



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



*Annual Report 2009*



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

## **2009 Board of Directors**

**Leonard D. Andrew**  
Attorney and Arbitrator

**Abdullah Baqui**  
Associate Professor, Johns Hopkins University

**Maureen Black, PhD.** (Co-chair)  
Pediatric Psychologist, University of Maryland

**Rita Colwell, PhD**  
Professor, University of Maryland

**William B. Greenough, III, M.D.**  
Professor, Johns Hopkins University

**Pamela Johnson, Ph.D.**  
Executive Vice President, Voxiva

**Jean B. Nachega, M.D. PhD.**  
Assoc. Scientist, Johns Hopkins University

**Nathaniel F. Pierce, M.D.** (Treasurer)  
Professor Emeritus, Johns Hopkins University

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

**Tim Shi**  
Executive Director, Global MD

**Nand Wadhvani**  
Founder, Rehydration Project

## **2009 Advisory Board**

**Abby Glassberg**  
Vice-President, Trammell Crow Co.

**Susan Lisovicz**  
CNN Financial News

**Zahirah McNatt**  
Johns Hopkins University

**Bonita Stanton**  
Pediatrician-in-Chief, Hospital of Michigan

**David Weisbrod**  
Chase Manhattan Bank

## **CHF Staff**

**R. Bradley Sack, M.D. ScD.,** Director  
**Rosario Davison,** Director of Administration  
**Jo Sack,** Public Relations Director

### **Technical Assistance**

**Odin Wortman,** Web Designer  
**Nand Wadhvani,** Web Master

## **Past Trustees & Emeriti**

Geoffrey Arrowsmith

Mayra Buvinic, Ph.D.

Richard Cash, M.D.

John Costello

Anne Bruchesi

Charles CJ Carpenter, M.D

Joseph Deltito, M.D.

Hugh Downs

M.R. Bashir

Norbert Hirschhorn, M.D.

Norge Jerome, PhD.

Geoffrey Place

Robert Northrup, M.D.

Irene Jilson, Ph.D.

Lauren Harrison-White

Ronald E. LaPorte, M.D.

Norge Jerome, PhD

Barry Gaberman

Shirley Lindenbaum, PhD

Eric Marler

Adaline Satterwaite, M.D.

Beth Lamont

Harold Fleming

Bonnie Stanton, M.D

Erick Lensch

Kaye Wachsmuth

Charlene Riikonen

## **We especially honor our founding trustees who have died:**

James Bausch

Clifford Pease, M.D.

Katherine Elliot, M.D

William T. Mashler

David E. Bell

Omand Slonandt

David Rogers, M.D.

Amb. Jean Broward

Shevlin Gerard

# Message from the Chair

Dear Friends,

We are delighted to send you a copy of the Annual Report from the Child Health Foundation. 2009 has been a very productive year for the Child Health Foundation. For example, in our Small Grants Program, we reviewed over 300 letters of intent from countries throughout the world, invited 80 to submit proposals, and funded 12 excellent projects in 11 different countries. It was an extremely difficult task because many of the projects that we were unable to fund were innovative and deserving of support, reaching children at the greatest need, in line with the mission of the Foundation. The Board of Directors is reaching out to you and to our local community to ask if you could contribute a targeted gift to support an extremely worthy project in the Small Grants Program. If you donate \$5,000 to support one project, we will match you with a project that you may “adopt” and watch over for the next year. A very rewarding experience!

Our Director and his wife visited two projects this fall and found extremely valuable work in progress. In Bangladesh, they observed a water project that has been installing water pumps to give clean water to local children and their families. In India, they observed the clean up after a disastrous cyclone had struck an orphanage (previously supported by the Foundation) and now serving as a refuge to families who had lost their homes. Both projects were appreciative of the support from the Child Health Foundation and in both cases it was clear that their work was consistent with our mission to save and improve the lives of children.

The Board of Directors met three times in 2009, either in person or by teleconference. Meetings always included discussions on the Foundation’s ability to continue to support the Small Grants Program and to develop new initiatives to further our objectives. We are optimistic that even in these economically challenging times, we have been able to maintain our initiatives. We added a new member to the board, Dr. Jean B. Nachega, an Associate Scientist at The Johns Hopkins Bloomberg School of Public Health. Dr. Nachega is a native of South Africa where he holds a professorship at Stellenbosch University.

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. Perhaps one other sentence. We also continue a relationship with Cera Products, Inc. With a donation of CeraLyte and the competent distribution facilitation of Direct Relief International, we supplied oral rehydration solution for the treatment of diarrheal diseases to 19 countries suffering from natural disasters and to the residents of Baja, California who were affected by Hurricane Jimena in November.

We have been 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. 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 2009 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 and is sent by email on request.

# 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 Medical Charities of America  
Global Health Council  
Guidestar  
Independent Charities of America  
Maryland Association of Nonprofit Organizations  
Mission Fish  
National Alliance for Nutrition and Activity  
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); 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 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 infants and children. In 2009 we were pleased to award eight of them, as well as four purely humanitarian grants 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.

## 2009 Small Grants Awards

1. **Paribartan**, India, will provide training on the use of zinc therapy to reduce the severity of diarrhea.
2. **Blue Veins**, Pakistan, is reducing child mortality rates by debunking breastfeeding myths.
3. **Institute of Water and Sanitation Development**, Zimbabwe, plans to improve access to safe water by implementing a bio-sand filter system.
4. **Ethiopian Orphan Health Foundation**, Ethiopia, will train health workers to provide improvements in children’s health and nutrition.
5. **Research Center Food and Development**, Mexico, is studying to determine the prevalence of zinc and iron deficiencies in adolescent girls.
6. Another project at the **Research Center Food and Development**, Mexico, will study to reduce the prevalence of gastrointestinal infections associated with parasites.
7. **University of Ibadan, Dept. of Nutrition**, Nigeria, is educating pregnant mothers on exclusive breastfeeding, immunizations, and micronutrients.
8. **Tasca**, North Carolina, (in Nicaragua) plans to detect faecal contamination in rural water.

The four 2009 Humanitarian grants:

1. **Univ. of Medicine and Dentistry** of New Jersey in the Dominican Republic
2. **Kared-Fod Women’s Group**, Kenya
3. **Friends Orphanage School**, Uganda
4. **Didi Pre-school and Crèche**, South Africa

## 2008 Project Updates

1. In Orissa, India, **Sahara** has installed solar lighting for 100 households in 3 villages. The venture is not yet finished, but it is expected that :



- \* 62 households will save Rs 80-100/month (not buying kerosene),
- \* More than 145 children will be able to study for longer periods,
- \* School attendance will increase,

- \* Health standard will improve (no CO2 from kerosene), and
- \* Accidental fires will be reduced.

We are pleased with this very successful project and look forward to the final report.

2. **Nyaya Health** in Nepal has developed an innovative program to address the significant morbidity and mortality caused by chronic malnutrition. In the study area, which is extremely rural, Patients must walk between 1 and 8 hours to reach their clinic, so they have now designed a mobile community-based program which uses community health workers. They have thus far trained four of these workers, each overseeing 400 children, making home-visits to collect data and give nutritional advise. We look forward to hearing more.



Use Goodsearch.com as your search engine and Child Health Foundation will get 1 cent each time you do.



# Grants Continued

**3. The Women Protection Society** in Uganda has been creating bio-sand filters (pictured here) to help prevent children from becoming ill from water-borne diseases, such as typhoid and cholera.



They have trained 45 people in the construction of the filters and thus far have built 6, and these have greatly improved the quality of the water. Their interim report describes a complicated building plan, but all the materials are available locally and are not expensive. We look forward to hearing that the health of the children has greatly improved.

**4. With the objectives of increasing the use of oral rehydration solution (ORS), better nutrition, breastfeeding, as well as providing reproductive health services, the Integrated Rural Development Programme** in Pakistan began a project financed by a 2008 Small Grant.



Awareness programs have been held in seven locations serving about 900 uneducated, poor mothers. They were told the importance of exclusive breastfeeding for the first six months and Vitamin A, and taught how to make homemade ORS and how to use it to prevent dehydration in children with diarrhea.

Almost a thousand children were enrolled and their growth is being monitored.

There are plans to have shows with prizes given to healthy babies, puppet shows to emphasize breastfeeding, and quiz programs also with prizes.

**5. The organization Wuqu' Ka-woq** has undertaken a study to determine the cause of childhood malnutrition in Guatemala. They have enrolled 215 children under the age of 15 and have discovered a high rate of stunting, i.e., low height-for-age.



Their initial surveillance data has confirmed their hypothesis that child malnutrition is routinely underestimated by reliance on weight-for-age measurement. They have also demonstrated high rates of anemia in children younger than 5 years, and that, these data underscore the need to intervene much earlier in childhood than most programs currently do.

The program has generated a high level of community interest and involvement in working toward providing better nutrition. The program is ongoing.

**6. National Institute of Health Research and Development** has completed their project to reduce the prevalence of children suffering from worm infections by introducing a safe and effective deworming program at low cost. 204 children were tested for worm infestation and of those 91 were positive and 95% of those treated recovered. Most were under 5 years of age. The treatment used was Curcuma, a natural plant easily found in Indonesia. The mothers were also instructed about the importance of treatment as well as the method for preparing the plant. NIHRD recommends twice yearly treatment for all children. Examination of stools then becomes unnecessary.



**7. The Koderu Women Group**, members of which are seen in the photo admiring their new peanut milling machine, has completed their project to manufacture peanut butter and thereby to improve the health of the children in their community. Peanut butter is rich in Vitamin A, protein and carbohydrates. The group conducted training of 76 local farmers, with onsite training in production, packaging and handling and marketing. Women were given the skills of machine operation.



From the period of April to June 2009, the group managed to produce a total of 938 tins of peanut butter for marketing, with much more expected after harvesting time, thus proving that they could provide a sustainable source of income.

## 2008 Humanitarian Grants Updates

**1. A.P. Medical Society** in India has provided medical expenses and adequate caloric intake to 40 HIV positive children. Another 14 who lost their parents to AIDs have been given rehabilitation and psychological support as well.

They have also held awareness campaigns on the signs and symptoms of HIV for 500 school children at all levels, and two workshops for Health Personnel and educators to try to eradicate the stigma and discrimination of the disease. The program continues.

# Grants Continued

## Humanitarian Grants *continued from p.6*

**2. Bukalama Youth Group** has held a 3-day training program, as planned, to equip 40 administrators of Early Childhood Centers with the knowledge and skills to manage integrated fish and poultry projects. Besides the agricultural skills, it covered such topics as marketing, financial management, and fundraising.

The majority of attendees agreed that the program was a success, that it met their expectations, but would like to have training on yet further topics.



### Emergency Relief

Between the first of January through August, **Direct Relief** received \$22,759 in Ceralyte donated by Child Health Foundation that was distributed to locally managed health facilities in 19 countries suffering from natural disasters. Later they dispatched a second round of aid for residents of Baja California affected by Hurricane Jimena.

Oral rehydration solutions, manufactured and supplied by **Cera Products Inc**, are one of the most requested items during emergencies, when water supplies are compromised and diarrhea is epidemic. Dehydration can become fatal if not treated.

### Quick Aid to Disaster Victims

Child Health Foundation reached out to victims in two disasters. First to an organization that was one of our 2004 Small Grants in India, **Jeevan Rekha Parishad**. Early in 2009, the conditions in a district in Orissa deteriorated due to violent ethnic conflicts between Hindus and Christians. Our donation of \$1,000 bought oral rehydration salts and other medical supplies and services to a refugee camp. The second went in June to **Seed Welfare Society** in India, \$2,000 for relief work following a severe cyclone which affected about 2.3 million people. Our funds were for medical supplies for an orphanage which is one of our projects. More about these projects can be found on our website.

## Other Project Reports



**1. Rhythm Africa** (2007 Grant), in the course of one year, presented 12 performances in as many venues, educating children about preventing malaria by staging dance and drama shows on the dangers of the disease. Question and answer sessions were then held and mosquito nets and swatters distributed. Over 3 thousand people attended these shows.

**2. Mothers Union Orphan Program** (2007 Grant) in Kenya has suffered from the riots following presidential elections. They couldn't venture out for some time to purchase needed supplies. Nevertheless, they have managed now to train the thousands of guardians and community members in the use of WaterGuard, using word of mouth and pamphlets, and a bottle of the product.

WaterGuard is a purification liquid which can be purchased locally for the equivalent of 20 cents per bottle. It purifies 1000 liters of water. Still an expense for the poor, it is much cheaper than the fuel necessary to boil and more effective than other methods of purification.

They have already noticed a decrease in diarrhea and plan to send out the trainees with questionnaires to evaluate the program. We await their results.

**3. Ghanaian Mothers' Hope, Inc.** (2007 Grant) in Ghana, 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.

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 children whose parents received instruction all gained in height and weight. Visibly, they showed fewer signs of malnourishment.

The Program has had a positive impact on the health of the children and with the involvement of the Ghanaian Health officials, programs like this will continue in other villages.

# Other Activities

## Update on Water Program

A project begun in 2002 by **The Environmental and Population Research Centre (EPRC)** in Bangladesh to develop appropriate techniques for management of safe drinking water for children continues with great success and efficiency. We owe this to the generous donations from Miss Esther Lazarson of NYC.

During the last phase, activities commenced in four villages in an area called Ramgoti. All the previously installed water wells were inspected and found to be in full use and arsenic-safe. Twenty-seven tube-wells providing safe water were installed serving a total of 2,722 people, almost a thousand of them children, bringing the total number served to almost 20,000. Arsenic above the safe level was found in 14 of the 41 tube-wells bored, leaving only 27 useable.

EPRC also began a program supported by Child Health Foundation in another district, Munshigonj, a two-hour drive from the capital, Dhaka. There the objectives were to provide access to clean water, sanitation facilities, and household gardening.

Thus far, 500 people have been provided safe drinking water, and they have just begun to give good hygiene, nutrition, and gardening instructions in two pre-schools and two adult female literacy centers. They are in need of more funds to continue this important work.



*The photo pictures a tubewell donated by Maryland Presbyterian Church in Towson, MD. We welcome others who would like to support a tubewell. \$400 will pay for one which supplies clean water to about a hundred families. You can have your organization's name painted on the well.*

## Reaching Out to China

Dr. Tim Shi, a Foundation Board Member and the Executive Director of GlobalMD, along with Board Member, Dr. William Greenough, organized a course for public health workers in China.



With the purpose of acquainting them with the current advances in diarrhea management and oral rehydration therapy, the course, sponsored by Child Health Foundation, involved about 300 participants and was hosted by the regional leading pediatrics hospital.

Pre-and post-surveys were done to assess the improvement and the activity was deemed a huge success. The Country Director of WHO China participated and is interested in collaborating the local Chinese health authorities to further the initiative.

## Violence against Women

Our project in the Congo, supported financially by our generous donor Esther Lazarson and conducted by **Butoke** has made some progress in preventing rape, especially among young girls. Their greatest effort is in trying to change the opinions of these girls who feel honored when approached by an adult male, even elderly men. And superstition says that a sexual relationship with a virgin will cure AIDS, give new vitality, and bring riches.

Butoke held workshops, training sessions, and radio broadcasts which included volunteers, religious communities, and traditional chiefs. The efforts were to dispel the myths and spread the news about them and girl's rights, and the dangers of sexually transmitted diseases. The work continues.

## Orphanage Recovers After Cyclone

We continue to support the Seed Welfare Society which is on an island of the Sunderbans in Bengal, India. So, of course when a devastating cyclone hit the island in May, we sent help and stayed abreast to news of the recovery. In fact the Foundation's Director, Dr. R. Bradley Sack and his wife, Jo, visited the island in October and observed the conditions. After the cyclone hit, the orphanage was home to about a hundred people who had been made homeless. There they



also received medical help in the clinic we built and support (shown here). This was possible because the water was held out by the walls around the building shown in the photo, part of which was funded by the Foundation. Across the wall, you can see the rebuilding of homes and on the right some water left over from the flooding.





# 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, among other responsibilities, do the mailing of their periodicals, both to the Centre and from them to their U.S. readers, and order supplies 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



*1960 - 2010  
Celebrating 50 Years of Service to Bangladesh and the World*

2009 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 12/31/09: 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 2009, the total endowment was valued at \$9,748,893 (\$7,716,814 at the end of 2008) and is managed by TIAA/CREF of St. Louis, Missouri. During 2009, Child Health Foundation expended \$48,743 of its resources on behalf of the Centre's work; the Centre provided \$28,000 to assist us in this effort. Other contributions that the Foundation received for the Centre's endowment in 2009 totaled \$22,687.

# Donors 2009

## Individual Donors

### A

Ashraf Ajeesh  
Jonathan H. Altshuler  
Bejal Amin  
John A. Anderson  
Myrna J. Anderson  
Leonard & Helen Andrew

### B

Radheshyam Bairagi  
Mary E. Barrows  
Janet E. Bausch  
Wayne Bazemore  
Herbert Becton  
Amanda Benstead  
Naveen Bhora  
Gustavo Bonilla  
Frances D. Brew  
Sara Brockner  
Terence Budden  
Jeremiah Busby  
William Butler  
Mayra Buvinic

### C

Lisa Cameron  
Louise F. Carlson  
Charles Carpenter  
Wai M. Chan  
William Chinnock  
Afzal Chowdhury  
Babul Chowdhury  
David Cisneros  
Judy Clancy  
Denorns Cloudy  
Sarah Coghlan  
Alfredo R. Colon  
Jack & Rita Colwell  
Ana Maria C. Colwill  
Matthew M. Cormier  
Lisa Craig  
Zane J. Cray  
John D. Cruz  
Vicente Cuellar

### D

Allegra da Silva  
Andrew & Katherin Dannenberg  
Marcella C. Davis  
Eric Deskin  
Ryan D. Dickey  
Nicole M. Didasa  
Tran Don

### E

Michael T. Earvin  
Anne Ellsworth  
Theresa H. Eng

### F

Nick Falco  
Stephen Farr  
Melvin Ferdinand  
Staci J. Fierro  
Harvey Fineberg  
Harold & Arlene Fleming  
Teresa M. Foody  
David J. Frayauff  
Takashi Fukushima

### G

Elizabeth Galbreath  
Aisling Gaughan  
Robert & Barbara George  
Jeffrey K. Gonya  
Adam L. Gore  
Chesley H. Graham  
Richard S. Greene  
William & Quaneta Greenough  
Edgar M. Greville

### H

Robert Hall  
M. T. Hang  
James Hannigan  
Joseph H. Herbein  
Elizabeth Herman  
Virginia Herman  
George J. Herzog  
Norbert Hirschhorn  
Bruce C. Holbrook  
Nancy Hughart

Kathryn Hummel  
Gordon & Carole Hyatt

### I

Michelle Imison  
Paxedes J. Irizarry

### J

Benedict Jakuben  
Norge W. Jerome  
Clifford Johnson  
Erika Johnson  
Pamela Johnson  
Alden Jones

### K

Ann Kaiser-Stearns  
Mohammad Kamal  
John Kemp  
George & Collette Kokinos  
Esther Krasevac

### L

Douglas Lalicker  
Andrew Lamb  
Ana Langer  
Esther Lazarson  
Susan Lazarus  
Alan Lee  
Joseph M. Lehrmann  
Katrina Leslie  
Noah Levinson  
Russell Lewis  
Teneka M. Lindsay  
Suzane Livornese  
Georg & Harriet Luck  
Jane Ashley Lundy  
Chun Luo

### M

Adolfo P. MacCragh  
Murdock MacGregor  
Adrian A. Machado  
Rebecca A. Magalhaes  
Amy Magnusson  
Julie Manning  
Keisha Marable

# Donors 2009 Cont'd

Marie H. May  
Bousarin Maythangkul  
David & Christina McAleer  
James A. McCarter  
Daniel Merchant  
Benjamin J. Mguirt  
Carl E. Miller  
Thomas Miller  
Joseph T. Moffat  
Khondokar Mohiuddin  
Christian C. Mondy  
Nasheed S. Moqueet  
David Morena  
Wiley Mosley  
Hank A. Mroczkowski  
Srinivas Murthy

## N

Tor A. Newman  
Nieto, Freddy Nieto  
Marcos M. Noriega

## O

Thomas Otternesi

## P

William Page  
Matthew L. Patton  
Loraine M. Pease  
Janet L. Perks  
Delano T. Perry  
Henry B. Perry, III  
Jacqueline Pletscher

## Q

Shakil Quazi

## R

Monira Rahman  
Edgard F. Rapp  
Malik Rashid  
Roland Reeves  
Charlene Reinke  
Richard R. Ridgway  
Esko & Charlene Riikonen  
Alexis Rios  
Santiago Romero  
Guerry & Jude Rose  
Edward T. Ryan

## S

David & Joanna Sachar  
Daniel & Kathleen Sack  
David & Jean Sack  
James Sack  
Jonathan Sack  
R. Bradley & Josephine Sack  
Robert Sack  
William Sack  
Henry Safer  
Stephen & Deborah Sage  
Julio A. Santos  
Supriya Sarkar  
Mehmud Sharif  
Eric Sherman  
Tim Shi  
Jane Snell  
Amy Sweigart  
Abbas Syed

## T

Robert C. Terry, Jr.  
Derrick D. Thomas  
William F. Thwaits  
Judy L. Tolbert  
Cesar Torres  
Zachery Triplett

## V

Daniel L. Vaccaro

## W

Daryl Wade  
Nand Wadhvani  
Debra L. Weinstein  
Jason Weisfeld  
Joachim A. Weisfeld  
Jeffrey Withey  
Spafford Woodruff  
Essie L. Wright  
Joseph and Karen Wright

## Y

Quiayren D. Young

## Corporate Contributions

Americas Charities  
Cera Products Inc.  
Charitable Choices  
Children's Charities of America  
Combined Federal Campaign  
Gangarosa International Health  
Foundation.  
Good Search  
Independent Charities of America  
Internet Marketing Solutions  
Just Give  
Margarite Casey Foundation  
Maryland Charity Campaign  
Maryland Presbyterian Church  
Pickled Punch Pictures  
Pikes Peak United Way Co.  
REI, Recreational Equipment, Inc.  
The Columbia Bank  
The Progressive Insurance Fdtn.  
United Way of Central Maryland  
United Way of New York  
United Way of Rhode Island

# Financial Statement

Year Ending December 31, 2009

	Unrestricted	Temporarily Restricted	Total
<b>Revenue and other support</b>			
Grants	\$ 43,000	7,320	50,320
Grants-in-kind	22,759	-	22,759
Corporate contributions	600	450	1,050
Individual contributions	30,906	13,510	44,416
CFC/United Way	27,565	2,200	29,765
Interest, dividends and other investment	2,162	-	2,162
Miscellaneous	958	-	958
Satisfaction of program restrictions	44,681	(44,681)	-
<b>Total revenues and other support</b>	<b>172,631</b>	<b>21,201</b>	<b>151,430</b>
<b>Expenses</b>			
Program services	190,957	-	190,957
General and administrative	16,422	-	16,422
<b>Total expenses</b>	<b>207,379</b>	<b>-</b>	<b>207,379</b>
<b>Change in net assets</b>	<b>(34,748)</b>	<b>(21,201)</b>	<b>(55,949)</b>
<b>Net assets—beginning of year</b>	<b>157,721</b>	<b>21,431</b>	<b>179,152</b>
<b>Net assets—end of year</b>	<b>\$ 122,973</b>	<b>230</b>	<b>123,203</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 or give by credit card on our website. Thank you.

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

Presorted Std  
Nonprofit  
U.S. Postage Pd  
Pemit # 402  
Columbia, MD  
21045

**Address Service Requested**

**Phone (410) 992-5512**

**Fax: (410) 992-5641**

**Email: [contact@childhealthfoundation.org](mailto:contact@childhealthfoundation.org)**

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