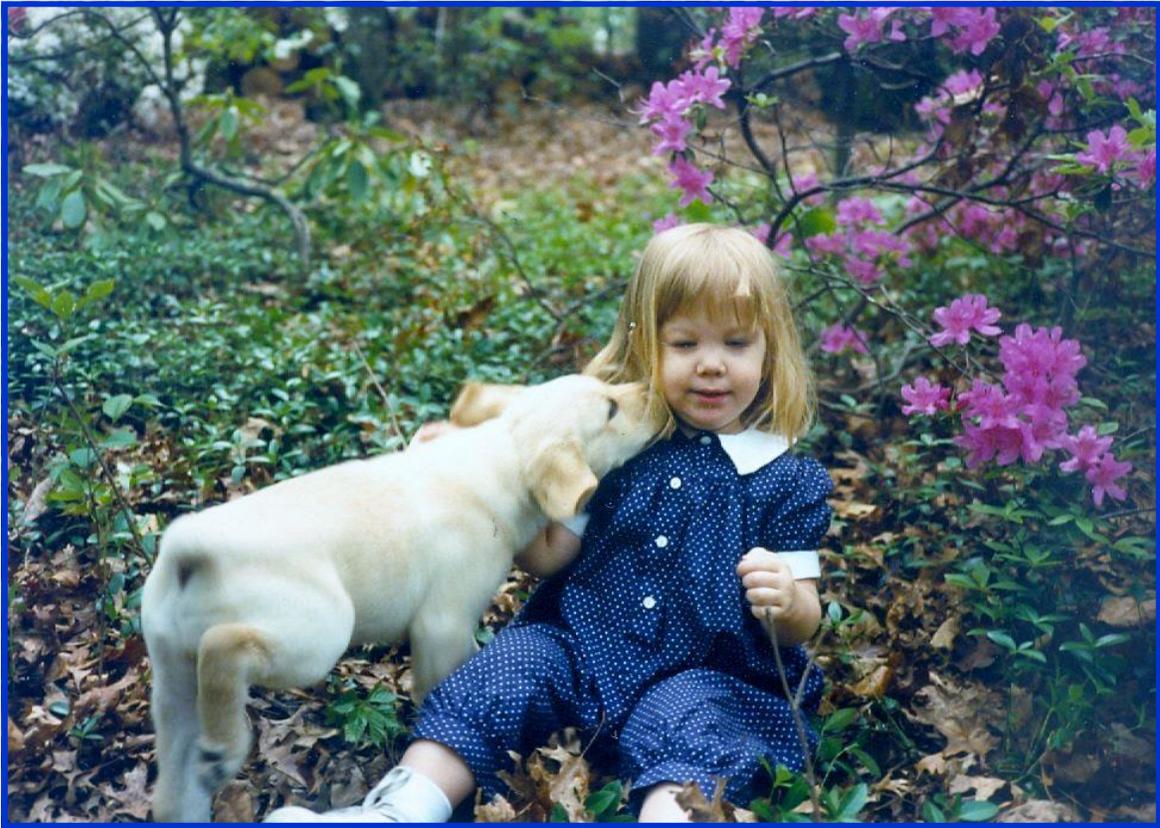




*...saving the greatest number of children's lives at the lowest possible cost*



# *Annual Report 2016*



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

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The Board met 4 times in 2016 in person in Timonium and by teleconference.

# Message from the Chair

Dear Friends,

For the past 31 years, the Child Health Foundation has saved and improved the lives of thousands of children in low-income settings across the globe. This year we were able to fund six innovative small grants in India, Kenya, Papua New Guinea, Pakistan, Togo, and Rwanda. Read the reports of previous projects in the 2016 Annual Report. You will be extremely impressed at how organizations throughout the world have used funds from the Child Health Foundation to improve their communities and the health of their children!

Clean water is essential for health. With the generous and ongoing support from Miss Esther Lazarson of New York, the Child Health Foundation has funded a clean water project in Bangladesh for the past 15 years. The project supplies clean water to thousands of families and their children. The Child Health Foundation has a long history of work in Bangladesh, including support to ICDDR,B (the International Centre for Diarrheal Disease Research, Bangladesh) by receiving donations and arranging Centre Fund meetings.

We are very excited about our 2016 collaboration with the Cronkite School of Journalism and Mass Communication, at Arizona State University (named after Walter Cronkite). Students enrolled in the Fall Cronkite PR (Public Relations) lab selected the Child Health Foundation as a “client.” They worked to increase public awareness of the Child Health Foundation by improving our website and increasing our exposure on social media. The collaboration was such a success that the Spring Cronkite PR Lab has also selected the Child Health Foundation as a client. Visit our Face Book page to see the interest that the students have added!

The Board of Directors of the Child Health Foundation, with 14 members, met four times in 2016. Board members are dedicated child health professionals who make significant contributions to the work of the Foundation, including reviewing the hundreds of proposals that we receive for the Small Grants Program. Two of our Board members are featured:

- Dr. Bonita Stanton, an internationally recognized expert in pediatric medicine, was named the founding dean at a new School of Medicine, created by Seton Hall University and Hackensack University Health Network in New Jersey. Dr. Stanton had been the Vice Dean for Research at Wayne State University School of Medicine in Detroit.
- Dr. Rita Colwell, distinguished professor in the University of Maryland's cell biology and molecular genetics department, received the Prince Sultan Bin Abdulaziz International Water Prize for Creativity for work on predicting cholera using satellite sensors. The award was presented at the United Nations in New York.

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, the Child Health Foundation has improved 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 that 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.”*

Warm regards,  
Maureen Black, PhD  
Chair, Board of Director



**CHILD HEALTH FOUNDATION NEWS** was published three times in 2016 and each issue was mailed or emailed to over 1000 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

**C**hild 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

**O**ur 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.

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

**O**ur 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.

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

**G**rants: 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.

**R**esearch: 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.

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

**P**rofessional 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.

**E**mergencies: We reach out to help regions hit by tornadoes, hurricanes and other tragic events.



# 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 2016 we were pleased to award 6 of them thanks to 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.



## 2016 Innovative Small Grants Awards

- **ARTS**, Pakistan will do a study to conquer iodine deficiency
- **GRAMPARI**, India (funded in 2013 and 2015) will continue the Tippy Tap program to teach hand washing.
- **ACE**, Kenya (funded in 2012) will create a Mother and Infants Center to provide nutritional education.
- **ACNN**, Papua, New Guinea, Helping Babies Breathe Followup
- **ENACTUS**, Togo will put solar lighting in health centers.
- **KIPRISTA**, Rwanda, sanitation and water projects.

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 Empowerment Program**, Rwanda, is addressing neonatal mortality by promoting bubble cPap, a low-cost, noninvasive ventilation strategy, and Kangaroo care. The 25 nurses they recruited are working in various hospitals teaching this procedure to save newborns lives. As a result, they have been able to make 6,150 low-cost bcPaps, reach 8 district hospitals and 85 health centers, and thus far saved 28,863 neonates. 65% were born below 31 weeks gestation. They also continued the Kangaroo care program and breastfeeding. 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. Nyakach Helping Hand Group**, Kenya, has provided 210 households, about 1600 people...many of them children, with clean water. They have a program called Beacon of Hope which trained women to maintain the water pumps; 6 of 8 pumps installed by other NGOs were broken and the women were again having to walk to remote unclean water sources which are not clean.



At the beginning of the intervention, 3 staff members and the village local leaders were engaged in the mobilization process to identify members of the community who were to undergo trainings. They spent 15 days training 16 women about pump mechanics and 5 days working with 24 women concerning hygiene.

# Grants Continued

## 3. Grampari in India has been funded by Child Health



Foundation before. This grant was used for the same purpose, that is, to encourage hand-washing with soap.

Interestingly, they also included a program they called *Washing Your Heart* to resolve conflicts and

bring in value based living in all spheres of life.

They held 15 awareness programs in 15 schools, similar to those held in previous years. Seven follow-ups found that the handwashing with soap is more effective than before.

On Global Hand Wash Day they took the program to some urban backward areas by organizing a rally with posters and skits and a march seen here.

The good news does not stop there. Visitors (about 3500 of them) come to learn the teaching methods used and take lessons learned back home.

## 4. Youth for Social Change, Rwanda, have set about the



early detection of malnutrition in children and then provide sustainable solutions. In April they elected the project leaders to organize contact meetings, conduct the evaluations, initiate partnerships with health centers, and coordinate all field

activities. They trained 10 volunteers in a workshop on rice growing, good agriculture practices. Post-harvest techniques and safe chemical use. They then made twice a week visits in the communities. The project continues.

## 5. Orphans and Vulnerable Children Aid and Support Org., Uganda. Their grant is to be used to support a community based project called Clay Water Filters Project,



meant to purify water. Thus far they held one session to train 600 families on the practice of using the filters and maintaining them and they are very excited about it. Also they have held 2 of 3 workshops to teach the Village Health

Promoters the making of the filters. Concerned about sustainability they are linking the Promoters to thier key players so they can include malaria control, hand-washing, and toilet usage. Posters are also being printed as well as radio shows being developed. They will soon be purchasing the filter machines.

## 6. Education and Health for Economic Empowerment, Ghana, is raising issues of child nutrition,



health and growth. They didn't get started until July awaiting government clearance, but so far they had selected 2 communities and trained 11 volunteers on child feeding and growth monitoring. They then regis-

tered 72 children under age two. They say they will need until February 2017 to finish.

## 7. IBA Foundation, Nigeria, launched the Malaria Comic Book on April 27th with a member of the Ni-



gerian Government and the Deputy Publicity Officer of the United States Consulate present. Some 86% of all malaria cases are children and this book explains to them the

causes, prevention and treatment. They translated the comic into English, French, Hausa and are currently working on other languages. They are also working to translate the comic to sign language. They have started distributing the English version, and we hope to get it soon. More information at

<http://thenationonlineng.net/comic-book-launched-fight-malaria/>

8. Taia Development Program, Sierra Leone (Humanitarian), proposed originally to install solar in the Bai-Largo Community Health Center, but while waiting to hear from us they discovered that that project had been paid for by others, so they did an assessment of the Health Center and discovered that with our permission they would construct a bathroom for the pregnant women who come to deliver, maintain the drainages to prevent mosquito breeding, provide additional delivery beds, and some other miscellaneous things. The bathroom made of sticks and palms has been replaced with a constructed outhouse. They are pleased that it can now be fumigated and kept clean. Our funds also purchased shelves for medicines and books, and delivery beds and chairs. They also used some money to maintain the drainage system.

9. Usawa Development Initiatives, Kenya, set out to improve the health status of children in their community. First they intended to carry out a survey to deter-

# Grants Continued

mine the main causes of diarrhea and typhoid. Thus far



to

they have surveyed 200 children in 10 villages and found respiratory and enteric disease rampant due to unclean water and contaminated fruit.

Next they trained teachers in 13 schools on proper sanitation and water management. Thus far 20 have been trained. Then they set out to construct pit latrines in 3 schools. The three schools have either received a new latrine and repairs on existing ones.

Then they put up tippytops and so far 10 of the 13 intended have been erected.

We are pleased with these results and look forward to hearing more.

## 2014 Innovative Small Grants Reports

**1. Kossoye Development Project, Ethiopia,** came to six conclusions as a result of this study, which was to

determine if household gardening is making significant nutritional improvement in children's growth. 900 school children were measured for height and weight.

1. The children in the poorest, rural areas were the most likely to use KDP distributed seeds to plant gardens. 2. In rural areas, having gardens contributed to eating vegetables, both gardening and eating increasing over time. 3. Females responded more positively than males to the education program. 4. The children most likely to eat vegetables were in urban schools, due perhaps to access to markets, food culture, or to other factors. 5. While evidence demonstrated that the children's heights and weights increased over time, the analysis of this evidence did not establish that having a vegetable garden and eating vegetables affected height and weight. Further research may tease out a clearer conclusion, especially if data analysis is controlled for age. 6. Finally, the KDP's nutrition and gardening program is effective in increasing vegetable eating and household gardening. This finding underscores the importance of the education program. It should be noted that the study was interrupted several times by political conflict.

While this is the end of this particular study, the researchers at the University of Gondar have expressed interest in using the biometric equipment provided by the Child Health Foundation grant to undertake a third round study in December 2016. Another way in which this equipment will be used is that, as KDP moves into



new school districts, efforts will be made to measure heights and weights of children before the beginning of the education and seed distribution programs. This will give us a better pre- and post-analysis of program effectiveness.

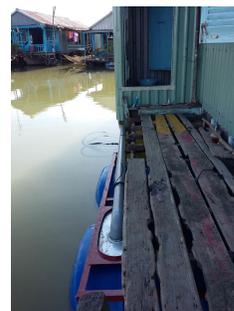
An academic paper, framed as a program evaluation of the KDP's seed distribution and nutrition education program was submitted to the University of Gondar and will be presented at the university's 26<sup>th</sup> Annual Conference on Research and Community Service on June 24-25. This report will also be published in revised form. The Child Health Foundation support is acknowledged at the end of the paper.

**2. Operation ASHA, Cambodia,** are combining grassroots care and technology to increase tuberculosis detection in children. Working with the heads of schools in Phnom Penh, 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. Of the 33 thousand children screened, 53 tested positive; 2 have completed treatment. They also trained 805 teachers on basic facts of detecting TB, treatment and referral information.

Dem and Touch (pictured here) are the two children who have completed the 6 months of treatment after being enrolled in the national tuberculosis program. Both regained their appetites, gained weight and were more active. ASHA noted finally that the project would not have been possible without the support of the Child Health Foundation.



**3. Mekong Delta Youth, Vietnam,** is conducting a project that is meant to raise awareness



of children's need for hygienic latrines. Most of this targeted community live on the water or are frequently flooded by it, they have introduced and constructed the floating hygienic latrine, which floats under the toilet and filters the waste before it goes into the water. They are constructed of locally available materials and cost about

\$200 each.

56 people, 23 of them children were given a latrine in their homes (15). Then 86 people were trained in 6 courses to teach how to use the latrines and to encour-

# Grants Continued

age others to build them. Government officers were also invited. They also hoped that the men constructing the latrines would be hired by others in the community.

Since this prevents open defecation, we can only assume that it has a significant impact on the children's health and safety.

## Other Reports

**The Environment and Population Research Centre (EPRC), Bangladesh:** The project, phase 19, installed 11 more pumps and these serve about 1,046 people with clean, arsenic-free water. EPRC also did some teaching of sanitation and encouraged



them to get a latrine and use it. The women are taught to maintain the pumps. The total served with Esther Lazarson's funding is now over 41,000.

## Emergency Aid

Child Health Foundation sent emergency financial help to an organization,



**Friends Orphanage School, Uganda,** that had reached out to us for help after a violent landslide destroyed many homes in their community. The

funds (\$2,000) were generously donated by our Board of Directors and used to supply food, clothing, and medicine to the survivors who are homeless now.

Friends Orphanage School had previously been granted funds to improve the nutrition of the school children and also give them clean water with a rain-water harvest tank.

## 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 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 2016, the total endowment was valued at \$11,479,909 (\$10,589,677 at the end of 2015) and is managed by

TIAA of St. Louis, Missouri.



## 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.



# Financial Statement

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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)**