



**Helen Keller**  
INTERNATIONAL

# Inside HKI

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[www.hki.org](http://www.hki.org)

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## Meet HKI: ChildSight Connecticut

“PEOPLE think Connecticut is a wealthy state, but there are definitely pockets here where the economic problems are severe.”

This is what Dr. Frederic Smilen, the licensed optometrist who consults with HKI’s ChildSight program, says when asked about the need for the program in the state. Smilen has been screening school kids’ vision with ChildSight since 2009, and he can’t stress enough the importance of providing this service.

“I don’t know how these kids perform in school,” he says of the students who have never before had proper vision care. “But they also don’t have a frame of reference. They don’t know that their vision isn’t functioning properly.”

The low-income neighborhoods where ChildSight-CT regularly provides free in-school vision screening and, when needed, free prescription eyeglasses also happen to be communities where many immigrants have come to live and work.

Joe Katz, a Connecticut native and the program manager of ChildSight-CT since 2015, notes that the student population in the Fair Haven neighborhood of New Haven has, in fact, included a large percentage of immigrant children for many years. Over time, countries of origin have changed, but the kids’ stories reveal common themes. Whether their families have recently come from Mexico to find work, or from Syria or Iraq to escape the horrors of war, they face the same challenges of learning English and adjusting to life in their adopted home, including navigating a complex health care system.



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“People don’t always understand just how many barriers there can be to accessing regular eye care,” says Joe. “Beyond the costs, there are the logistics of keeping multiple appointments—getting an initial vision screening, picking out glasses, and going back to pick up the finished glasses. When these kids’ parents are working multiple jobs just to put a roof over their families’ heads and food on the table, having access to quality vision care for their children, free of charge and right in the schools, can make all the difference.”

Ana Duverge, who has been ChildSight-CT’s family engagement specialist for two years, is also from an immigrant family. Though she was born in New York City, her parents are from the Dominican Republic, so she understands what the kids are dealing with—and they feel connected to her. Mindful that the students represent our future, she is proud to be able to act as go-between and advocate.



As Ana points out, “Parents don’t always notice when their kids are having problems with their vision. Or they feel as though they don’t have a way to address those issues because they don’t have health insurance. Parents usually welcome the service we provide, and we also help them clear up any confusion about Medicaid reimbursement.”

Krystyna Zyskowska has worked as ChildSight-CT’s project assistant for a year and half. She herself immigrated from Poland, and she is skilled at working with the children and their families, regardless of their origins or languages. “Many of the kids’ parents have had to immigrate to find jobs,” she notes. “They don’t always have citizen status, money, language skills, or adequate levels of education. What they do have is a lot of fear all the time. This program is a big help for them.”

ChildSight is also a big help for teachers and school nurses, who welcome the program every semester. “Teachers can see how the kids’ participation in class improves once they have properly prescribed eyeglasses,” says Krystyna. “Many of these kids can’t even see the big E on the eye chart. But they are bright, curious, polite, and thankful. We help the kids understand that their eyes matter.”

Since starting operation in 2000, ChildSight-CT has provided free vision screenings for 116,000 children and distributed 26,000 pairs of free prescription eyeglasses. It currently serves 26 schools in New Haven and Bridgeport. 

Left: Joe Katz is program manager of ChildSight in Connecticut. With students in New Haven: Ana Duverge (top left); Krystyna Zyskowska (top right); Dr. Frederic Smilen (above).

Cover: Students pick out frames for their new ChildSight eyeglasses.



## Breaking the Cycles of Disease

**M**OST of us rarely, if ever, hear about a set of diseases known as Neglected Tropical Diseases (NTDs), even though they infect hundreds of millions of people. They are also called diseases of poverty, as they mostly afflict people living in the world's poorest regions. Causing blindness, chronic pain, severe disability and malnutrition, these diseases are both markers and makers of poverty.

More than 1 billion individuals around the globe—one in every seven people—are infected with NTDs. Half of them are children. Each year NTDs are responsible for more than 500,000 deaths.

Beginning in 1997, Ministers of Health from around the world have jointly established four resolutions to address the suffering and loss of life resulting from NTDs. Each resolution sets an ambitious yet achievable goal of eliminating one or more NTDs, in some countries as soon as 2020.

Having been at the forefront of efforts to prevent and treat NTDs for more than 50 years, HKI is now a leader in the global movement to

control and eliminate them. Targeting the most prevalent NTDs—trachoma, river blindness (onchocerciasis), lymphatic filariasis (LF), schistosomiasis, and intestinal worms (soil-transmitted helminths)—we work where infection rates are highest: Bangladesh, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Kenya, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, and Tanzania.

### What are these diseases?

**Trachoma** is a painful bacterial infection of the eyes and is often found in communities that have limited access to adequate sanitation and clean water. Left untreated, the disease causes a condition called trichiasis, in which the eyelashes turn inward and scratch the cornea until the afflicted person goes blind.

**River blindness** and **lymphatic filariasis** are both caused by parasitic worms transmitted through insect bites. River blindness causes severe itching, disfiguring skin conditions, and visual impairment. Lymphatic filariasis can lead to extreme swelling of the limbs or genitals. In addition to suffering severe disability, those infected often become victims of social stigma and discrimination.

**Schistosomiasis** and **intestinal worms** are caused by parasites commonly acquired by children. Acute symptoms, such as abdominal pain, often accompany poor growth and impaired cognitive development. Long-term schistosomiasis infection can cause bladder cancer and, among women, genital lesions and infertility.

### How will elimination be achieved?

HKI played a pivotal role in the global effort to develop an integrated strategy for the elimination of these diseases. Now reaching millions of people each year, it employs:

- **Preventive Chemotherapy** Since 2008, HKI has supported Ministries of Health in mass drug administration (MDA) campaigns that currently deliver about 81 million treatments annually in sub-Saharan Africa. MDA efforts combine drug procurement and administration with disease mapping and surveillance, teaching ways to avoid infection, and local capacity building.
- **Water, Sanitation & Hygiene (WASH)** Initiatives promoting proper sanitation support the prevention of trachoma and parasitic worms, and they can reduce rates of LF infection.
- **Morbidity Management** HKI supports high-quality treatment and care for people already suffering from the debilitating effects of trachoma and lymphatic filariasis, including efforts to reduce disability and stigma. We also train doctors to expand access to surgery for trichiasis and hydrocele (in male LF sufferers).



To maximize reach and cost-effectiveness, HKI builds education and community mobilization into MDA campaigns. For example, during nationwide Maternal and Child Health Weeks, trained community health workers administer drugs to prevent river blindness and intestinal worms at the same time that they give children vitamin A capsules to safeguard their immune systems.

### Achievements and Progress

The progress made toward control and elimination of NTDs has been remarkable. More people than ever are being reached with treatments, and a growing number of countries have achieved their elimination goals for certain NTDs or are poised to do so. Some countries have massively scaled up treatment for schistosomiasis and soil-transmitted helminths, and many have achieved 100 percent geographic coverage of districts endemic for LF.

Eighteen of 73 countries endemic for LF, and 8 of 58 countries endemic for trachoma, have been able to cease MDA and are now under post-MDA surveillance. An additional 22 countries are on track to achieve elimination of LF by 2020. Thankfully, as countries have advanced toward elimination of LF and trachoma, the number of people at risk for infection and needing treatment is now shrinking. Overall, hundreds of millions are no longer at risk for NTDs. 🌊

Above left: A surgeon performs sight-saving trichiasis surgery in Cameroon.

Above: Lymphatic filariasis can cause extreme swelling of the limbs. These women live in Burkina Faso.



## Hatching a Solution for Poverty and Malnutrition

“A henhouse is a win-win investment: **A**it gives back much more than you put into it!” asserts Aissatou Ba with enthusiasm. “The chickens lay the eggs that I use to make breakfast for my family. And with the money I save from not having to buy eggs, I buy chicken feed or vaccines.”

Aissatou doesn’t live on a farm but in Guédiawaye, a crowded urban neighborhood in Senegal’s capital city of Dakar. And just four years ago, she had never even considered raising chickens.

Then came HKI’s CHANGE project, which gave women like Aissatou the ability to improve their children’s nutrition—and their own—by introducing them to a novel approach to urban agriculture.

Chicken eggs are very rich in protein and micronutrients, but they had been too expensive for most families in Guédiawaye to purchase. Since women here hold the primary responsibility for their families’ nutrition, but are afforded few means of earning income, CHANGE was specifically designed to help them produce nutritious foods and make money by gardening and raising hens.

About 1,300 participating women received a henhouse—built especially for use in urban settings—along with three laying hens, one rooster, personalized training and veterinary support. A customized curriculum also empowered the women through interactive sessions in which they and their husbands learned to improve communication, build cooperation, and share more of the household work. This helped to ensure that the women could retain control of their chickens—and the resulting revenues.

Before the project, almost no women in the neighborhood owned chickens. But over time, flocks steadily grew. Two years in, 20 percent of participants owned ten or more chickens, and the average household was producing about six dozen eggs per month.

Urban poultry rearing has proved to be highly sustainable. About 75 percent of the women continue to raise chickens, and consumption and sales of eggs have risen. In the space of three years, Aissatou Ba increased her flock from three hens to seven, and she has added a third level to her henhouse. She also expands her flock in advance of holidays so that she has chickens to sell as broilers, for example, when the period of spiritual fasting during Ramadan comes to an end with the feast on Korité (Eid al-Fitr).

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Above: Aissatou Ba has had great success raising hens.  
Right: Eggs improve nutrition and livelihoods for families raising hens.

*“I have found a great passion for raising chickens.”*

To maintain their reliable source of nutrition and income, the women learned not only how to raise their flocks, but how to vaccinate the hens and to save money by making their own feed. HKI also trained a team of women to serve as local experts on urban poultry raising. In regular meetings, they encouraged newcomers and helped fellow participants troubleshoot problems.

Aissatou was part of this team of experts, and she remains an important resource for her neighbors. “Many people still ask me if I can advise them about raising chickens—some of them from far outside my neighborhood.”

Aissatou’s ambitions continue to grow. “I have found a great passion for raising chickens,” she says. “I dream of having a huge henhouse...and of producing even more.” Seeing plenty of potential both within and beyond the neighborhood, she now has plans to foster partnerships with restaurants that will buy her broilers.

As the squawks of chickens become ever more common amid the rooftops and courtyards of Guédiawaye—and beyond—we have confidence that sustainable urban poultry rearing will improve nutrition and livelihoods well into the future. 🌊



## GiveWell Names HKI a Top Charity

GiveWell, a nonprofit dedicated to helping donors decide where to direct their philanthropy, has named HKI a top charity for our vitamin A supplementation (VAS) program. This designation, based on an extensive evaluation process (including staff interviews, program documentation, and an in-country visit to the VAS program) was determined through evidence of HKI’s programmatic success, cost-effectiveness, transparency, and ability to accept and utilize additional donations.

GiveWell describes its top charities as those that “offer donors an outstanding opportunity to accomplish good with their donations.” HKI is one of only nine top charities on GiveWell’s list. ([www.GiveWell.org](http://www.GiveWell.org).)

As a result of this new designation, HKI is looking forward to receiving significant new funding for its work in vitamin A supplementation in countries where there is currently great need but insufficient funding, namely Burkina Faso, Guinea, Mali, and Niger.

Rolf Klemm, HKI’s Vice President, Nutrition, notes that “vitamin A deficiency continues to plague poor rural communities in Africa and Asia, and it exerts its most serious effects on young children. Providing children with vitamin A supplements is one of the most cost-effective ways to help them survive and thrive.”

For more than 40 years, HKI has been a leader in designing, implementing, and monitoring programs that ensure a protective twice-yearly dose of vitamin A to the most vulnerable children. However, as Klemm points out, “VAS is just one vital component of HKI’s holistic range of programs that address micronutrient deficiencies. We work together with communities and families to improve their access to diverse foods, practice smart nutrition behaviors, access essential health services, and improve their livelihoods.”

HKI is delighted to receive this strong vote of confidence and further recognition of our landmark work to safeguard children’s sight and lives. 🌊

# The Spirit of Helen Keller Gala



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"We are never really happy until we try to brighten the lives of others." — Helen Keller

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Helen Keller International has been awarded a four-star rating from Charity Navigator, the premier charity evaluator, for five consecutive years—ranking us in the top two percent of all U.S. charities for financial health, accountability, and transparency.

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