the existing clinics and hospitals operated by Haitian authorities.

Summary of Mamba For Malnutrition Project:

In May of 2007 we initiated a community-based malnutrition treatment program for Haitian children, ages 1 to 5 with a diagnosis of moderate or severe malnutrition. The program utilizes RUTF, a peanut butter based paste rich in protein, fats, vitamins and minerals. Children between the ages of 1 and 5 years, with a body weight less than 85% of standard weight for height, are eligible for the MFM program. The fortified peanut butter is made on site in a building solely for Manba production. The MFM program is administered within the Jolivert Clinic. The initial visit includes a physical exam by a licensed medical professional and lab work to screen for parasites and anemia. Treatment will be administered for parasites, and any other medical conditions, as required. The child and family will receive instruction nutrition, personal hygiene, and sanitation. Enrollment in the Jolivert Safe Water Program (JSWP) is included, if the family is not drinking clean water. The child will be dispensed his 2 week supply of MFM and be scheduled to return in 2 weeks. At each subsequent visit the child will be weighed, seen in follow up by medical staff and dispensed another 2 week supply of MFM. Typically at 8-10 weeks of treatment, the child is at his or her desired wt.

The study of fortified peanut butter as a RUTF was started in 2000 in Malawi, Africa. Its success has been documented in the following scientific publications and abstracts:

- Manary MJ, Ndekha MJ, Ashorn P, Maleta K, Briend A, "Home-based therapy for severe malnutrition with Ready-to-use food," <u>Arch Dis Childhood</u> 2004; 89:557-561.
- Sandige H, Ndekha MJ, Briend A, Ashorn P, Manary MJ, "Locally produced and imported ready-to-use-food in the home-based treatment of malnourished Malawian children," <u>J Pediatr Gastro Nutr</u> 2004; 39:141-146
- Maleta K, Kuittinen J, Duggan MB, Briend A, Manary MJ, Wales J, Kulmala T, Ashorn P, "Supplementary feeding of underweight, stunted Malawian children with ready-to-use food," <u>J Pediatr Gastro Nutr</u> 2004; 38:152-158.

Constituency:

MOL serves all patients regardless of age, religion, illness or ability to pay in the area of Jolivert and surrounding villages. The mission is staffed by Haitian personnel and the clinic runs in the absence of Americans.

History and major accomplishments:

MOL's history extends over the past 29 years during which many of our directors worked with other missions in Haiti building churches and providing sporadic medical care to the people of that zone. The founders agonized over the public health crisis and witnessed thousands of children die each year from a host of infectious diseases, malnutrition and parasitism. Local medical and public health facilities seemed far from adequate to cope with the enormity of the situation. Subsequently, several individuals formed our own mission, Missions of Love, Inc. We are dedicated Christians from various denominations who feel led by God to serve His kingdom by serving the poor and spiritually lost of Haiti.

MOL was incorporated in 1994. Bush clinics began in 1995, and later clinics were held at a local church. In 1998, ground was purchased in Jolivert and MOL Medical Clinic, Clinique Jolivert, was completed in 1999. The clinic is open year-round and run by Haitian staff. Thousands of patients are seen annually for injuries and illness such as malaria, typhoid fever and parasites and many mothers come to deliver their babies.

MOL is very proud to employ 33 Haitians. No money is paid to Americans; our participation is 100% volunteer based.

Beginning in 2002, MOL partnered with Massachusetts Institute of Technology, Department of Civil and Environmental Engineering and the Center for Disease Control to establish a Safe Water Systems (SWS) program. The Jolivert Safe Water for Families Project (JSWF Project) was implemented to provide safe water for communities in Northern Haiti through point-of-use water treatment. To accomplish this, the JSWF Project produces and distributes chlorine solution and safe water storage containers to families who

become a part of this project. These families are given training in safe water and sanitation practices. (A detailed description of the project, including evaluations, will be found on the CDC website for safe water. www.cdc.gov)

From November 2002 until June 2003, 200 households in Jolivert took part in a pilot project to assess acceptability of a SWS project in the area. In January 2003, an independent evaluation for the pilot project documented a diarrhea disease incidence reduction of 55% among users. A Health Outreach program began in October 2006 in which MOL trains non-medical individuals that have been selected by their own community. The outreach workers reside in remote mountainous villages, as far as a 5-hour walk to Jolivert, the closest medical facility. The outreach workers have been trained to use simple mnemonic approaches to recognize and treat the basic illnesses confronting their people, namely: malaria, parasites, pneumonia and dysentery. We then supply them with medications free of charge.

Problem Statement:

Haiti is the poorest country in the western Hemisphere. Chronic malnutrition is widespread among the poor and weak, with severe or moderate stunting affecting 42% of children under the age of 5. Malnutrition is a medical disorder caused by a lack of proper nutrition or an inability to absorb nutrients from food. Chronic malnutrition weakens the body's resistance to disease and leaves a child more vulnerable to common sickness such as diarrhea and respiratory infection. The underage 5 mortality rate for Haiti is 165 per 1000 births. Since young children's bodies are still developing, chronic malnutrition can stunt growth and intellectual development. The malnutrition and illness can become a dangerous cycle that may eventually be fatal. Until recently, childhood malnutrition was addressed with hunger relief efforts to feed the entire family. This procedure has not had a lasting impact on childhood malnutrition and long-term health.

MOL has implemented community-based management of moderate to severe malnutrition utilizing a ready-to-use therapeutic food (RUTF). This home-based therapy for childhood malnutrition has been successful in Africa Haiti for over 10 years. RUTF is a generic term describing a spread or compressed food product to feed malnourished children. Spread RUTF's are prepared with simple technology, which has already been done in developing countries with minimal industrial infrastructure.

The RUTF paste is a mixture of milk powder, vegetable oil, sugar, peanut butter and powdered vitamin and minerals. Our product is called Mamba for Malnutrition (MFM). The paste is resistant to bacterial contamination under all climatic conditions due to its low water content and does not require cooking or refrigeration.

The cost of the therapeutic food is a portion of the total cost of rehabilitating a malnourished child. MFM is produced locally and does not require large specialized machinery. Production workers do not require extensive training. MFM will support the local economy by employing individuals to make the product and by purchasing peanuts locally.

Screening Process/Initial visit

- 1. Children must be between the ages of 1 and 5 years old
- 2. Criteria: 85% below weight for height per World Food Program
- 3. Physical exam by licensed medical personnel, screen for parasites by stool culture and other tests if needed
- 4. Complete MFM tracking card
- 5. Treatment for Parasites and/or other conditions
- 6. Education on safe water, sanitation and nutrition
- 7. Schedule return visit in 2 weeks
- 8. Dispense 2 week supply of RUTF

Return Visit (to be repeated 3 to 4 times)

- 1. Re-weigh and evaluate if patient is gaining weight after medical intervention
- 2. Document on MFM tracking card
- 3. Education
- 4. Dispense 2 week supply of RUTF

MFM committee Members

Karen Becher, RD Christophe Velcine, Clinic Administrator Dr. Bob Johnson Betty Johnson, RN Jackesonne Estima, Pharmacist Edline Beaubrun Amy Wolf Toddler Food Partners Project Coordinator/US
Project Coordinator/Haiti
Medical Director & MOL President
Nursing Director & MOL CEO
Education Coordinator
Nurse Liaison
Education and Fundraising Assistant
Technology consultants

Project Goals:

- 1. To save children's live by treating severe malnutrition at stage II and III. (Typically occurring between the ages of 1 and 5).
- 2. To prevent recurrences of treatable diseases such as diarrhea, malaria, ascaris, typhoid and anemia.

We will accomplish these goals through the flowing objectives:

- 1. Producing and administering RUTF nutrition therapy to malnourished children.
- 2. Providing families with essential medical care and education to prevent malnutrition relapse.

This project will produce the following outcomes:

- 1. 90% of children treated in the Mamba program will attain normal weight for age referencing the World Food Program Weight for Height criteria.
- 2. Hemoglobin levels of children with mild to moderate anemia (Hemoglobin levels 7-10) will reach a normal level of 11.0 or greater within 6 to 8 weeks. Children with severe anemia (Hemoglobin levels less than 7) may take up to 12 weeks to return to normal.
- 3. Families will be practicing safe water handling and disease prevention measures within 2 weeks of enrollment in MFM.

Mission Statement for Missions of Love, Inc.

We the members of Missions of Love have dedicated ourselves to be servants to the Lord our God. Through much prayer and the guidance of the Holy Spirit, we feel called to serve people throughout the world in need of God's love through medical service, education, and preaching of the Gospel. We are committed to serve the people of Haiti, ministering to their physical, educational, and spiritual needs. We acknowledge that a sick man cannot be taught, and that a hungry child must first be fed. By first attending the physical necessities of those we serve with food, clothing, shelter, and medical relief, we may then show them the immediate impact of God's love in their lives.

We are challenged to build and operate a modern clinic in Jolivert which will be used to provide health care throughout northern Haiti. We will establish health and wellness programs in the community, as well as provide education for Haitian health care workers.

Statement of Faith

Missions of Love believes that the Church is the living body of Christ and is made up of all who are united in Him by faith.

We believe the Bible to be the inspired word of God.

We believe that there is only one God existent in three persons: the Father, Son, and the Holy spirit.

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father. And in His personal return in power and glory.

We believe that for salvation, man must be baptized and born again by the Holy Spirit.

We believe that the power of the Holy spirit is working in our lives today.

We believe that God created our bodies and gave us the gift of life. Therefore, all life is sacred. We believe in the spiritual unity of believers in our Lord Jesus Christ.

We believe God has called all of us:

- To feed the hungry.
- To give drink to the thirsty.
- To welcome the stranger.
- To cloth the naked.
- To care for the ill and dying.
- To visit those imprisoned.
- To show God's love and spread the Gospel throughout the world.

How do you plan to use the requested funds?

The funds will be used to purchase the following:

Raw ingredients to manufacture the Manba (peanuts, sugar, oil, dry milk powder, vitamin pre-mix)

Fuel to roast the peanuts

Medications to treat diseases and medical conditions

Lab work –Testing for illnesses such as Malaria, Typhoid, Anemia, Bacteria and Parasites

Employ 2 workers: Manba Manufacturer and Manba Medical Assistant

Creole Tracts and Bibles as funds are available

How will the funds specifically assist individuals battling poverty and its effects?

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Once the child is enrolled in the Manba Program he/she should recover from the current illness. However the malnourished child is at risk for ongoing illness and infections due to the body's weakened immune state. Providing adequate calories and protein for a child to recover from malnutrition cannot be achieved by many families due to their extreme poverty. If the child can become well nourished, and reach their desired weight, the vicious cycle of illness and malnutrition can be halted. Studies have shown the reoccurrence of malnutrition to be very low in these children.