



*...saving the greatest number of children's lives at the lowest possible cost*



# *Annual Report 2015*



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The Board met 4 times in 2015 in person in Timonium and by teleconference, one of them a retreat.

# Message from the Chair

Dear Friends,

Child Health Foundation is celebrating 30 productive years as a non-profit, public charity dedicated to improving the lives of children in low-income settings across the globe. Our biggest 2015 news is the launch of our new website, [www.childhealthfoundation.org](http://www.childhealthfoundation.org). We are mobile-friendly, enabling us to use the latest technology as we keep in touch with our donors and with the wonderful grantees whom we have funded through our Small Grant Program.

We are also celebrating 14 years of continuous funding to our clean water project in Bangladesh, with the generous support of Miss Esther Lazarson of New York. This project supplies clean water to thousands of families, including many children. We continue to support the icddr,b in Bangladesh, by receiving donations, arranging their Centre Fund committee meetings, and shipping supplies for an NIH project on the epidemiology of cholera.

The Child Health Foundation is always sensitive to the impact of disasters on children. This year we provided funds for the donation of CeraLyte, a rehydration solution produced by Cera Products Inc. to victims of the earthquake in Nepal.

We are very pleased that 2015 brought us two new Board of Directors members. Bonita Stanton, M.D. a pediatrician and Vice Dean of Research at Wayne State University School of Medicine in Detroit, and Susan Lisovicz, a journalist, educator, and communication consultant who is a visiting professor at Arizona State University's Walter Cronkite School of Journalism. Both are past members of our Advisory Board and have transitioned to the Board of Directors. The Board of Directors, with 14 members, met four times in 2015, including a very productive all-day retreat. The members of the Board of Directors are dedicated child health professionals who make great contributions to the work of the Foundation, including reviewing the hundreds of proposals that we receive for the Small Grants Program.

We were extremely honored in September 2015 when the Foundation's Director Dr. R. Bradley Sack received the Johns Hopkins Global Achievement Award for his lifetime commitment to global health. The all-day event at Johns Hopkins Bloomberg School of Public Health, culminating in a dinner, hosted by Drs. Mathu and Patricia Santosham, brought together many colleagues who have dedicated their lives to promoting children's health throughout the world.

We are pleased that the Child Health Foundation has continued to be responsive to the humanitarian and health needs of children throughout the world, including the USA. With the help and support of our donors, Child Health Foundation has made a difference in the lives of thousands of children and families throughout the world. Yet, the need continues! We thank you for your support in the past and hope you will continue to help us reach the many children in need with your generous donations. We appreciate your comments and your assistance in enabling us to fulfill our mission of *"improving the lives of children in low-income settings across the globe by empowering local communities to creatively solve their most pressing child health challenges."*

Sincerely,  
Maureen Black, PhD  
Chair, Board of Directors



**CHILD HEALTH FOUNDATION NEWS** was published three times in 2015 and each issue was mailed or emailed to over 1200 readers and contributors. The content of the newsletter informs interested and caring individuals about our activities and the findings of important research. Further, we try to disseminate the latest information concerning children's health and disease prevention for all those who care for and about children. The newsletter can also be viewed on our website and is sent by email upon request.

## History

Child Health Foundation was established in 1986 as a non-profit, public charity [501 (c)3] to prevent and treat life-threatening diseases of infants and children in the United States and abroad. We support organizations that are community driven, practical and responsive, strategic and effective and sustainable.

## Mission Statement

Our Mission is “to improve the lives of children in low-income settings across the globe by empowering local communities to creatively solve their most pressing child health challenges.”

Drawing on decades of public health service, we accomplish this by encouraging communities to develop, evaluate, and implement novel approaches to improving child health, and financially supporting locally established NGO’s to execute practical and effective interventions.

Our Vision is to inspire community organizations which promote child health and survival across the globe.

Our Values: We are motivated by the belief that concerned and inspired citizens in low income settings are uniquely suited to respond to the health needs of their next generation.

## Members of:

Charity America. com  
Children’s Medical Charities of America  
Global Health Council  
Guidestar  
Independent Charities of America  
Maryland Association of Nonprofit Organizations  
Mission Fish  
National Alliance for Nutrition and Activity  
Network for Good  
United Way (in various locations)  
United States Agency for International  
Development



In 2005, the Foundation received this seal of approval from ICA, an organization that collects workplace donations. They tell us that, because we meet the rigid standards that ICA endorses, we well deserve this award.



## How We’re Making a Lasting Difference

**Grants:** We have a program called Innovative Small Grants, which allows donors of gifts to have broad geographic impact on a wide spectrum of topic areas, with the Foundation performing the administrative oversight.

**Research:** We plan and support clinical research to develop new health-care technologies for children affected by disease or disaster, and disseminate and implement proven, effective results through our network worldwide.

**Public Education and Outreach:** We educate families and communities through culturally appropriate public education programs.

## Professional Medical Education and Outreach:

We promote the transfer of medically effective, scientifically sound, low-cost technologies and the sharing of knowledge among health practitioners and policy makers. And we reach out to communities in emergency need due to catastrophic storms, earthquakes, famine, or epidemics.

## Collaborative Research Partnerships:

Child Health Foundation has established formal partnership agreements with a number of educational and medical organizations, including: Johns Hopkins University and Hospital (Baltimore, MD); University of Maryland (Baltimore); Centre for Health and Population Research (Dhaka, Bangladesh); Instituto de Investigacion Nutricional (Lima, Peru); Universidad Peruana Cayetano Heredia, (Lima, Peru); and informal partnerships with health organizations worldwide.

# Innovative Small Grants

The Innovative Small Grants Program allows donors of gifts to have broad geographic impact on a wide spectrum of topic areas, with the Foundation performing the administrative oversight. An amount of up to \$5,000 is granted, through a competitive procedure conducted by our panel of experts, to investigators of community organizations who submit proposals using our guidelines. All grantees exemplify our mission “to save the greatest number of children’s lives at the lowest possible cost.” **Lessons learned ultimately benefit children everywhere.** We grant as many as we are able, with the funds available, to projects involving the health of infants and children. In 2015 we were pleased to award 8 of them, as well as one purely humanitarian grant through gifts from our generous donors. They, as well as brief reports from the completed projects of the previous years, are described here. See our newsletters for updates.



## 2015 Small Grants Awards

### Innovative Grants

1. **Grampari**, India, (funded in 2013) will continue the Tippy Tap program to teach handwashing.
2. **Women Empowerment Program**, Rwanda, (funded in 2014) will continue bcPap program to save newborns
3. **Youth for Social Change Org.**, Rwanda, are conducting a study to determine malnutrition and give nutrition training.
4. **Nyakach Helping Hand Group**, Kenya, plan to install water pumps and give hygiene instructions.
5. **USAWA Development Initiatives**, Kenya, will conduct a survey to determine main causes of disease in that area and then work to prevent them.
6. **Education & Health for Economic Empowerment**, Ghana, will promote child feeding and care practices.
7. **The Iba Foundation**, Nigeria, wants to publish malaria comic books as a means of eradicating malaria.
8. **Orphans and Vulnerable Children**, Uganda, will make clay pots and filters for providing clean water.

### Humanitarian Grant

**TDP, Sierra Leone**, will install solar lighting and purchase a refrigerator for a community health center.

We wish we could fund the others that received high scores. If you would like to help with funds for these, please let us know and we will even let you select the project, then keep you informed about its progress.

**Complete reports of all programs summarized in this annual report are available from the Foundation’s office by request.**

## 2015 Innovative Small Grants Reports

1. **Women’s Empowerment Program**, Rwanda, is addressing neonatal mortality by promoting bubble cPap and Kangaroo care. The 25 nurses they recruited to work in various hospitals teaching this procedure to save newborns lives. As a result, they have been able to make 5,000 low-cost bcPaps, reach 2,000 nurses and 40 practitioners in 80 health centers, and thus far save 7,765 neonates. They also continued the Kangaroo care program which has reduced hospitalization. Community Health Workers have been trained to follow-up the mothers at home. The success of this program has spread and the PI is so pleased with the success that he thanks CHF and hopes they “cover the whole country.”



2. **Kossoye Development Region**, Ethiopia, is addressing childhood malnutrition through gardening and nutrition education in the north Gondar region. Thus far, more than 2000 teachers and students from 92 schools and five districts attended KDP sponsored Train the Trainer workshops on nutrition and household gardening; and packets with four kinds of seeds (chard, carrot, cabbage, and lettuce) were distributed to more than 41,000 people (students, mothers, farmers, and agricultural extension workers). A growth study due to be completed in December, was delayed due, not only to the election, but also to some problems getting the special scales through customs. The Prime Minister of Ethiopia has just acknowledged that they need food aid for 9-18 million people. That the University of Gondar is now seen as a leader in the area of improving food *Continued on p. 5*

# Grants Continued

## Kossoye *Continued from page 5*

security, especially for women and children, makes KDP's work in Ethiopia critical. In October the University of Gondar applied for a Gates grant modeled on this particular KDP/CHF initiative. They are planning to make the first public report in June 2016 at the Univ. of Gondar's 25<sup>th</sup> Annual Research Conference on Community Service.

**3. SAVE, Bangladesh,** has trained midwives to facilitate safe deliveries. The service is very much appreciated by the Government Health Department and they are cooperating. They have provided 6 training sessions with 25 midwives in each session, also providing them with delivery kits. Then these trained midwives continued to instruct others and they have noticed a reduction in infant and maternal mortality.



An article about the project appeared in a Dhaka newspaper. CHF's name and icon are on the poster.

**4. Operation ASHA, Cambodia,** are combining grassroots care and technology to increase tuberculosis detection in children. Working with the heads of schools in Phnom Penn, they selected 33 schools and the surrounding communities. They conducted awareness training with the teachers and followed that with screening of the students. When a child is diagnosed positive, they provided a full course of treatment and counselling in the homes. The grant provides 6 months of free treatment. 48 children have thus far tested positive in 16 of the 33 schools.



**5. Pamoja Self-Help Group, Tanzania,** reports that 10 water storage tanks have been constructed and completed, and 160 meters of rain water harvesting gutters have been constructed and connected to the water tanks. A total of 1,150 pre-school children have been educated on handwashing after toilet use and before eating meals both in school and while at home. As a result, cases of enteric diseases have dropped by approximately 80% per month. This has been confirmed by the reduced number of reported cases as seen on the school register where data is stored for children referred to the clinic. They wrote, **"I should not forget to tell you that the beneficiary community is also very grateful to CHF."**



**6. Tenwek Hospital, Kenya** is giving emergency care to newborns. The program called Helping Babies Breathe has provided training for 180 neonatal care providers in Kenya and Tanzania at 4 sites, and 6 master trainers have been trained at 2 different sites that will continue to teach HBB and sustain education programs. (HBB is a curriculum for neonatal resuscitation designed to train health providers in low-resource settings). The team saw a dramatic drop in birth asphyxia in these first 3 months and they report now that this drama has continued.



The PI, Dr. Rule, an American doctor hopes to continue to work with the obstetric team in designing further endeavors. In the meantime, she is writing the final manuscript for education and quality improvement projects. She says, "The project has been presented at multiple meetings at Cincinnati Children's hospital and both papers have been submitted for presentation at Pediatric Academic Societies in the Spring of 2016." She hopes this project will be a model for other low-resource settings to save newborns and mothers.

**7. Aguayuda, Columbia:** A project, designed to improve health for children and their families, sought to reduce water-related illnesses.

Their results included the successful installation of 196 handwashing stations (Tippy-taps), benefitting families of 13 indigenous communities and one school. This benefited 1,360 people, 600 of them children. Residents of the 13 communities were provided training in water management, proper hygiene and sanitation and the prevention of water-related illness through a series of 5 day workshops, and in 7 of the targeted communities, community WASH committees were established. In addition, a total of 14 handwashing training sessions were carried out. Survey results at the end of the project pointed to a 42% reduction in instances of diarrhea in participating households. This was determined by a survey using a mobile phone app called Magpi.



# Grants Continued

**8. UYRD, Rwanda,** set out to produce *Rwanda nuts* and use them to reduce child malnutrition. The 25 volunteers that have been trained have been able to make the nuts and to transmit the knowledge to mothers. They also provide occupational therapy to the



malnourished children to help build up their physical strength. They have supplied enough nuts to provide them to 39,560 children. Over 30,000 mothers are now harvesting the nuts and giving them to their children, and also have learned to give occupational therapy at home. The product is made with peanut paste, vegetable oil, powdered milk, powdered sugar, vitamins, and minerals...the same ingredients as Plumpy Nut, but made locally in this agricultural area

**9. Under-Privileged People's Development Organization, Bangladesh** has installed 50 removable, double-ring slab latrines among



selected families with instructions. They have also held courtyard meetings to educate the villagers about health care and sanitation. Water-borne diseases have decreased 35%. The word has gone out and other NGO's have taken up the cause. UPPO completed a similar project in 2014, funded by Child Health Foundation.

ilar project in 2014, funded by Child Health Foundation.



**10. Mekong Delta Youth, Viet Nam** has developed a low-cost floating toilet that can be used by those who live in houses on the water. They have thus far installed 4 of them

and have plans to do more. They also held a workshop to teach personal hygiene. Pictured here are students from Con Tho University visiting the construction to learn more about preventing water-borne illness.

## 2014 Humanitarian Grants Reports

**1. RPDS, India:** The objective of this organization was to increase awareness on health and hygiene through educa-

tion. They were able to reach 400 adults and 360 children by training 20 Community Health Volunteers to hold workshops, visit the slums and hand out pamphlets. They taught preventing enteric illnesses by encouraging the drinking of clean water, storing it properly, and handwashing.



**2. Community Development and Empowerment Foundation (COMMDEF), Ghana,** set out to give



nutrition support to approximately 10,000 children under age 5. Two forums have been held focusing on the benefits of Moringa plant and pro-vitamin-A rich vegetables. A community Moringa plant nursery

was established. A site was found and the seeds were purchased and planted. The seedlings are yet to be distributed to the beneficiaries who have been trained on the cultivation of the plants. The health workers have also given sessions on breastfeeding and other nutritional elements. Babies have been weighed in anticipation of monitoring.

## 2013 Innovative Small Grants Reports

**1. Fundacion NC, Colombia,** has sent the final report of their project called *Social Responsibility Program*.



This NGO has an Asma-movil in Bogota. It is a mobile health unit that screens children in schools to determine risks for respiratory disease. Two public schools were selected to set up

the activities and the aim was to improve asthma control, reduce ER visits, and improve quality of life for the children and caregivers. They reported previously that they did screening, baseline medical and lung function, and education. A total of 24 children have now completed the evaluation; others also benefited even though they didn't follow through completely due to various reasons. They discovered that ER visits were reduced from 32 to 1 and days missed from school 127 days to just 11. Questionnaires filled out at the outset and conclusion revealed that improvement of quality of life was

*Continued on page 8*

# Grants Continued

**Foundation NC** *Continued from page 7*  
statistically significantly for both child and caregiver. Furthermore there was an increase in the knowledge to manage the disease of 30 to 35 percent. They close with this thought, "The program will continue its activities thanks to organizations like CHF who care about the health of communities in need."

**2. ACT Ngoni**, Tanzania set out on a WASH (water and sanitation) project in primary schools. They have been able to construct 5 of these latrines



(pictured) for boys, 5 for girls, and 5 for teachers. They got a lot of volunteer work from members of the community, for example digging the pits and carrying stones and

water. Having had a meeting with the school authorities and the local council, they had their help not only in the supply of local materials but also some funds to pay, for example, for lunch for the volunteers. Also important, was their training the children to use sanitary habits and drink clean water. They have yet, however to build the rain water tanks to supply the clean water. They, of course, expect this project to improve greatly the health of the school children. This project is funded by Esther Lazarson.

**3. Achung Kenda Progressive Women Group**,



Kenya, has designed and moulded 180 soapstone water dispensers (pictured) in 20 schools as well as tripod stands to hold them. They were distributed to 20 pre-

schools with the highest incidence of enteric disease. The team then made visits to evaluate the level of usage and success of the dispensers. They expected that about 70% of enteric diseases would be reduced with this project.

## 2013 Humanitarian Report

**Transformational Leadership Center (TLC)**, Rwanda, has installed rainwater tanks at 3 children's



Peace Libraries, so that when children get clean water there they are sensitized about drinking clean water at home. They also built a handwashing tank at one of the libraries (the others already have the tanks) and held 5 sanitation workshops where 225 children learned the importance of good sanitation.

The video *Magic Glasses* was shown at the training sessions teaching children to use bathrooms and wash hands. Lillane, one of the children, said, "I did not know how I get worms. Now I will not get more worms. I will wash my hands and drink clean water. I thank you for this training." We are pleased with this project and expect it will impact that community.

## Emergency Aid

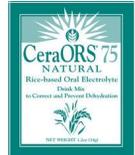


We sent oral rehydration therapy packets to help the survivors of the catastrophic earthquake in Nepal. We were able to send, in May, \$8,840 which paid for one-

half pallet of CeraLyte. Charlene Riikonen, CEO of Cera Products Inc., has matched this and it provides 8,000 liters of ORS.

Hundreds of thousands of people are now living in tents or tarps, subject to all earth's diseases, including diarrhea. Children are most vulnerable and ORS is designed to prevent their death from dehydration caused by loss of vital fluids.

The CeraLyte went to Direct Relief, the organization that ships medical aid to Nepal.



### Please:

Use **GoodSearch** as your search engine and earn dollars for Child Health Foundation. We get one cent every time you use it and you can shop there too and get a percentage from the retailers. Go to [www.goodsearch.com](http://www.goodsearch.com) and register.



# Grants Continued

## Other Grant Reports

**1. EPRC, Bangladesh:** This water project, funded by Esther Lazarson of New York, is now in its 19<sup>th</sup> phase. The recent report indicates that they have installed 7 new tubewells serving an additional 1250 people, 300 of them children.



Three of the wells were financed by Maryland Presbyterian Church. These folks all live within 50 meters of the wells, and so carrying pots on their heads, leaving their toddlers tied to bedposts, and walking to the dirty water river is not necessary any more and they are very grateful.

The total number served now since the project began in 2003 is over 40,000. Some of the funds were used to install latrines for very poor families to prevent open defecation. Other EPRC funds were used to continue classes for school children unassisted by the government and for education of women since they were now free from carrying water from the river. A volunteer group from each option area, called Women for Environment and Livelihood (WEL) was formed to overlook care of the tubewells as well as being instructed in sani-

### **3. The International Centre for Diarrheal Disease Research, Bangladesh (icddr,b), Dhaka,**



has been a partner of Child Health Foundation since our inception in 1986. Currently our office makes it possible for Americans to donate tax-deductible dollars to the Centre and we organize the

Center Fund committee's meetings.

The Centre Fund is a program which assists the icddr,b in raising funds which insure continued vital contributions to health. In 1994, we initiated the Centre Fund effort in the United States and since then have been assisting in the effort to raise

**2. The Foundation continued to support the Seed Welfare Society clinic on an island in India which was built with Small Grant funds in 2004. Originally built to provide health care for the orphans, it has branched out to the community.**



The clinic remains open for two days each week with one doctor, one nurse and a helper. Approximately 150/160 patients are treated each week

The mothers are taught hygiene, sanitation, drinking boiled water, special care to the baby and general cleanliness in and around their homes.

endowment and insure careful stewardship, monitoring the way it is invested. Members of the committee are: William B. Greenough, Rita Colwell, Norman D'Cruz, Richard Smith, Ingrid Renaud, Munir Alam, David Sack, Kenneth Dye, Jeffrey Gonya, David A. Weisbrod, and John Clemens. At the end of 2014, the total endowment was valued at \$10,589,677 (\$10,908,545 at the end of 2014) and is managed by TIAA/CREF of St. Louis, Missouri.

For the past few years, the Child Health Foundation has been managing the ordering of supplies for an important NIH-funded project carried out at the Centre in collaboration with Johns Hopkins Bloomberg School of Public Health. Investigators at both sites are exploring the seasonal cause of epidemics of cholera by studying the contents of water bodies in the environment. Dr. R. Bradley Sack, Director of the Foundation and Dr. David Sack (Board Director) are the principal investigators.



# Financial Statement

Year Ending December 31, 2014

	Unrestricted	Temporarily Restricted	Total
<b>Revenue and other support</b>			
Grants	\$ 49,784	-	49,784
Corporate contributions	5,833	-	5,833
Individual contributions	49,212	41,326	90,538
Charitable Campaigns	16,418	-	16,418
Miscellaneous	301	-	301
In-kind contribution	6,000	-	6,000
Investment Income	(1,304)	-	(1,304)
Net assets released from restrictions	50,829	(50,829)	-
<b>Total support and revenue</b>	<b>177,073</b>	<b>(9,503)</b>	<b>167,570</b>
<b>Expenses</b>			
Program services	158,262	-	158,262
General and administrative	16,840	-	16,840
<b>Total expenses</b>	<b>175,102</b>	<b>-</b>	<b>175,102</b>
<b>Change in net assets</b>	<b>1,971</b>	<b>(9,503)</b>	<b>(7,532)</b>
<b>Net assets—beginning of year</b>	<b>77,538</b>	<b>18,503</b>	<b>96,041</b>
<b>Net assets—end of year</b>	<b>\$ 79,509</b>	<b>9,000</b>	<b>88,509</b>

This report prepared by:  
**UHY LLP Certified Public Accountants**  
 Full report available by request

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*...saving the greatest number of children's lives at the lowest possible cost*

We at Child Health Foundation want to thank you for any donations you have made in the past. We have observed that some people don't realize that their contribution, besides giving them a warm feeling for knowing that they have saved children's lives and made them happier, also improves their own and their children's lives. You see, research done in regions where disease is prevalent helps to prevent those organisms from spreading. Furthermore, it gives local medical practitioners the expertise to combat emerging infections when they do escape.

Everyone also benefits from our efforts to educate the general public about low-cost ways to prevent and treat common childhood diseases and promote better nutrition. So stay with us, read our literature, and please support us financially.

You can send your tax-deductible contribution in any amount to the address above or give by credit card on our website. Thank you.

**Visit our Website at [www.childhealthfoundation.org](http://www.childhealthfoundation.org)**