



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



*Annual Report 2007*



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# Message from the Chair

Dear Friends,

We are very pleased that in 2007 we were able to fund more small grants than ever before. This was made possible because of funds available from the Smith trust fund reported in last year's annual report, by the donors to a memorial fund for one of our founding trustees James Bausch, by our board members, and by other generous donors.

Funding for our Innovative Small Grants was provided to a program in the **United States (Los Angeles), Lesotho, Ghana, Uganda, Pakistan, Kenya**, and three in **India**, following the reviews of over a hundred letters of intent and 63 proposals. We also funded three humanitarian proposals, that is, those we felt were not innovative, but yet worthy of supporting. Details of these proposals are found in this Annual Report.

We are very pleased with the many reports we are receiving which confirm the value of our small grant programs. They also are outlined in this report.

Ms. Esther Lazarson is continuing to provide funds for provision of safe water for mothers and children in Bangladesh, work which is being carried out by EPRC, an NGO directed by Dr. Bilqis Haque. To date, they have provided safe water for almost 17,000 families.

We have invited two new members to join the Board of Trustees. One is Alex Lilavois, Vice-President of Vyalex Global, Inc, a local business and Nand Wadhvani, a native of India who founded Rehydration Project, a self-funded non-profit organization. We expect great things from them.

The Foundation is continuing to provide logistic support for the International Centre for Diarrheal Disease Research (ICDDR,B) and an NIH-funded cholera project, both in Bangladesh, and continues to facilitate funding to the Centre in Bangladesh. This past year the Centre experienced the worst flood ever, leading to an escalation of patients coming to the hospital with severe diarrhea. They needed to work fast to provide all the materials needed for up to 1000 patients a day. Their success in saving so many lives is a tribute to their experience and competence.

We trust you will continue to support our activities with your interest and financial contributions.

Sincerely,  
R. Bradley Sack, M.D., ScD.,  
Chairman, Board of Directors



**CHILD HEALTH FOUNDATION NEWS** was published three times in 2007 and each issue was mailed 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.

# Child Health Foundation

## History

Child Health Foundation was established in 1985 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.

## Mission Statement

Our mission is "to save the greatest number of children's lives at the lowest possible cost." We accomplish this through our unique network of health professionals and organizations committed to improving health policies and practices. We operate as an independent agent of change, seeking and promoting more effective, easily delivered and less-expensive methods to prevent illness and death of children, such as prevention and treatment of diarrheal diseases with oral rehydration therapy, breastfeeding, good nutrition, and immunizations.

## Members of:

Better World Strategies LLC  
Charity America.com  
Children's Charities of America  
Global Health Council  
Guidestar  
Independent Charities of America  
Maryland Association of Nonprofit Organizations  
Mission Fish  
National Alliance for Nutrition and Activity  
National Committee for World Food Day  
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.



## We do the following:

**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**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 in the U.S. and in developing countries. **And** we reach out to communities in emergency need due to catastrophic storms, earthquakes, famine, or epidemics.

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

## 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); Tropical Institute of Clinical Health in Africa (TICH), 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 health workers, investigators, and 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 infants and children. In 2007 we were happy to award nine of them through gifts from the **Leonard D. Andrew Family Fund, the James Bausch Memorial, Trustees William B. Greenough, III., and R. Bradley Sack,** and other generous donors. They, as well as brief reports from the completed projects of the previous years, are described here. **Complete reports are available upon request.**

## 2007 Small Grants Awards

- 1. Family Health and Development, A.P. India**  
A trial of micronutrient fortified salt
- 2. Crescent Education Society, A.P. India**  
Teaching hygiene in a mother’s club
- 3. Mothers Union Orphan Program, Kenya**  
Water purification training
- 4. Blue Veins, Pakistan**  
A mother’s support group encouraging breastfeeding
- 5. Haritika, U.P. India**  
Improve water supply, build latrines, teach hygiene
- 6. Rhythm Africa, Uganda**  
Malaria prevention
- 7. Boston University, U.S. with project in Lesotho**  
HIV/AIDS prevention
- 8. Ghanaian Mother’s Hope, U.S., project in Ghana**  
Sanitation in Schools
- 9. Public Health Department of Los Angeles, U. S**  
Support breastfeeding among African-Americans.

Beginning last year, we decided to grant some funds for purely humanitarian purposes, that is, not innovative, but meeting the needs of hunger, illiteracy, and disease, especially in the time of natural disasters. These four organizations each received a grant of \$1,500.

- 1. SEWA, West Bengal, India**
- 2. CARE Trust, A.P. India**
- 3. Poor Peoples Foundation Society, A.P. India**
- 4. Precious Child Education Centre, Uganda**

*Complete reports of all the projects within this report are available upon request..*

## 2006 Project Updates

1. We learned in the last report from the **Community Empowerment Initiative (CEI)** that in their area in Western Uganda, sanitation in the public schools was not a high priority, so they aimed to change that in order to reduce illness from water-borne and hygiene related diseases with a 2006 Small Grant.

The project was established in 25 schools where workshops were held focusing on such subjects as hand-washing, using latrines, and covering food. Facilities for these activities were put in place and the students themselves were incorporated into the cleaning-up by forming “sanitation clubs.”

They also held workshops for teachers and child leaders in how to promote personal hygiene and thus the students themselves enforced the practices. Such projects are of course sustainable, communicable and reach out to other communities. It was a very successful effort.

2. **Eclipse Development Initiatives** in Nigeria (2006 grant) is conducting what they call *Sweet Mother Program*, empowering parents and families with knowledge, resources, skills and behavior to ensure safe motherhood, healthy children and a good start in life for newborns.

They use counseling sessions and visual and auditory aids to promote breastfeeding, immunizations, oral rehydration therapy, and treated bednets to prevent malaria.

Their work was recently featured in a Lagos newspaper, in which Child Health Foundation was given credit for financing the project. We look forward to thier final report.



# Grants Continued

## 2006 Reports, continued from p. 5

**3. Dus Bhola** in Bangladesh set out to improve the health status of poor children through facilitating affordable environmental sanitation projects. They hoped to achieve the 100% sanitation coverage of 15 villages. By involving community based organization, they trained leaders in basic health and hygiene practices such as washing hands, using safe water, and covering food. They discouraged open defecation, encouraging instead the building and use of low-cost latrines, which were demonstrated on site.

As a result of their efforts, 15 villages reached the 100% use of hygienic latrines and maintained them well. They also abided by the instruction to follow the other health practices. The important thing, they say, is that the people see themselves as a community whose members affect and support each other. And now those communities act as facilitators for other communities.

**4. The Millennium Poverty Eradication Programme** in Uganda was instituted to help the United Nations reach their goals by 2015. The project consisted of a 3-day workshop attended by 36 community members and a follow-up evaluation.

In the workshop the volunteers were trained on the nutritional needs of the community. They aimed, among other things, to encourage breastfeeding and to reduce Vitamin A deficiency by raising household rich fruits and vegetables. They also gave instruction that would help reduce acute respiratory infection (ARI), malaria, and diarrhea, which are the major causes of illness among infants and children.

The participants were then instructed to take the information and instruct the parents in their communities.

The survey included 5 data-collection periods of 3 months each. Sixty children were evaluated and the incidence of ARI had already decreased from 49.5% to 11.2%, and 150 children under age 10 suffering from measles, malnutrition and malaria benefited directly from the program through timely detection and children were eating more nutritious foods. Mothers knowledge

had increased and their children were eating more nutritious foods. Over time this improvement will no doubt increase and spread.

**5. Umoja Women's Group**, in Kenya, has submitted their final report, though it hasn't been easy. But whereas they lack the technical equipment for writing reports, their project was a great success.

As reported before, 30 children living with grandparents were the beneficiaries of this project. The caregivers were trained in health issues of the children and they in turn are able to train others.

The group built a cow shed, now have four cows, and learned that keeping them safely in the barn protects them from ticks and tsetse flies. These are providing milk for the children. Three acres of grassland provides feed for the cows.



*Children celebrate Children's Day*

An already existing chicken farm was increased by 100 additional chickens. The community began bringing in their eggs to be hatched by the farm and then collect the chicks later leaving behind 3 of them as payment. The hatchery, however needs better equipment to handle more eggs in order to better serve the needs of the community.

The needs in this area are great and this project has helped, but they are hoping to get funds to expand.

**6.** Because worms in children cause uncomfortable symptoms, the **Center of Research in Food and Development (CIAD)** in Mexico, initiated a study to discover the impact of an education model on the prevalence of intestinal parasitic infections in school-children during a deworming campaign.

Thus far, they have collected the necessary equipment, trained 3 chemist-biologist students and sent them to sample 150 children and distribute questionnaires. They found 25% of them infected with the worms and they were treated. The study continues.

**7. Kossoye Project** in Ethiopia gave tetracycline eye ointment treatment to everyone in the village for 6 days/month for 6 months, and taught them to wash regularly around the eyes/nostrils and to maintain sanitary latrines to control the flies that spread the infections. They have completed another year (2005 Small Grants also) of their intervention to reduce the prevalence of eye infections (especially trachoma) by 50% in children under age 10.

Their other objectives were to establish early use of oral rehydration therapy (ORT) for diarrheal disease, to train child care givers in preventing malnutrition and to prepare older elementary girls in the ways to prevent sexually transmitted diseases.

**The project was a great success**, reduction of trachoma prevalence from 94% to 26%, widespread use of ORT, and improved knowledge of STD among students in the school. The only disappointment has been signs that severe stunting malnutrition has become worse. Hope is that the new interest in vegetable gardens that have been planted will help with this problem. They also provide income for other family needs and are a sustainable way to help families help themselves.

# Grants Continued

## Humanitarian Grant Updates 2006

### 1. Mir Jaffar Khan Jamali (MJKJ) Foundation

in Pakistan implemented a project in their area to provide curative and preventive health services for children. In this locale, as many as 87 of every one thousand children die annually from such diseases as diarrhea, pneumonia, malnutrition, malaria, and hepatitis. And while this project was underway, an epidemic of leishmaniasis hit the region by way of sand flies and required mobilizing a treatment program. Notice the lesions on this child's face caused by this tropical disease.



To accomplish their goals, with a 2006 Small Grant, the organization established a clinic and supplied it with medicines to treat and immunize 1608 children, as well as other members of their families.

They also trained and equipped 10 health workers from various locales in remote areas of the district to serve by informing their communities about basic hygiene practices and family planning. Thus they spread the good news

2. In an orphanage in the Sunderbans in northern India, the demand was great for some way to meet the health needs of the children pictured here—some 28 of them. Dr. Bradley Sack, Child Health Foundation President visited the orphanage of **SEED Welfare Society** in June, arriving there from Calcutta by car, boat and wagon, and was much impressed with how much could be done with so little.



The nearest medical resource previously 4 hours drive away, the children now are much more secure with facilities to combat such frequent medical problems as diarrhea, respiratory diseases, typhoid, and snake bites. The clinic has regular visits from qualified medical technicians.

The orphan children are fed well and given a happy environment which is totally opposite the general village situation, wrought with lack of good soil for growing vegetables and polluted water. Honey is the prized source of livelihood, but the men who hunt for it in this forested area are often killed by tigers or crocodiles, leaving their wives widowed and their children "orphaned."

3. **Community Support Initiatives** in Kenya set out in November to improve the health of orphans and other needy children by producing honey and edible oil from sunflowers. They successfully trained caregivers in bee-keeping and sunflower production to create a sustainable program of healthy foods. Thirty beehives have been purchased.

Already, 2,000 litres of edible sunflower oil have been produced benefiting 30 households. Soon they will begin selling the surplus oil to improve household income by 20%.

Another outcome of the endeavor is that the family goats are fed the seed cakes from the sunflowers and then give nutritious milk for the children. Two hundred children have benefited from this.

The organization discovered that, in fact, three villages have reported a reduction in visits to local health facilities. And they say 50 other community members have made inquiries about running these projects.

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## Other Project Reports

1. **Butoke**, a 2005 recipient of a Small Grant in the Democratic Republic of Congo, submitted a final report on a program creating a core of resource persons and trainers embedded in the base communities to become competent to enlighten youth and adults on responsible sexuality in the light of faith and science. HIV/AIDS is a very prevalent problem there.

The number of workshops jumped to 16 from a previous 4 with a total of 1400 participants, and they are very well accepted and promote lively discussion. The discussions have also alerted them to the link between human rights of both women and children and the contradictions between the customs and these rights.

They feel that for now they have an adequate number of trainers to go back to their parishes and temples to give sound advice to teens.

2. Focusing on the prevention of HIV/AIDS and other sexually transmitted diseases among young people, through peer groups and mass education in the schools and community, the **Rural People's Development Society** in South India (2004 Small Grant) has submitted their final report.

About a thousand teenagers in ten schools were visited 30 times to educate them about the harmful effects of sexually transmitted diseases. In addition, 20 villages held 3 meetings per month plus messages given in the market place; condoms were distributed to

*continued on page 8*

# Other Activities

## Update on Water Program

### Environmental and Population Research Centre (EPRC), Bangladesh

EPRC set out in 2002 to develop appropriate techniques for management of safe drinking water for children in relation to floods in areas which experience these annually. It continues because of the generous donations from Miss Esther Lazarson of New York City,

There has been unfortunately a lack of information about appropriate ways to manage safe water for children during flood seasons, which occur annually. And the precautions that are known by scientists are usually not carried out by the families, nor is the simple oral rehydration therapy always known and used by children's caregivers when diarrhea occurs.

During the latest phase, activities commenced in four villages. All the previously installed water wells were inspected and found to be in full use and arsenic-safe. Twenty-one more tubewells providing safe water were installed serving a total of 2,322 people, almost a thousand of them children, bringing the total number served to **16,939**. Arsenic above the safe level was found in 18 of the 39 tubewells bored, leaving only 21 useable.

The community is also asked for a small financial contribution for their water to give them an investment in it. The money received is used to buy books and pay teachers for four nursery and Class I schools, which have a total of 132 children. The teachers were given a refresher course by the EPRC supervisor.

Because much time has been saved with the new water availability, it seemed appropriate for the EPRC to use that time to begin a women's empowerment program in 2006. Women's clubs continue successfully at the schools where the mothers were encouraged to get involved in homestead gardening, literacy and health education (HIV/AIDS prevention, family planning, etc.). There are now four clubs with at total of 69 women.

Evaluation of this program was carried out:

1. 100% of the women learned signature and alphabet writing.
2. Most could report proper hand-washing method.
3. Most knew the impact of using a sanitary latrine.
4. 61% ate the vegetables grown by the club.
5. 21% sold vegetables from their garden.

## Other Projects, *continued from p. 7*

commercial sex workers. And forty programs were broadcast on television.

All this was done by folks trained by the organization to reduce the rate of infection as well as counsel victims and reduce the stigma which causes communication barriers in the community and the family.

## Ceralyte Distribution

In 2007, communities in Liberia, India, Guyana, Honduras, Rumania, Bolivia, Cambodia, and others, received the oral rehydration product. CeraLyte is manufactured by Cera Products, Inc. of Columbia, Maryland and donated by Cumberland Pharmaceuticals in Nashville, Tennessee.



Direct Relief International delivered the product which saves children's lives by rehydrating them when they have severe diarrhea

The donation to Child Health Foundation totaled almost \$475,000. The benefit to the international public however is not possible to calculate. A hospital pharmacist in Guyana said of CeraLyte: It is easier to tolerate than other ORS's we have used, hence it is easy for children to use." All of the locations receiving it report good results and need more.

We are grateful to Cera Products, Cumberland and Direct Relief for their dedicated service.

*Pictured here is Mercy Giah with her 20-month old son, Darius. They live deep in Liberia's interior. Darius had been suffering from diarrhea for several days and when he became very weak, his mother carried him to the nearest clinic, over one hour walking distance. At CAM's*



*Barseegiah Community Clinic, Darius received CeraLyte, and soon was remarkably rehydrated and back to normal. The doctor there had heard about CeraLyte and stocked his shelves with this life-giving oral rehydration.*

## Anemia and HIV

Forty-five children have so far been enrolled in a study by **St. Johns National Academy of Health Sciences** in Bangalore, India, to assess the role of anemia among HIV-infected children, aged 2-12. They found that the effect of antiretroviral therapy on the anemia was marked, i.e., 17 of the 28 children who did not receive the therapy had high rates of anemia while only one of the ones on therapy was anemic.



Another finding was that iron supplements and dietary advice made only a minor difference, therefore further study is required to learn the cause of the anemia. We look forward to their final report.

# ICDDR,B Collaboration

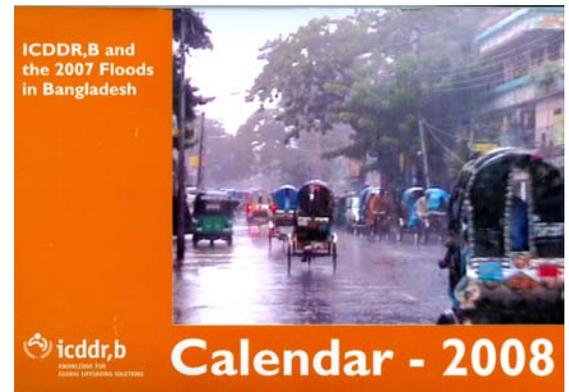
*The International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B) in Dhaka, Bangladesh is an international institution for research, training and services in child health and reproductive health. The Foundation and the Centre share the vision of a world where the use of cost-effective health technologies reduces preventable child deaths and improves the lives of millions around the globe. Child Health Foundation is the US. office for the Centre where we, make it possible for Americans to donate tax-deductible dollars. We also do the mailing of their periodical, both to the Centre and from them to their U.S. readers, and make orders and send them scientific materials.*



## Centre Fund Program

The Centre Fund is a program which assists the ICDDR,B in raising funds which insure continued vital contributions to health worldwide by:

- ◆ ·attracting the best scientists and researchers from both developed and developing countries;
- ◆ ·expanding health education and training for professionals, policymakers and trainers;
- ◆ ·maintaining state-of-the-art hospital, laboratory, and computer equipment;
- ◆ ·carrying out rapid response to international refugee crises and new epidemics;
- ◆ ·establishing new research initiatives;
- ◆ ·sponsoring scientific conferences and lectures;
- ◆ ·detecting new emerging diseases;
- ◆ strengthening the library; and
- ◆ providing free, life-saving care



Photos in 2008 ICDDR,B calendar capture their dramatic response to the 2007 most severe floods and cholera epidemics in Bangladesh.

Endowment is essential since project funds are restricted to the specific tasks for which they are provided. Important to the overall goals of ICDDR,B are activities that build for long term growth and productivity as well as immediate urgent needs of serving those who are ill and poor and turn to the Centre for care. There are three separate categories for which endowment funds are raised. The first is the Hospital fund to which the Swiss Government has given impetus with generous gifts. This provides care for those afflicted with diarrheal diseases and their complications. The Centre itself has also been successful in raising support locally for this fund. The second fund is for child survival with a broader perspective and represents a major donation by USAID to this end. The third fund is a general endowment to which many donors have contributed over the years. It is to make possible education, communications, and scientific and humanitarian exchanges that could not be supported from project or programmatic funds.

From its inception in 1985, Child Health Foundation has assisted the Centre in many activities, including fundraising, project assistance and public relations. 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. A Centre Fund committee serves in an advisory capacity to the Centre's Director and Board of Trustees. Members of this committee as of 12/31/07: William B. Greenough, Rita Colwell, Norman D'Cruz, David Sack, Aniruddha Neogi, Terence H. Hull, and David A. Weisbrod. At the end of 2007, the total endowment was valued at \$10,388,812 (9,933,014 at the end of 2006) and is managed by TIAA/CREF of St. Louis, Missouri. During 2007, Child Health Foundation expended \$71,402 of its resources on behalf of the Centre's work; the Centre provided \$25,000 to assist us in this effort. Other contributions that the Foundation received for the Centre's endowment in 2007 totaled \$32,934.

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David a. Weisbrod  
Joachim A. Weissfeld  
Julie Welch  
Tabitha West  
James J. Winiarski  
Donna Wolfe  
Colette Woodards  
Sara and Spofford Woodruff  
Erica Worhatch  
Yongning Yu  
Laura Zachary  
Sm. Zaman  
Xuueyan Zheng  
Steve Zilliacus  
Nahid Zodjadj

## Corporate Contributions

Cera Products, Inc.  
Children's Charities of America  
Combined Federal Campaign  
Franklin Memorial Hospital (Maine)  
Independent Charities of America  
Internet Marketing Solutions  
Lehman Brothers  
M. Benefit Solutions  
Maryland Charity Campaign  
Maryland Presbyterian Church  
Network for Good  
Omidyar Network Services  
Progressive Casualty Insurance Co.  
REI – Recreational Equipment, Inc.  
Riverside Computer Consultants, Inc.  
Rotary Club of Columbia-Patuxent  
Temple Beth-El  
The Columbia Bank  
The Progressive Insurance Foundation  
United Way of Central Maryland  
United Way of Delaware  
United Way of Rhode Island  
Vyalex, Inc.

# Financial Statement

Year Ending December 31, 2007

	Unrestricted	Temporarily Restricted	Total
<b>Revenue and other support</b>			
Grants	\$ 43,933	121,468	165,401
Grants-in-kind	474,676	-	474,676
Corporate contributions	34,071	-	34,071
Individual contributions	18,752	-	18,752
CFC?United Way	20,085	-	20,085
Interest, dividends and other investment	6,330	-	6,330
Miscellaneous	560	-	560
Satisfaction of program restrictions	143,468	(143,468)	-
<b>Total revenues and other support</b>	<b>741,875</b>	<b>22,000</b>	<b>719,875</b>
<b>Expenses</b>			
Program services	749,110	-	749,110
General and administrative	27,870	-	27,870
<b>Total expenses</b>	<b>776,980</b>	<b>-</b>	<b>776,980</b>
<b>Change in net assets</b>	<b>(35,105)</b>	<b>(22,000)</b>	<b>57,105</b>
<b>Net assets—beginning of year</b>	<b>254,959</b>	<b>33,431</b>	<b>288,390</b>
<b>Net assets—end of year</b>	<b>\$ 219,854</b>	<b>11,431</b>	<b>231,285</b>

**This report prepared by independent auditors: Goodman and Company, L.L.P.  
Full audit available on request**



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

**W**e 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 below.

**Administrative costs in 2007 were only 3.8%**

**Child Health Foundation.  
10630 Little Patuxent Parkway, Suite 126  
Columbia, MD 21044**

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