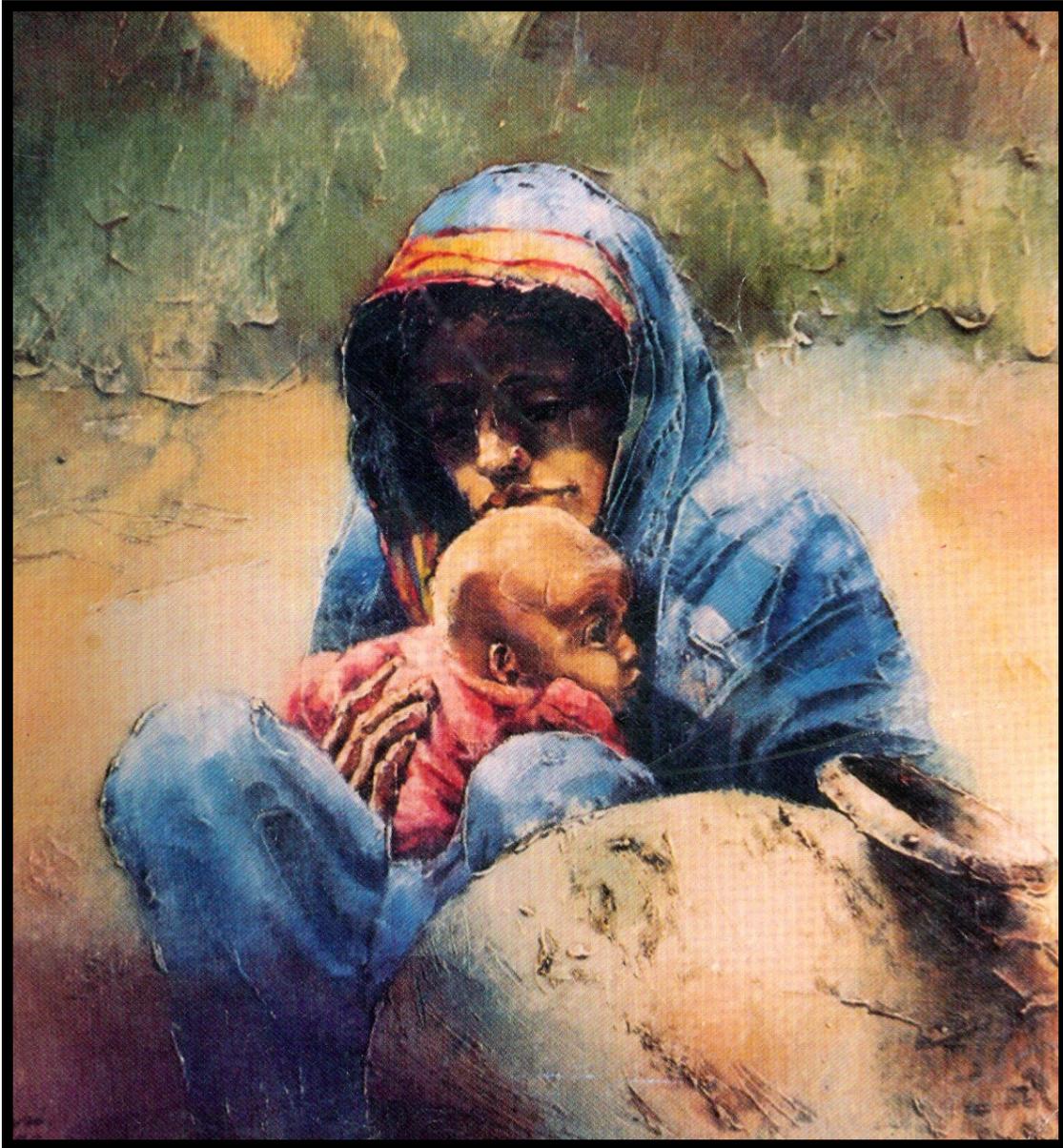




...saving the greatest number of children's lives at the lowest possible cost



Asem Ansari

Annual Report 2008



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

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Message from the Chair

Dear Friends,

We are delighted to let you know that even with the distressful economic crisis looming, Child Health Foundation was able to fund ten small grants in late 2008. These \$3,000 to \$5,000 grants support programs that are now able to supply clean water, improve nutrition, prevent disease, and otherwise contribute to saving and improving the lives of children in **Uganda, India, Nepal, Indonesia, Guatemala, Pakistan, Kenya, and the United States**. The USA grant is in Minnesota among the Native American population and supports a breastfeeding promotion program. We received over 100 proposals. After an independent, rigorous review process, modeled after NIH reviews, we identified many excellent proposals that were worth funding. It is a daunting task telling those who did not make the cut that we can not support their projects. If you would like to contribute a targeted gift, we would match you with a project and it could be yours to watch over for the year. A very rewarding activity!

We continue to receive excellent reports from past grantees. You can read about some of them in this report. We also make available the entire report for anyone who would like to have a copy. Seeing the pictures they send and reading the descriptions of their work convince us that the work Child Health Foundation does is unique and reaches the lives of millions of children throughout the world.

We would like to acknowledge one of our faithful supporters, Esther Lazarson, who has been supporting a project in Bangladesh that provides clean water for villagers, saving children from life-threatening diseases. This year Miss Lazarson is also financing a project in the Democratic Republic of Congo to prevent rape and treat women who have been raped. Unfortunately the prevalence of violence toward women is high due to political tensions in The Congo.

With the donation of CeraLyte from Cera Products, Inc. and the competent distribution facilitation of Direct Relief International, we were able to supply the survivors of the Myanmar cyclone disaster with oral rehydration solution to treat diarrheal diseases, a serious threat in refugee settings.

We added a new board member in 2008, Dr. Abdullah Baqui, an Associate Professor at The Johns Hopkins Bloomberg School of Public Health. Dr. Baqui is a native of Bangladesh who adds an experienced career in international pediatric medicine to our board.

The Foundation continues to provide support to the International Centre for Diarrheal Disease Research (ICDDR,B) in Bangladesh through logistical support, facilitation of funding, and an NIH-funded cholera project.

We thank you for your generous support in the past. We appreciate your comments and your assistance in enabling the Child Health Foundation to fulfill our mission of "saving the greatest number of children's lives at the lowest possible cost." We welcome your donations as we look forward to new opportunities to improve children's lives.

Sincerely, Maureen Black, PhD
Chair, Board of Directors



CHILD HEALTH FOUNDATION NEWS was published three times in 2008 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. The newsletter can also be viewed on our website.

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:

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:

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.

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 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.

Public 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); 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 2008 we were happy to award ten of them through gifts from our Board of Directors 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.

2008 Small Grants Awards

Women Protection Society, Uganda

Training women to make bio-sand water filters

Sahara, Orissa, India

Introducing low-cost solar-based LED home lighting systems

Nyaya Health, Nepal

Educating Home Health Workers to improve child nutrition and health

National Institute of Health Research and Development, Indonesia

Reducing the prevalence of worm infections

Wuqu’ Kawoq, Guatemala

Studying child growth among indigenous population

Integrated Rural Development Programme, Pakistan

Teaching childcare givers about ORS, breastfeeding and growth monitoring

American Indian Family, Minnesota, U.S. Training Dou-las to increase breastfeeding rates

Kodera Women Group, Kenya

Creating a source of income and better nutrition by manufacturing peanut butter

Beginning in 2006, we decided to grant some funds for purely humanitarian purposes, that is, not innovative, but meeting directly the needs of hunger, illiteracy, and disease, especially in the time of natural disasters. These two were funded in 2008.

Bukalama Youth Group, Kenya

A fish and poultry project

Medical Society, Andhra Pradesh, India Preventing and treating HIV-infection

2007 Project Updates

1. This is the final report from a program in India by **Crescent Educational Society.**

Mother’s clubs were formed in four villages with 90% of pregnant women’s participation. Education by lecture, demonstration, and film included:

a. Personal hygiene and neo-natal care.

b. Importance of immunizations (Children were vaccinated every Saturday)

c. Importance of nutritious food (vegetable seeds and plants were distributed and kitchen gardens encouraged)

d. School safety (first-aid kits distributed)

In two of the villages, soak pits were formed. They are designed to distribute household waste water and rain water into the soil structure.

Prizes were given for the “best” healthy baby and articles were published about the project in the local newspaper. News of this successful project will undoubtedly reverberate into the neighboring locals.

2. The **Family Health and Development Research Service Foundation** in South India set out to establish the effectiveness of a multiple micronutrient fortified salt in addressing micronutrient deficiencies among children compared to routine health education currently practiced by physicians in rural India.

Thus far, 275 children, aged 5 to 15, both boys and girls, have been enrolled in the study. They have established the hemoglobin level of each of the children and their plans are to give one group fortified salt and health education, the second group only the health education, and the third group will be the control, receiving only primary care.

The study continues and we look forward to the results.

Grants Continued

3. A grant made possible the construction of 173 latrines in 3 villages, and a clean water project has benefited 991 people.

The Indian organization **Haritika** has facilitated the strengthening of the long term capacity building of all community members to manage their water supply and basic sanitary services so that they can be maintained, operated and replaced. There is no doubt that children's health is being affected by these efforts.



See case study below

Maida Devi smiles when you ask her about the changes in her community. That is because now she saves time and energy that were once spent trudging for water. And life is safer for her now that she does not have to go out during dark to relieve herself. Her health has improved with clean water, the latrine, and the drainage pits dug around her house that prevent malaria. She has more time with her children and, of course, they too benefit from the facilities that prevent them from getting diarrhea, typhoid, and malaria.

4. In Los Angeles, California, **Great Beginnings for Black Babies**, with one of our 2007 Small Grants, set out to assess the attitudes, influences and experiences toward breastfeeding by African American mothers.

They have so far completed four focus groups with 57 pregnant women and mothers with babies under two years. Their plans are to develop breastfeeding education curriculum.

In the focus groups they discovered that pain is the predominant hindrance to breastfeeding in this population, whether by experience or just word of mouth. Social stigma comes in second. They will report again when analysis of the data is complete.

5. Post-election violence has delayed intended work by the **Mothers' Union Orphan Program** in Kenya, but they are now up to a good start (July 08).

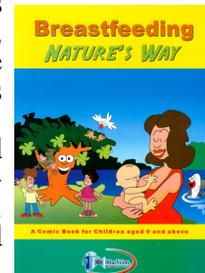
They have been working on a plan to train the villagers in water purification and have had overwhelming success so far. They have trained thousands of guardians and community members and have received enthusiastic reactions from them.

The next step is to have the recipients respond on the questionnaires that they have prepared. We will report later their final results.

6. **Blue Veins** in Pakistan has sent us their final report. They say, "The project by any account can be viewed as a success. The increased amount of awareness towards women's right to breastfeeding represents a vast cultural change.

The workplace was the main focus of these meetings in order to give the women rights to breastfeed on the job, since continuing work is so important. Exclusive breastfeeding for six months was encouraged with continuation after other foods are introduced. A majority of women, they learned, were not aware of the issues important to their baby's health.

A comic book was published and distributed giving children a heads-up about the values of breastfeeding. Some 2200 of the booklet pictured here have been distributed so far.



7. **Ghanaian Mothers' Hope, Inc.** in Ghana, a 2007 Small Grant recipient, conducted 3 educational information workshops on health, hygiene, first-aid, nutrition and oral-rehydration (ORS). Children were then monitored for one year and an immunization program was provided for those children whose immunizations were not up to date. This is their interim report.

The program which included, in part, instruction on breastfeeding and weaning, cooking demonstrations, and hand-washing instruction, as well as disease prevention and treatment with ORS, was well received by the mothers who demonstrated a great need for such information. The group believes that this education will impact well on the children. With the involvement of the Ghanaian Health officials, programs like this will continue in other villages.

8. From November 2007 through April 2008, six performances, using drama, music and dance were held in six venues in Uganda by **Rhythm Africa** (2007 Small Grant), educating children about preventing malaria. Q and A sessions were then held and mosquito nets and swatters were distributed.

The project will continue and we look forward to their final report.

Humanitarian Grant Reports

1. Sixty-two more children in South India received nutritious food as a result of one of our Small Grants in 2007. **Charity Action Relief and Education Trust** carried out this activity on behalf of the needy children in neighboring villages. The children were given eggs, milk powder, calcium tablets, and Bournvita, a chocolate, high calorie beverage.

Grants Continued

Humanitarian Reports, *continued*

2. Common diseases caused by contaminated water are common in this study area of North India and visits to the doctor drain the financial resources of an already poor community as well as risk the lives of the children. **The Social and Economic Welfare Association (SEWA)**, was determined to find out what could be done.

First they did a survey in 9 villages, discovering, among other things, that the causes of illness are related to eating stale food, not having proper lavatories, and lack of personal cleanliness.

Their next step was to educate the public about the causes and encourage them to improve their habits. The people were very receptive of this attention and SEWA found that already the rate of infection had dropped by about 12%. They have also influenced the government to improve their healthcare facilities.



The photo depicts a Community Health Volunteer conducting an Awareness Generation Camp on Community Health Education by involving community mothers of the area.

3. The **Precious Child Education Center** in Uganda held two seminars for children and their parents infected with HIV, working to reduce the stigma of the disease, increase their attendance at school, and give love and support to those who have lost their parents. This is an interim report from one of our Humanitarian grants.

One of the children's responses when asked how she found the program: "It is so good and encouraging because before we thought we had no future and we were waiting for our death but now we know we can live positively."

Emergency Aid

Child Health Foundation was able to help survivors of the Myanmar cyclone disaster and individuals in Africa thanks to a donation of 17 pallets of CeraLyte-70 Lemon Ready to drink oral rehydration solution (ORS) and 1 pallet of CeraFlu ORS, through Direct Relief International, which helps directly in disaster areas. Close to 20,000 liters of CeraLyte were donated and enough CeraFlu ORS to treat nearly 10,000 people with influenza. The retail value of the donation was \$105,760 combined.

Other Project Reports

1. A 2006 grant, the **Center of Research in Food and Development (CIAD)** in Sonora, Mexico, have sent their final report on a study to discover the impact of an education model on the prevalence of intestinal parasitic infections in schoolchildren during a deworming campaign.

Space does not permit the description of the education model, which of course included methods to improve the hygiene of the children so that they would not be subject to parasitic infection. However, here are the results after the final evaluation:

a. Mothers pointed out that their children are more concerned to show clean hands and short nails, well combed hair, teeth brushed, and daily shower.

b. The level of knowledge among the children improved in 79% of those infected.

c. The teachers noticed changes in the classroom, i.e. no perceived odors, lice gone and improved performance as a result.

d. Only 2 of the 100 children tested for parasites in June were infected—down from 28 in October.

The researchers say that these results will encourage authorities to promote education not only in northwestern Mexico, but also in the rest of the country.

2. **Eclipse Development Initiatives** in Nigeria (2006 grant) finalized their *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, and oral rehydration therapy, and treated bednets to prevent malaria.

The program was carried out in 4 health centers and reached 1,954 nursing and pregnant women. In all, about 124 babies were safely delivered, vitamin A, mosquito nets, oral rehydration solution and anti-malarial drugs were distributed, along with the instructions relating to all of these.

Posters, leaflets, handbills were used, three books have been written (undergoing review), and two newspapers carried articles about the program. We expect this good news to spread to other communities

In May, Child Health Foundation donated \$2,000 to help the victims of the May 12th Chinese earthquake, the strongest in 58 years. Our donation went to Global MD and was then channeled through the Chinese Red Cross and the Ministry of Health Disaster Relief Center.

Other Activities

Update on Water Program

The Environmental and Population Research Centre (EPRC) began a project in 2002 in Bangladesh to develop appropriate techniques for management of safe drinking water for children in relation to floods in areas which experience these annually continues with great success and efficiency. We owe this to the generous donations from Miss Esther Lazarson of New York City.

During the last 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, 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 recently 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: 100% of the women learned signature and alphabet writing, most could report proper hand-washing, most knew the impact of using a sanitary latrine, 61% ate the vegetables grown by the club, and 21% sold vegetables from their gardens.

A Quest for Safe Drinking Water by Rural Coastal Women in Bangladesh

A booklet outlining the project from its beginning has been published. It includes a poem by Miss Lazarson.

Help for Victims of Cholera

Since August 2008, cholera has spread through the African country of Zimbabwe, never before as severe as this epidemic. Sponsored by Child Health Foundation, **Drs. Eric Nelson and Danielle Kauk** from Boston, who worked in coordination with our Board Director, Dr. David Sack, to develop a method for treating cholera at the International Centre for Diarrhoeal Disease Research in Bangladesh, traveled to Zimbabwe in December. This method called COTS teaches physicians, nurses and other health workers how to effectively treat cholera patients during a massive outbreak.

Drs. Nelson and Kauk reached a rural, 100-bed hospital treating hundreds of cholera patients, where they helped to upgrade the management of cholera. Using the COTS "pocket cards," they were able to quickly teach even inexperienced nurses how to assess dehydration and replace the needed fluids. In the process, they also were able to understand how to make the COTS more practical when used in the middle of an epidemic, not simply in a classroom or in an equipped ward.

Many of the supplies so critical for treatment, like oral rehydration solution, IV fluids, and antibiotics as well as new latrines to limit water-borne spread, were provided at this hospital through agencies like the Red Cross and Medicine Sans Frontiers. However, these basic medical supplies are generally lacking at other government facilities. Other supplies needed were plastic sheeting for the beds, bottles for water for patients who had long walks home, and zinc tablets for children.

Because of the collapsing infrastructure, available water is contaminated, the people lack means to purify it, and simple supplies like hand soap, water purification packets, and disinfectants are not available within this economically troubled country.

Since returning to the USA, Drs. Nelson and Kauk have briefed several public health agencies about their findings. Hopefully, their observations will result in practical measures to reduce the cholera burden and save lives in Zimbabwe.

The COTS program CD's are available from Child Health Foundation for \$5 each. The CD is an electronic training manual for the immediate management of a cholera outbreak.

It is also available on their website: www.cotsprogram.org

New Project in Congo

A donation of \$10,000 from Esther Lazarson of New York has made help possible to women in the Democratic Republic of Congo who have been raped. Because of the political tension in this country and the influx of refugees, women have been terrorized, especially by Congolese troops.

The organization, **Butoke**, will care for the raped victims, but also work to prevent rape by organizing broadcasts and face-to-face discussions on the rights of women.

Then they hope to help the victims reintegrate into society by giving them micro-credit and helping them to help themselves.

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 periodicals, both to the Centre and from them to their U.S. readers, and make orders and send them scientific materials.



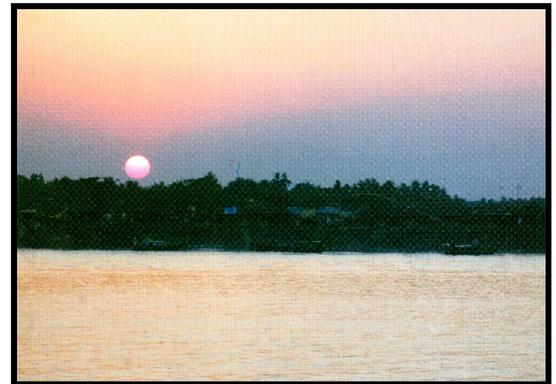
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KNOWLEDGE FOR GLOBAL LIFESAVING SOLUTIONS

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



2008 ICDDR,B Holiday Card.

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 12/31/08: William B. Greenough, Rita Colwell, Norman D'Cruz, David Sack, Aniruddha Neogi, Timothy Evans, Alejandro Cravioto, Jeffrey Gonya, Jose Santos Preciado, and David A. Weisbrod. At the end of 2008, the total endowment was valued at \$7,716,814 (\$10,388,812 at the end of 2007) and is managed by TIAA/CREF of St. Louis, Missouri. During 2008, Child Health Foundation expended \$48,743 of its resources on behalf of the Centre's work; the Centre provided \$26,000 to assist us in this effort. Other contributions that the Foundation received for the Centre's endowment in 2008 totaled \$20,246.

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Year Ending December 31, 2008

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	\$ 3,897	66,000	69,897
Grants-in-kind	81,529	-	81,529
Corporate contributions	1,957	-	1,957
Individual contributions	42,211	-	42,211
CFC/United Way	30,466	-	30,466
Interest, dividends and other investment	4,361	-	4,361
Miscellaneous	1,366	-	1,366
Satisfaction of program restrictions	58,431	(58,431)	-
Total revenues and other support	225,218	7,569	232,787
Expenses			
Program services	249,252	-	249,252
General and administrative	17,668	-	17,668
Total expenses	266,920	-	266,920
Change in net assets	(41,702)	7,569	(34,133)
Net assets—beginning of year	201,854	11,431	213,285
Net assets—end of year	\$ 160,152	19,000	179,152

**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

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 below.

**Child Health Foundation.
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