

TUESDAY, DECEMBER 29, 2009 — PAGE ONE

## Marlboro man fosters health care for youth in India

By BOB AUDETTE



Noah Levinson (Miranda Parro/ Reformer)

BRATTLEBORO -- Even though diarrhea is not much more than an inconvenience for most people, 2.6 million children around the world die of it every year.

In India, 1,000 children under the age of 5 die of diarrhea every day.

"Four hundred thousand children die every year in India from an illness that every single person reading the *Reformer* has had," said Noah Levinson, 28, the founder of Calcutta Kids, an organization that he established to provide quality medical assistance to pregnant women and children in Calcutta. "There is no reason for these deaths."

That's because they don't get enough clean water to replace the fluid they are losing while battling the sickness, he said.

Taking its cue from the International Center for Diarrhea Disease and Research in Bangladesh, which treats 170,000 people a year for the sickness with an intravenous saline solution, Calcutta Kids has designed a program to provide fluid to children so they can recover, said Levinson, during a telephone interview from his father's home in Marlboro.

The average cost of intravenous saline solution for rehydration for one patient is \$30, he said. That's not because the solution is expensive, said Levinson, but because of all the related costs, such as fees for doctors, nurses, a bed and food while in a clinic.

"For a family of four that lives on \$70 a month, \$30 is a catastrophic expenditure," he said.

So what happens, a child gets very, very sick before a decision is made to bring him or her to the hospital, said Levinson. That can be too late to prevent a child from dying, he said.

"Ideally, you want to make sure the kids are treated right away while the diarrhea is still mild," said Levinson. "What's happening is just the opposite."

The answer is oral rehydration, which is much cheaper than an intravenous fluid, he said. The oral saline solution is basically a sports drink that athletes use for electrolyte replacement.

"Our cost is about \$6 per client," said Levinson.

On behalf of Calcutta kids Levinson applied to the World Bank for an innovation grant to fund a diarrhea treatment clinic in Calcutta. Out of 1,000 applicants, Calcutta Kids was one of 20 to receive a \$40,000 grant.

"We applied with the idea of replicating the Bangladesh model," said Levinson, with the intention of reducing malnutrition by preventing and treating diarrhea.

The program is not just designed to save the children, said Levinson, but also to help parents understand more about children's health and to be community activists who can spread the word in their communities about diarrhea treatment and better health care.

While a child is being rehydrated, which takes about 12 hours, mothers receive education about the importance of health care and about how to prevent diarrhea using methods such as boiling water and washing hands.

Clients pay for the treatment but are given the option of going back to the community and teaching what they have learned to others. If they teach five people about what they've learned, they get 50 percent of the treatment costs back.

A diarrhea-treatment program is also a way of addressing malnutrition, he said, which affects 46 percent of the children in India.

When Levinson was 19, he traveled to India to work at Mother Teresa's Home for the Destitute and Dying. He then returned to Vermont to attend Marlboro College.

"I had a hard time coming back after seeing what I saw in Calcutta," said Levinson.

Talking about Nietzsche on a beautiful hilltop in Vermont didn't seem to be that important after his trip to India. The college, understanding his dilemma, allowed Levinson to spend half his time in India and the other half on campus. He has a master's in public health and has been living in India full time for the past five years.

It was during that time that he established Calcutta Kids, which has 15 employees, 14 of whom are from India.

During an evaluation of the initial program, which was providing health care for street kids, Levinson realized it wasn't having the impact he had hoped for. The only way to improve their health was to start earlier in their lives, he said, from gestation to 24 months old.

"We then switched to maternal and child health," said Levinson.

Through the program's intervention, birth weights of children in the 350 families it works with have increased from an average of 4.6 pounds to an average of 5.7 pounds, with maternal mortality at zero.

Calcutta Kids created a micro-health insurance program as well, said Levinson, which is aimed at addressing the problem of high cost hospitalization and other facility-based health care for families living in its slum area.

A bout of serious illness forces families in the slum to borrow from local money lenders at exorbitant interest rates, said Levinson, pushing them more deeply into poverty.

In partnership with MicroEnsure and the United India Insurance Company, which is owned by the government of India, Calcutta Kids insures over 1,500 slum dwellers with annual premiums for less than \$1.50 per person, which pays for up to \$300 in health care.

"Eighty percent of health care spending in the slum was within \$300," he said.

The insurance program now has 2,000 clients.

While participants pay for the insurance out of their own pockets, research costs are funded by the International Labour Organization of the United Nations, which promotes social justice and human and labor rights, and administrative costs are funded by donations.

The maternal and child health program is funded by an exclusive donor, said Levinson.

Calcutta Kids' other programs are funded by donations, including a one-to-one program for people who want to see how their contributions are affecting a particular child's health.

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