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

Annual Report 2017
**2016 Board of Directors**

Maureen Black, PhD. (Chair)  
Pediatric Psychologist, University of Maryland

Rita Colwell, PhD  
Professor, University of Maryland

Christine George, PhD  
Asst. Professor, Johns Hopkins University

William B. Greenough, III, M.D. (Secretary)  
Professor, Johns Hopkins University

John S. Graham, PhD, MBA, Treas  
Director, Food and Drug Adm

Anwar Huq, PhD  
Professor, University of Maryland

Susan Lisovicz, Journalist  
Visiting Professor, Arizona State Univ.

Pamela Johnson, PhD (Co-chair)  
Executive Vice-President, Voxiva

David A Sack, M.D.  
Professor, Johns Hopkins University

Bonita Stanton, MD  
Vice Dean, Wayne State University

Nand Wadhwani  
Founder, Rehydration Project

The Board met 4 times in 2017 in person in Timonium and by teleconference.

We especially honor our founding trustees who have died:  
James Bausch  
Leonard D. Andrew  
Katherine Elliott, M.D.  
William T. Mashler  
David E. Bell  
Ormond Solandt  
David Rogers, M.D.  
Amb. Jean Broward  
Shevlin Gerard  
Adaline Satterwaite, M.D.

---

**In Memoriam: R. Bradley Sack, MD, ScD  
Child Health Foundation Director**

Dr. Sack has been the Director of CHF since 2009, his expertise greatly benefiting the organization. A professor at the Johns Hopkins Bloomberg School of Public Health and a faculty member for over 40 years at the Johns Hopkins University, he died in April at age 81 at his home in Lutherville, MD. His work combating infectious diseases, most notably diarrheal diseases including cholera, helped avert millions of deaths around the world, particularly among infants and young children. Dr. Sack’s research into diarrheal diseases, which remain a leading cause of death among children under the age of 5, led to treatments that have helped significantly reduce the infant mortality rate. In the late 1960s, when based in Calcutta, he and colleagues discovered in their research that cholera patients responded favorably to oral rehydration treatment (ORT), a solution of sugar, salt, potassium and water that restored lost fluid and prevented dehydration and death. The treatment, now standard, adopted by WHO, and credited with saving over 50 million lives in the past 30 years.

---

**Past Trustees & Emeriti**

Peter Agre, M.D.
Leonard D. Andrew
Geoffrey Arrowsmith
Abdullah Baqui, Bashir
Mayra Buvnic, Ph.D
Charles CJ Carpenter, M.D
Richard Cash, M.D
John Costello
Joseph Deltito, M.D
Hugh Downs
Harold Fleming
Barry Gaberman
Veena Hammers
Lauren Harrison-White
Norbert Hirschhorn, MD

Norge Jerome, PhD
Irene Jilson, Ph.D
Ronald E. LaPorte, M.D
Beth Lamont
Erick Lensch
Shirley Lindenbaum, PhD
Eric Marler
Zahirah McNatt
Robert Northrup, M.D.
Nate Pierce, M.D.
Geoffrey Place
Charlene Riikonen
R. Bradley Sack, MD
Tim Shi, MD
Hazel J. Shorter
Kaye Wachsmuth
Dear Friends,

For the past 32 years, the Child Health Foundation has saved and improved the lives of thousands of children in low-income settings across the globe. We are pleased to report that in 2017 we were able to fund five innovative small grants in India, Rwanda, Kenya, Uganda, and Nigeria. In addition we sent emergency funds to an organization to help with a cholera outbreak in Rwanda. Read the reports of previous projects in this 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!

But we also had some sad news. Our Director, Dr. R. Bradley Sack, who has been working for the Foundation for the past 9 years, passed away in April. He was 81. Dr. Sack was involved for many years in international medical work, combatting infectious diseases, especially cholera. He, with others, developed the oral rehydration solution (ORS) that has saved so many lives and has been a major project of CHF since our beginning.

As a result of this loss, Dr. David Sack, his brother, who has worked alongside him for many years, has taken over the directorship of the Foundation. David’s work with cholera continues and he has been a part of the development of a functional cholera oral vaccine. An article in the New York Times, which we have on our website, tells about the study that our partner, iccdr,b in Bangladesh, underwent to further develop this vaccine. Dr. Sack travels widely at the present time to find countries, helping them to understand how and when to use this new vaccine. We may one day have no more cholera in the world.

We are pleased to report that the 2016 collaboration with the Cronkite School of Journalism and Mass Communication, at Arizona State University was taken over by the 2017 Spring Cronkite PR Lab. Students in this lab selected the Child Health Foundation as a “client.” They worked to increase public awareness of CHF by improving our website and increasing our exposure on social media. The students, on large screens in the school theater, walked the faculty through their work: interactive maps showing the wide reach of CHF, the new logo, colors that may be more evocative of the mission, more pictures of those being helped, an easier to navigate website, recommendations on better social media engagement and a nice section on board members and links to our work.

We have an 11 member Board of Directors of 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.

Besides the small grants program we also have a project in Bangladesh that provides clean water to thousands of people, many of them children. With the generous and ongoing support from Miss Esther Lazarson of New York, CHF has funded this for the past 16 years. The 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. The Centre was honored this year with the Conrad N. Hilton Humanitarian Prize, a $2 million prize in recognition of its innovative approach to solving global health issues impacting the world’s most impoverished communities.

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 2017 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

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.

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 our newsletters, website and social media.

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.
I nновative 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 2017 we were pleased to award 5 of them thanks to our generous donors. Interestingly, this year we funded only projects that had been previously funded, giving them a chance to continue the successful work they were doing. They, as well as brief reports from the completed projects of the previous years, are described here. See our newsletters for updates.

2017 Innovative Small Grants Awards

- **Women Empowerment Program**, Rwanda (funded in 2014-15) is saving the lives of newborns with BCpap and Kangaroo Care.
- **Grampari**, India (funded in 2013, 2015), will continue the Tippy Tap program to teach hand washing.
- **Mission for Community Development MCODE**, Uganda (funded in 2013) is doing some nutrition training and planting vegetable gardens.
- **Kodera Women Group KWG**, Kenya (funded in 2008), will install Arbor Loo Toilets.
- **Health Education and Empowerment Heden**, Nigeria (funded in 2006), has a plan to distribute an app for cell phones that will help with caring for children.

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.

2016 Innovative Small Grants Report

1. **Grampari** in India has received support from Child Health Foundation now for 4 years, that is, to encourage hand-washing with soap using a fun process called Tippy-Tap.

   This year they introduced a new concept called Heart Wash, which gave them an interesting experience. During the program, children and teachers are asked to be quiet for 5-10 minutes and listen to their inner voice which helps to distinguish right and wrong. Those conducting the program share the places where they have made corrections in their life by saying sorry or resolved disputes by asking for forgiveness. This time of quiet has brought in many corrections, from returning money, helping at home or reconciling with a friend. Teachers have also shared thoughts on how they were able to get over prejudices because of caste, etc.

2. **ACE**, Kenya established a community-based mothers’ and infants’ center which focused on providing nutritional education and counseling for mothers by setting up Nutritional Kitchen Gardens in sacks for women and their children, and producing educational and communication materials; these include T-shirts, brochures, banners and printed baby shawls and blankets with nutrition and health information on them. To P. 6
The sack gardening method was thought to be wise since it takes up little space and less water than a regular garden. 00 mothers have so far been trained. The area around the can is filled with soil and stones to the height of the can, then the can is filled with rocks. Water is poured through the rocks (there are holes in the can). Seedlings are planted in holes made in the sides and top of the sack.

The participants were shown how to water, care for, and harvest, as necessary.

3. Kiprista, Rwanda, has a program called Water for Health, which aims at eradicating diarrheal diseases among children via water and sanitation promotion. Thus far they have trained 20 volunteers, equipped Kibondo Primary School with 6 drinking water machines and 10 Tipy-tap water containers for handwashing, held hygiene education sessions comprehending distribution of hygiene promotion materials, held ten outreach hygiene awareness raising campaigns and conducted 144 home-based education visits.

The hygiene education sessions were held for about 2160 pupils. First, the pupils were put into 100 different groups. Topics covered included hand-washing, complete body hygiene, diarrhea diseases, and students were assigned to mobilize their parents on adapting hygienic practices at home.

ACNN (Australia), Papua New Guinea: Their project is an observational pilot study evaluating the survival and motor function following face-mask resuscitation at birth and feasibility of obtaining longer term outcomes.

Whereas an educational program called ‘Helping Babies Breathe’ has been introduced world-wide and many babies have survived, we are not sure if those babies who survive have health concerns in the future. The purpose of this research is to observe and see how appropriate the baby’s spontaneous arm, leg and body movements and their muscle tone and posture are for their age between 10 and 16 weeks of age.

2015 Innovative Small Grants Reports

1. USAWA Development Initiatives, Kenya: Their goal was to improve the health status of children in Busia County by surveying homes to determine the causes of typhoid, cholera, and other diarrheas, training teachers and others about sanitation, constructing pit latrines, Tippy-taps, and water tanks. 20 homes in 10 villages were visited and found both enteric and respiratory disease “rampant,” and a need for hygiene instruction. Thirteen school teachers and school management teams were taught the importance of proper sanitation. Pit latrines were constructed in 3 schools. The photo above was taken at one of the Centres that now has a latrine, and two classrooms and the county government has also planned to drill water at the center which will be used by the pupils and community members from within.

2. Orphans and Vulnerable Children Aid and Support Org., Uganda. set out to improve household water quality and decrease diarrheal diseases among children in a population of 3 sub-counties lacking potable water and were successful. They did this with a project to make clay water filters and distribute them. 100 Village Health Promoters were trained on how to service clay compacting machines to make the clay filters from cheap local products, costing about $1 each. They made 1,000. They held 4 radio talk shows, created posters, and made a video which is shown on our Facebook page.

The compilation of data has indicated that on average per Satellite health center, the cases of diarrheal and respiratory incidences have reduced by 85% among the pilot villages that were targeted by the Clay water filter project (600).

Community ownership of the project should ensure sustainability of the project and perhaps spread it to other communities.

3. IBA Foundation, Nigeria, launched the Malaria Comic Book on April 27th with a member of the Nigerian Government and the Deputy Publicity Officer of the United States Consulate present. This book explains to them the causes, prevention and treatment. It has now been distributed to over seven African countries, that is, Nigeria, Ghana, Gambia, Niger, Sierra Leone, Burkina Faso and Cameroon. They write: “We have printed and distributed
Grants Continued

3,000 comic books and have thus impacted at least 3,000 lives. From our on and off field activities and after our pre and post evaluation, we discovered that 97% of in and out of school children who came across the content of the comic did not know the cause, preventive methods and how to treat malaria, that ALL our correspondents believed mosquitoes are just one of the agents of the transmission of malaria, that ALL our correspondents believed that Malaria is part and parcel of the African society and that it is not preventable. that Malaria doesn't kill nor does it destroy body internal organs.” They also distributed many long-lasting insecticide treated mosquito nets to our host communities. As earlier mentioned in the interim report, we publicized the event on Nigeria's major daily: http://thenationonlineng.net/comic-book-launched-fight-malaria/

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.

Other Reports
The Environment and Population Research Centre (EPRC), Bangladesh: The project, phase 21, installed 6 new wells and supplied safe drinking water to approximately 215 children, 703 women and men (in total 918). This means that since the beginning in 2004, a total of more than 43,000 people are now getting clean water and do not have to go to the river to fill their jugs with dirty water, thanks to funds from Esther Lazarson of New York City.

They checked on the 30 previously installed wells and found that 92% were still functioning properly. This due to the women themselves being trained to maintain them. Those who use the pumps contribute the necessary funds.

The International Centre for Diarrheal Disease Research, Bangladesh (icddrb), 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 icddrb 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, Thomas Barry, Munir Alam, David Sack, Kenneth Dye, Jeffrey Gonya, David A. Weisbrod, Sayed Monjural Islam, and John Clemens. At the end of 2017, the total endowment was valued at $12,511,823 ($11,479,909 at the end of 2016) 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 and register.
## Financial Statement

### Year Ending December 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue and other support</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$ 40,550</td>
<td></td>
<td>40,550</td>
</tr>
<tr>
<td>Corporate contributions</td>
<td>247</td>
<td></td>
<td>247</td>
</tr>
<tr>
<td>Individual contributions</td>
<td></td>
<td>67,035</td>
<td>67,035</td>
</tr>
<tr>
<td>Charitable Campaigns</td>
<td>8,660</td>
<td></td>
<td>8,660</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-kind contribution</td>
<td>6,000</td>
<td></td>
<td>6,000</td>
</tr>
<tr>
<td>Investment Income</td>
<td>32</td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>30,039</td>
<td>(30,039)</td>
<td></td>
</tr>
<tr>
<td><strong>Total support and revenue</strong></td>
<td>85,528</td>
<td>36,996</td>
<td>122,524</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services</td>
<td>110,394</td>
<td></td>
<td>110,394</td>
</tr>
<tr>
<td>General and administrative</td>
<td>11,593</td>
<td></td>
<td>11,593</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>121,987</td>
<td></td>
<td>121,987</td>
</tr>
<tr>
<td><strong>Change in net assets</strong></td>
<td>(36,459)</td>
<td>36,996</td>
<td>537</td>
</tr>
<tr>
<td><strong>Net assets—beginning of year</strong></td>
<td>39,609</td>
<td>26,352</td>
<td>65,961</td>
</tr>
<tr>
<td><strong>Net assets—end of year</strong></td>
<td>$ 3,150</td>
<td>63,348</td>
<td>66,498</td>
</tr>
</tbody>
</table>

This report prepared by:
Maze and Associates Accountancy Corporation
Full report available by request
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