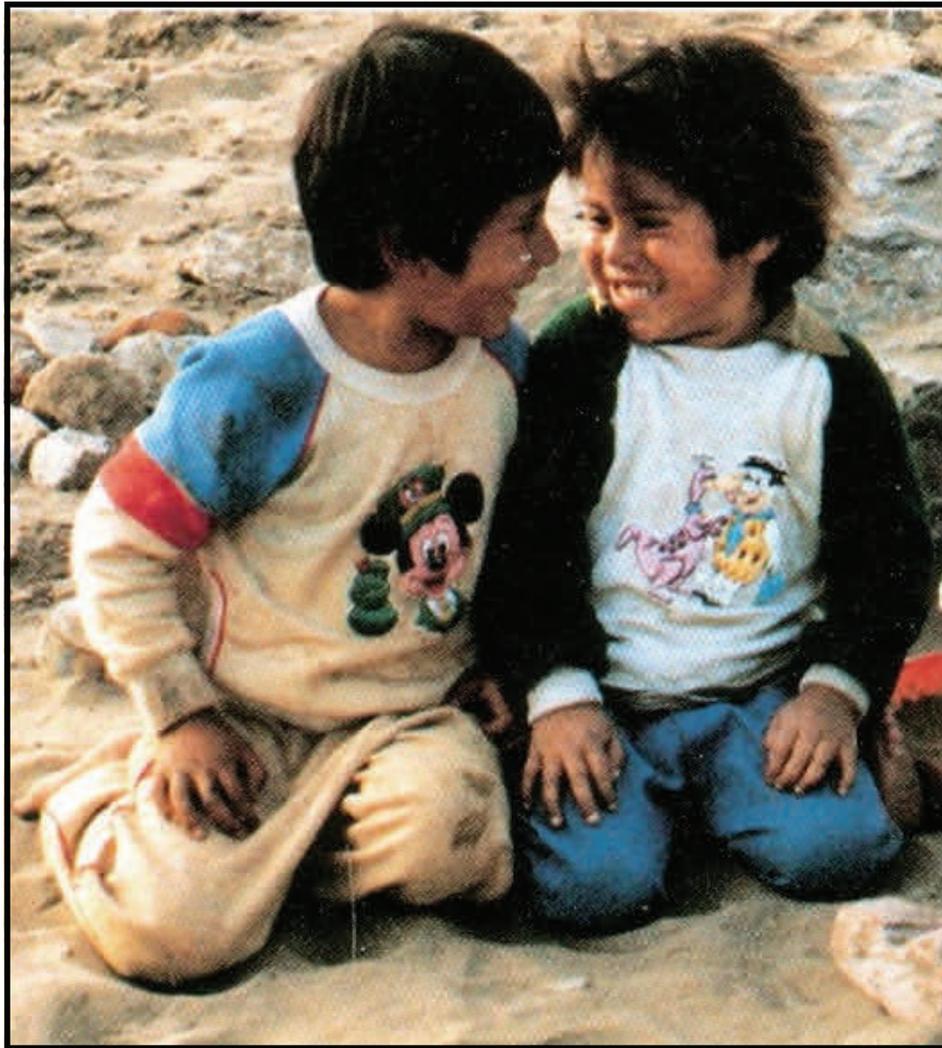




*...saving the greatest number of children's lives at the lowest possible cost*



*Annual Report 2010*



*...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 inform you that Child Health Foundation has been weathering the economic difficulties confronting our country. We continued to fund some outstanding Small Grants, but did decrease the number. The funded projects are excellent and you will enjoy reading about them in this Annual Report. In our Small Grants Program, we received over 50 proposals from countries throughout the world, and funded 7 of them representing 5 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.

An interesting fundraising event: Dr. Daniel Sack, son of our Director, set out to climb Mt Aconcagua in Argentina and used the adventure as a way to solicit funds for Child Health Foundation. He successfully reached the 23,000 ft summit in January 2011 and raised \$10,000! We are extremely proud of him and grateful for his innovative contribution.

The Board of Directors, numbering 10, met three times in 2010, either in person or by teleconference. In 2011, we now have 12 members, having invited back two previous Directors, Dr. William Greenough, III and Dr. Rita Colwell. The men and women who serve on the board have many years of experience in child health and make great contributions to the work of the Foundation. One, Dr. Colwell was named the 2010 Stockholm Water Prize Laureate, a very prestigious award, presented to her by the King of Sweden. Her pioneering research on the prevention of waterborne infectious diseases has helped protect the health and lives of millions, including children we support worldwide.

Child Health 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. Our project in Bangladesh, funded generously by Miss Lazarson of New York, continues into its 10<sup>th</sup> year, supplying clean water to thousands of people, many of them, of course, children.

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 the victims of the cholera epidemic in Haiti. We also were able to give emergency financial aid to the devastating floods in Pakistan.

We are pleased that the Child Health Foundation has continued to be responsive to the humanitarian and health needs of children throughout the world, including the USA. 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 2010 and each issue was mailed or emailed 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  
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Global Health Council  
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Mission Fish  
National Alliance for Nutrition and Activity  
National Committee for World Food Day  
Network for Good  
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 2010 we were pleased to award five of them, as well as two 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.

## 2010 Small Grants Awards

1. **Mali Health Organizing Project’s Action for Health**, based in Vermont, USA is working to decrease the under-5 yrs, mortality rate in Mali by increasing access to primary health care services.

2. **Spandan**, India. is hoping to determine the effectiveness of the delivery of anthelmintic treatment methodology to reduce worm burdens in children.

3. **Sundar Serendipity Foundation (SSF)**, India, wants to give nutrition education on the role of micronutrients in health and do social marketing so that the people will buy and use of micronutrient fortified salt.

4. **Organization for Research, Extension and Training Agriculture (ORETA)**, Uganda, is working to empower the community to reduce malnutrition by encouraging breastfeeding and producing micronutrient-rich foods.

5. **Opportunity Solutions International**, Madagascar hopes to develop innovative ways of distributing and ensuring the use of insecticide-treated bed nets in populations vulnerable to malaria.

The two Humanitarian grants:

1. **Chapra Social and Economic Welfare (SEWA)** India

2. **Rural Health Org. (RHO)**, India

## 2009 Project Updates

1. The **Ethiopian Orphan Health Foundation** is training health workers to provide improvements in children’s health and nutrition. The health workers then reach 91 orphans and vulnerable families in the community.

Thus far, four community health workers have been trained and have gone door-to-door to promote the prevention of malaria, diarrhea, sexual diseases, malnutrition, and intestinal parasitosis. A group of community members also gathered for a training session focusing on the same health issues.

Coffee ceremonies are an important part of the Ethiopian culture and so they are held every week with adolescents to discuss sexual health, led by peer facilitators. Both males and females are enjoying the experience because they can share experiences and learn from one another.

Medical exams of 68 orphans have shown that the most common infection is intestinal parasitosis. We look forward to their final report.

2. The **Institute of Water and Sanitation Development** in Zimbabwe has sent their final report. Their aim was to help the poor have direct access to clean drinking water by installing biosand filters. They held a training workshop and installed 15 filters at 12 households and 2 preschools. After testing, they discovered that in fact that water needed to be treated again after filtering. Unfortunately the recipients were too poor to do that. The Institute feels much work must still be done and they plan to publish a paper of their results.

We are, of course, sorry to learn of negative results, but learning that the biosand does not purify the water is certainly a positive finding.



# Grants Continued

**3. The University of Ibadan, Dept. of Nutrition**, Nigeria, is educating pregnant mothers on exclusive breastfeeding, immunizations, and micronutrients. Four rural areas were selected for the project and the pregnant and non-pregnant women with young children were interviewed to provide a baseline. A focus group discussion guide was also developed. Data from 339 mother-child pairs were analyzed and it was found that 15% had never heard of exclusive breastfeeding and 20% of those who had heard never practiced it. Other data were also compiled but intervention has not begun.

**4. Paribartan** in India is providing training on the use of zinc therapy to reduce the severity of diarrhea. The project has targeted 944 households (4,883 people) with trained accredited health activists to teach its importance.



This work takes place in the tribal areas of Orissa where the government health programs do not reach. The good news is that the efforts by this organization have interested the government and Paribartan has been given recognition and visibility. And now the government is introducing Zinc in their treatment of diarrhea too. The work continues

**5. Blue Veins**, Pakistan, has sent a final report. Most of the information that new mothers in this region receive about breastfeeding is often incorrect and based on personal experiences and myths. To change this, Blue Veins targeted 300 women from various backgrounds in urban and rural areas to determine what misunderstanding and myths needed to be addressed, and then produced a booklet addressing these issues.

They held 4 training workshops for Health Workers and then held a follow-up survey, learning that the information they are now able to dispense in the community was very much needed. They are hoping to have a quiz competition, and to air the news on the radio in order to reach the entire nation.

The objective, of course, was to reduce illness and death of infants by encouraging mothers to breastfeed.

The information that they gained from this project has been disseminated to World Alliance for Breastfeeding Action Network and other like organizations.

**6. Tasca** of North Carolina, is investigating fecal contamination by detection of bacteria producing

H2S in rural water supplies in Nicaragua. Working with the Nicaragua government, they have thus far implemented the program but have not yet analyzed the work.

**7. Center of Research in Food and Development** in Mexico in undertaking a study to determine the prevalence of zinc and iron deficiencies in adolescent girls. Questionnaires have been prepared on socioeconomic levels, feeding habits and physical activities, and have been administered to girls in suburban and urban secondary schools. Blood was collected and girls were weighed and measured. Data recording and statistical analysis will be carried out.

**8. Another project at the Center of Research in Food and Development** in Mexico is working on a project to implement and evaluate a package to educate schoolchildren in order to reduce the prevalence of parasitic gastrointestinal infections and diarrhea. Visits have been made to schools to engage the personnel and questionnaires have been prepared. Fecal samples have been collected from 609 school children and appropriate treatment given. Results of their work yet to come.

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## 2009 Humanitarian Grants Updates

**1. The University of Medicine and Dentistry, New Jersey**, has a project in the Dominican Republic where they are building bathrooms and a septic system to improve the sanitation for an orphanage housing Haitian refugee children. They have thus far nearly completed a bathroom with two toilet stalls and a shower. The community and local business people have been very helpful with more funds and donated labor to help build the entire dormitory. See the video on our website.



**2. Didi Pre-School and Creche** in South Africa : In their final report, the director expressed that it was so successful when they began, that it attracted children from other children's homes to attend the sessions during which they taught brushing teeth, washing hands, eating healthy foods and drinking clean water. They sent pictures and gave a good account of how the funds were spent.

# Grants Continued

## 2009 Humanitarian Grants *cont'd from p.6*

**3. Kared-Fod Women's Group** in Kenya has sent their final report, a very successful one. Their project involved supporting fish farming, producing a yellow-fleshed sweet potato, and peanut butter, all high in nutrients, with a promise for better child health.



The group acquired an electric mill to grind the peanuts (pictured here). And they also made juice from the potatoes, which are high in Vitamin A. Peanuts are a good source of protein. The project has also created employment for the group and a market for produce.

**4. Friends Orphanage,** Uganda provided 80 children with the benefit of a nutrition and counseling program; 60 girls were chosen to receive personal sanitary materials, 20 children received mosquito nets, and 100 received books, pencils and pens.



A first aid training workshop for children was organized and the children were trained in the skills to combat basic injuries and other health problems.

All of this, of course, contributed to increasing both their physical and mental health.

## Other Project Reports

**1. Nyaya Health** in Nepal (2008) 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.



They have abandoned their original plan, which was to have a mobile clinic and then follow-up with community health workers, because they got help from the Nepali government to renovate a hospital. Thus the procedures of the Community Health Workers (CHW) have changed. Now when Nyaya discharges a patient from the hospital, they are given a "ticket" and a CHW is officially assigned to visit them, giving them the nutritional support they need. This has seemed to work well. They believe now that accountability has been improved they will be able to move forward to accomplish their goals.

**2. The Women Protection Society** in Uganda (2008) has been creating bio-sand filters to help prevent children from becoming ill from water-

borne diseases, such as typhoid and diarrhea. More than 32 households are now using the filters and have improved other sanitation practices such as covering food, washing hands and using latrines.

Financial constraints have prevented them from being able to test the water to discover the bacterial count, yet they have demonstrated a significant reduction in episodes of water-borne disease, as well as worm infections, jaundice, and eye and skin infections.

Households save 1-2 hours per day not having to fetch water and this gives them time for such things as vegetable gardening and even economic activities. It has also clearly been an empowerment for women. We call it a success.

**3. Integrated Rural Development Programme** in Pakistan (2008) gave about 900 poor, uneducated mothers of 7 slum areas awareness on nutrition, micronutrients and child health, including breastfeeding and use of oral rehydration therapy.

The same number of children have been enrolled in a regular regimen of growth monitoring. A quiz competition with prizes and a baby show with puppets and actors dramatizing child health were held in these same cities and all took part with great enthusiasm.



The organization gained admiration and approval from the community for their efforts, and there is no question that such education is passed to many others as well as to their progeny.

**4. Wuqu' Kawoq,** (2008) carried out a study to determine the cause of childhood malnutrition in Guatemala. They enrolled 215 children under the age of 15 and discovered a high rate of stunting, i.e., low height-for-age. They have also demonstrated high rates of anemia in children younger than 5 years, and that these data underscore the need to intervene at a much earlier age. Intervening has significantly improved the children's growth.

All children over the age of 6 mo. were given micronutrients and iron as necessary, as well as treatment for worm infection. A caloric supplementation (Incaparina) was also given to those who needed it, supplying 20% of daily requirement.

Their initial surveillance data has confirmed their hypothesis that child malnutrition is routinely underestimated by reliance on weight-for-age measurement. Having instituted a program that targets stunting in a cost-effective manner, the program has had great success. They are now qualified to be consultants to other NGOs, plan to find funding to continue, and are preparing to publish in medical journals. We applaud their success.

# Grants Continued

## Other Project Reports *Continued from p. 7*

5. One hundred families in 4 villages in Orissa, India have disposed of their kerosene lamps since supplied with solar lamps by the local NGO **Sahara** (2008). As a result, 221 children are able to study longer, school attendance has improved and dropouts have decreased. Also, health is improved as a result of reduction of CO<sub>2</sub>, and fire hazards have been reduced.



The organization is publishing brochures and manuals to distribute to other regions, and have trained youth to maintain the lamps. We are pleased with this very successful project.

6. The **American Indian Family Center**, Minnesota (2008) is working to increase breastfeeding rates in communities of color. They hope to create classes all over the capital city so that no mother goes without the opportunity to be educated about the health benefits of exclusive breastfeeding.

The grant paid for three doulas to be trained as lactation counselors. These three then trained others to conduct Mother Circle breast-feeding support groups and assist new mothers in choosing to breastfeed for at least 6 months. So far in 86 births, 77 have chosen to do so. Program continues.

7. **Bukalama Youth Group** in Kenya (a 2008 Humanitarian Award recipient) having trained 40 administrators of Early Childhood Centers with the knowledge and skills to manage integrated fish and poultry projects, marketing, and financial management, followed through by harvesting fish and building a chicken coop to house 100 chickens. In a period of 121 days, 221 eggs were gathered and sold to provide income to better care for the poor and orphaned children. The group counts on this to be a sustainable method of providing a healthy environment for the children in their care.

8. **Mothers Union Orphan Program**, Kenya (2007 Grant), though troubled by riots, has managed to train 6,152 guardians and community members in the use of WaterGuard, 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 water and more effective than other methods of purification. The grant however has made it possible for the investigators to provide it without charge.

Because of the political problems, they were not able to complete the interviews to determine the results of their program, but the ones accomplished (97 from 13 parishes) reported 83% less diarrhea and stomach upsets as a result of the training.

9. The **Family Health and Development Research Foundation** in India (2007) has filed a very impressive final report of their work. Their randomized study aimed to establish the effectiveness of a multiple micronutrient fortified salt in addressing Vitamin A and other deficiencies in children, compared to health education and traditional health care alone.

Three groups of children (about 215 in each) were studied, the one receiving the micronutrient salt, the second given nutrition education, and the third was the control. All three were given health care.

Laboratory results concluded that both nutrition education and fortification were able to reduce anemia, but retinol deficiency needed the micronutrient salts. The investigators felt that more time with good nutrition is needed to accomplish this. They also hope to publish the study and extend what they have learned to other communities.

## Emergency Relief

Child Health Foundation donated 10 pallets with 9,000 liters of CeraLyte Oral Rehydration Solution (ORS) to the victims of the tragic earthquake in Haiti, for epidemics of diarrheal disease. Children are the most vulnerable. ORS prevents death from dehydration. The product, supplied by Cera Products Inc.



was sent to Direct Relief International who took it to Haiti.

Later, when a cholera epidemic broke out, more ORS was sent. This was valued at \$70,000.

Funds (\$1,000) were also allocated to Friends Orphanage School, a 2009 Humanitarian Grant recipient in Uganda, to help with a landslide tragedy which killed more than 1000 people, and displaced 300,000 families.

**Complete reports of all these programs are available from the Foundation's office by request.**

# Other Activities

## Update on Water Program

The latest phase of our very successful project in Bangladesh, carried out by the **EPRC** (Environmental and Population Research Center) and financed by Esther Lazarson in New York City, was called "Women and community empowerment for basic environmental health improvement."



Supported since 2002, the project has women as leaders in the installations of tubewells that give more and more people access to clean water. As a result, children are experiencing fewer episodes of illness due to water-borne organisms.

By December 2010, more than 5,400 people were supplied with safe water, over 3,000 of them children. Some of the pumps were installed in cyclone shelters which are used as schools, the education another benefit of this grant. They are also teaching sanitation practices, for example, hand-washing, as well as proper storage of the water. Further activities have included literacy training of women, and homestead gardening to improve nutrition

## Training Program Available

**COTS** is an interactive training program for treatment of cholera and severe diarrhea in outbreak settings. Based on 50 years experience at the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B), it provides basic checklists for clinical assessment, setting up treatment centers, rapidly training staff, administering ORS and proper antibiotics, etc. The CD can be ordered from us for \$5.00 or you can download it from [www.cotsprogram.org](http://www.cotsprogram.org).

## Security Blankets

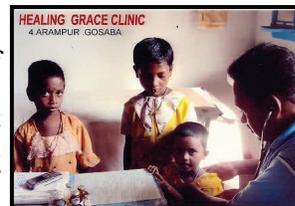
Child Health Foundation again made a donation of \$200 to Project Linus (Howard County, MD chapter), an organization whose mission is to provide love, a sense of security, warmth and comfort to children who are seriously ill, traumatized, or otherwise in need, through gifts of new, handmade blankets and afghans, lovingly created.

They also provide a rewarding service opportunity for interested individuals and groups in the community to make blankets and afghans. We also contributed an afghan made by one of our members.

Interested in making a blanket/afghan contribution? go to [www.projectlinus.org](http://www.projectlinus.org) for instructions.

## Seed Welfare Society Update

The Foundation continues to support the Healing Grace Clinic on the island of Gosaba in India. The clinic building was originally built with funds from a 2004 Small Grant, and now the doctor there treats about 80 patients a day, at least 20 of them children from the **Seed Welfare Society** orphanage and the surrounding community.



The doctor provides prenatal care of pregnant women also until they are referred to the local hospital for delivery. During a recent 6-month period, it is believed that the lives of three newborns were saved.

After a severe cyclone hit the island, we were able to help the 500 or more who took refuge in the orphanage with doctor visits and supplies from Kolkata.

## Rape in Congo update

The war, since 1993, has changed many of the sexual attitudes in the Democratic Republic of Congo. Now it is common for men to consider that unmarried women and girls are theirs to be conquered. And superstition says that a sexual relationship with a virgin will cure AIDS, give new vitality, and bring riches.

**Butoke**, an organization there, is changing those attitudes. One of the recipients of a 2008 grant, funded by Miss Esther Lazarson of New York City, they are working with the women and girls (some very young), teaching responsible sexuality. They held workshops, training sessions, and radio broadcasts which included volunteers, religious communities, and traditional chiefs.

Also they are caring for the rape victims, and counseling those who become pregnant.

## Help for Pakistan Flood

The Foundation provided emergency funds to Pakistan in August to help the victims of the worst flooding in the history of the country. **Blue Veins** received one of these grants and has reported that they provided medicine, clean water, shoes and clothes, and ORS. Another organization, **IRDP**, used the funds to treat cholera, malaria and other infectious diseases. They both expressed sincere gratitude for the help.



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# ICDDR,B Collaboration

*The International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B) in Dhaka, 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, among other responsibilities, we make it possible for Americans to donate tax-deductible dollars.*

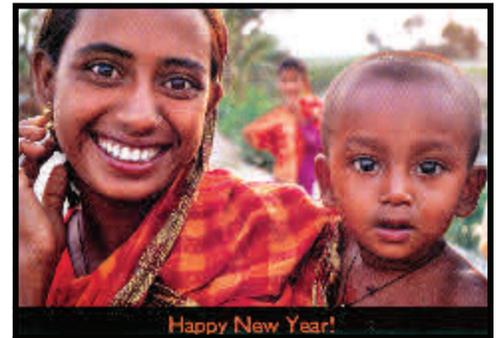


Child Health Foundation manages the ordering of supplies for an important NIH-funded project carried out at the Centre in collaboration with Johns Hopkins Bloomberg School of Public Health. Investigators at both sites are exploring the seasonal cause of epidemics of cholera by studying the contents of water bodies in the environment. Dr. R. Bradley Sack, director of the Foundation is the principal investigator.

## 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



2010 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 12/31/10: 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 2010, the total endowment was valued at \$10,315,789 (\$9,748,893 at the end of 2009) and is managed by TIAA/CREF of St. Louis, Missouri. During 2010, Child Health Foundation expended \$43,064 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 2010 totaled \$15,721.

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Network for Good  
Progressive Casualty Insurance  
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REI - Recreation Equipment Inc.  
The Andrew Family Foundation  
The Columbia Bank  
United Way

# Financial Statement

Year Ending December 31, 2010

	Unrestricted	Temporarily Restricted	Total
<b>Revenue and other support</b>			
Grants	\$ 61,056	45,130	106,186
Grants-in-kind	73,306	-	73,306
Corporate contributions	3,963	-	3,963
Individual contributions	77,352	6,191	83,453
CFC/United Way	794	-	794
Interest, dividends and other investment	853	-	853
Miscellaneous	89	-	89
Satisfaction of program restrictions	34,471	(34,371)	-
<b>Total revenues and other support</b>	<b>251,784</b>	<b>16,860</b>	<b>268,644</b>
<b>Expenses</b>			
Program services	224,823	-	224,823
General and administrative	16,530	-	16,530
<b>Total expenses</b>	<b>241,353</b>	<b>-</b>	<b>241,353</b>
<b>Change in net assets</b>	<b>10,431</b>	<b>16,860</b>	<b>27,291</b>
<b>Net assets—beginning of year</b>	<b>122,973</b>	<b>230</b>	<b>123,203</b>
<b>Net assets—end of year</b>	<b>\$ 133,404</b>	<b>17,090</b>	<b>150,494</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  
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