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Nutritional Rehabilitation

Medical & Dental Brigades

Work Teams

Preschools

Cross Cultural Training

Deworming and
Vitamin A Campaigns

Donating Medical & Dental
Equipment & Supplies

Community Development

Scholarships

Child Survival Training

MAMA Honduran Scholarship Fund

c/o MCC Global Family Program
PO Box 500
Akron, PA 17501

MAMA Haitian Scholarship Fund

c/o Faye Zeigler
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Proyecto MAMA San Pedro Sula

Honduran Mennonite Church
Preschools/Scholarships
Urban Squatter Villages

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MAMA Honduras

San Francisco de Yojoa
Mission House & Training Center
Nutritional Rehabilitation Center
Training Health Workers
Rural Mountain Villages

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MAMA Nigeria

Combating Malnutrition & Noma

Noma Eradication Central to Quest for Child Survival in Sub-Saharan Africa

Noma, cancrum oris, is a marker for poverty and injustice long-endured by innocent children. The struggle for the lives of children in Sub-Saharan Africa in the face of hideous diseases such as noma has been an ongoing fight. Those who have become warriors in this battle have spent years studying the enemy and planning strategy. The time has finally come to put our plan into action- to launch an assault to defend the lives of these children and their families. Each stage in this has been vitally important.

Investigation:

Since the mid 1900's to the present, researchers have been tracking the causes of Noma. Through decades of careful scientific work, an enormous amount of information has been gathered regarding the behavior of this dreadful disease that robs the lives and mutilates the faces of young children. Researchers have described the demographics- the people and places that experience noma. They characterized the health care setting, and the coexistent conditions such as malnutrition and growth stunting, often beginning, they discovered, before birth. They noted that it is usually preceded by overwhelming infections, most notably measles. They cultured the micro-organisms, examined mouths, measured blood chemicals, assayed hormones and inflammatory markers, assessed white blood cell populations, and measured micronutrient-vitamin and mineral- levels. They did whatever they needed to do to elucidate the pathophysiology of this disease. And still it has persisted in the very place where it was most studied, while it was eradicated from most of the rest of the world over 100 years ago, even before the dawn of the antibiotic age.

Nigerian Dr. Professor Cyril Enwonwu has been the world's premier noma researcher, receiving international recognition for his lifetime of excellent contributions to global health. Focusing on Nigeria, which like Niger Republic and Senegal, can be described as the epicenters of the Noma Belt of Sub Saharan Africa, he has dedicated decades of his life to this fight. As the results of his ongoing research have become more widely disseminated, a growing network of likeminded child survival advocates from various disciplines in the international community have been inspired to join in the fight against noma. Through the efforts of Dr. Enwonwu and his team from the University of Maryland, the World Health Organization, the Nestle Foundation of Switzerland, the US Public Health Service, and the No Noma Federation, noma has come to the attention of the international community as a marker of severe malnutrition and debilitating poverty.

Conceptualization:

Given what was known, pragmatic solutions were sought. The chosen interventions were not newly invented for this task, but are programmatic adaptations of standard public health practices that have been shown very effective in promoting maternal and child health all over the world. The intended result is not only to ameliorate the devastation that noma leaves behind but also—and more importantly—to combat the health-destabilizing circumstances under which these children suffer. Child survival will improve

because many other conditions that kill children will also be less common. Our aim was to describe a program that would fortify the multiple points of vulnerability in these children's health but that could be carried out by Primary Health Care Workers and community volunteers. We now find ourselves at the end of this stage. Our dream is to now engage in the practical application of these theoretical ideas and to document the effectiveness.

Realization:

The basic science and the careful structuring of our solutions behind us, we are now ready to begin efficacy field trials of a multi-faceted child survival program. But there is no need to await the results of this step of documentation, as the individual interventions are well standardized and known to be safe and effective. Calling on the network of child health advocates from all sectors, we call for a regional implementation of this integrated program far beyond the small, local projects of any individual group. Directing attention to these children, guided by principles of prevention, early detection and timely intervention practiced in a community based setting; we expect local efforts to be complemented by ongoing global attention and participation in the effort to bring noma to a long overdue end.

When we see victims of noma, we do not need to simply stand and stare in dismay and horror that noma is still rampant in this region. Rather, armed with knowledge that is the rightful heritage of this generation of children, we can join forces to work so that noma can be eradicated. These vulnerable children need to partake in the benefits that science has brought to other children of the world. Justice says that it is their heritage, too. Fairness says that it is their turn.

The time for action is now.