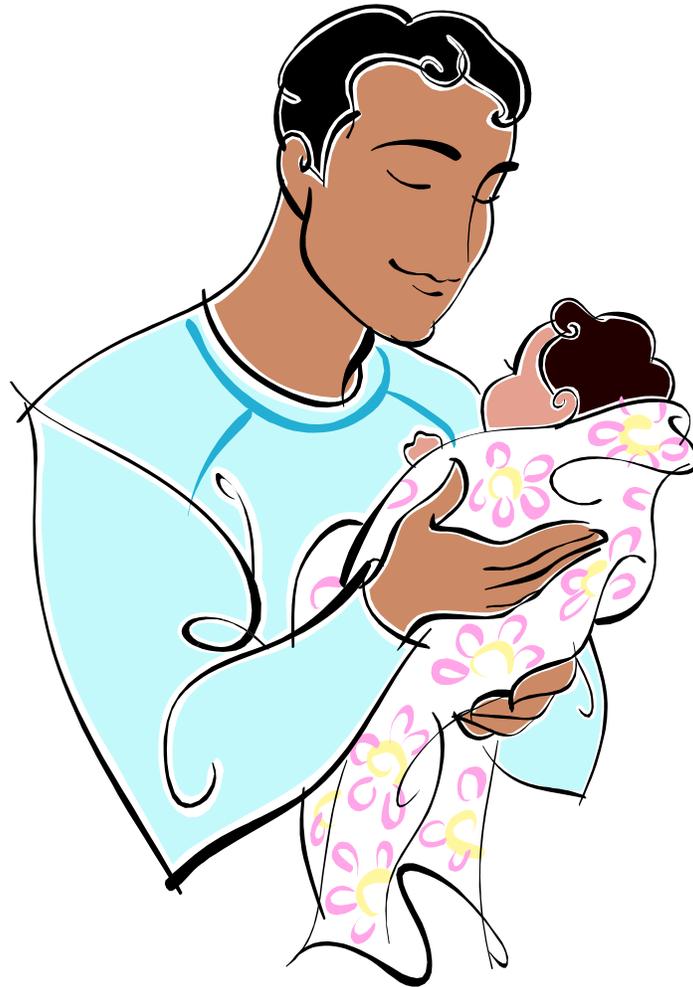




...saving the greatest number of children's lives at the lowest possible cost



Annual Report 2011



...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 pleased that Child Health Foundation has been able, in spite of the economic difficulties confronting our country, to fund some outstanding Small Grants in 2011. We received 40 proposals from countries throughout the world, and funded 9 of them representing 6 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. You can read about several of our funded projects in this Annual Report.

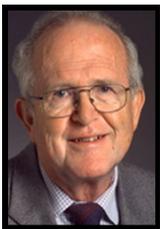
The Board of Directors, numbering 12, met three times in 2011, either in person or by teleconference. In 2012, we now have 10 members, having retired four. We were, however, happy to welcome two new members, Ms. Sujata Rana and Dr. Peter Agre. Ms. Rana is an HIV/AIDS specialist with over 17 years of experience designing and implementing HIV and other health programs globally. She is currently CHF International's Senior Health Advisor providing technical direction to public health programming. Dr. Agre received the Noble Prize in Chemistry in 2003 for his work with aquaporins. He is now the Director of the Malaria Research Institute at Johns Hopkins University. 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, notably reviewing the many proposals that we receive.

Our other major activity is giving 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 Esther Lazarson of New York, continues into its 11th 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 Somalia.

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 us 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



On December 4th, 2011, R. Bradley Sack, MD, ScD, and David A. Sack, MD, brothers and Board Directors, were each awarded the Donald Mackay Medal by the American Society of Tropical Medicine for their outstanding work in tropical health. Brad has spent 49 years in international infectious disease research, making discoveries that improve the health of people worldwide. David was, from 1999-2007, the Director of ICDDR,B, our partner in Bangladesh.



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
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:

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 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 2011 we were pleased to award eight of them, as well as one 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. **Complete reports are available upon request.**

2011 Small Grants Awards

Innovative Grants

1. **BVDA**, Rwanda, Providing information to the community to sustain water related infectious disease prevention and installing clean water wells.
2. **Life Concern Foundation**, Uganda, Improving the drinking water quality among primary school children through the use of sunlight to inactivate pathogens causing diarrhea.
3. **Deeper Mission**, Sierra Leone, Installing a solar composting, environmental toilet (Eloo) project.
4. **Ruwwo**, Tamil Nadu, India, Empowering mothers with complete knowledge of enteric diseases and skills to prevent and manage them.
5. **Grampari**, Maharashtra, India, Increasing hand washing with soap behavior using, in part, a device called the tippy-tap.
6. **PAMICAWIK**, Kenya, to develop effective and replicable hygiene education strategies to promote behavior change.
7. **MEDSAR**, Rwanda, raising awareness about the causes of enteric diseases.
8. **Ghanaian Mother’s Hope**, Ghana, Producing a coloring book to teach children about prevention and treatment of worm infestation.

Humanitarian Grant

Friends Orphanage School, Uganda, Supplying safe water by installing a permanent water tank.

2011 Report

Friends Orphanage School has submitted their interim report in which they say that the rain water harvest tank has been installed and they just have yet to purchase water cleansers, water supply plastic pipes with water tank wire nets.

In the photographs kids and local women are happy to have free safe water again for better health.



2010 Project Updates

1. The **Rural Health Organization**, India, with a 2010 Humanitarian grant has submitted their final report. They conducted a month-long training program to introduce better health-care skills to local midwives.

They learned to use the blood pressure and thermometer equipment, the importance of sterilizing instruments, and preparation of oral rehydration salts.

Physical exams of children were also carried out (*see picture*) and parents were given nutritional information, as well as immunization advice. Pregnant women were provided with iron, folic acid, and vitamin A.

On follow-up, it was learned that children’s health was better, pregnant women were following nutrition instructions and there have been no reports of maternal death.



2. **Mali Health Organizing Project** sent their final report of work they have done which they entitled, *Action for Health*. This project which has been throughout the year working with families to seek early care when their children are ill by taking them to a free clinic accompanied by a Community Health Worker (CHW), and the importance of immunizations, bednets, and hand-washing. Eight-hundred children were enrolled.

continued on page 6

Grants Continued

Mali Health Organization

continued from page 5

The primary purpose of the study was to educate the mothers to take responsibility for their children's health. CHWs were important in this venture. The final activity was to interview the mothers to evaluate how much they had retained. Here are two of the answers received:

The most important change as a result of the project is that our children are cared for quickly and easily. The CHW has taught us certain good behaviors about the health of our children. It is important because it helps us care for them in the best way if they are ill.

The fact that our children are cared for free at the clinic means that we take them there very early before the illness gets worse.

The investigators hoped to reduce prevalence of common illnesses with this activity, but unfortunately they are not there yet. A dent has been made but they have a way to go yet to meet their goal. We are pleased with progress they have made so far and hope they can continue.



3. Chapra Social and Economic Welfare Association, India, very successfully improved the lives of a community by training mothers to train mothers. Some 292 Young Mothers (some pregnant) were involved in the project and as result a group of 94 mothers were trained to assist community mothers in early registration, immunization and institutional deliveries.

As a result: No maternal death has been registered because 94% (145 pregnancy out of 153) were immunized within 12 weeks of pregnancy. No child death was recorded during the year because of timely child immunization, 107 (87%), and exclusive breast feeding (81%). Eighty-one percent (99 out of 122) deliveries were done in the institution during the year and the remaining were done at home by trained Birth Attendants in villages.

119 (98%) babies received breast milk within 2 hours of delivery. The trust that the community has in this organization is reflected in this success.

4. Spandan in India began a project in April 2011 to apply deworming as an early childhood care and development method by training health workers and caregivers on anthelmintic treatment through home visits.

Awareness meetings were organized in 30 villages and a workshop was conducted with 94 people participating. Then a 2-day training program was organized for 30 health volunteers on the procedure of medication administration and introduction to the health card. Cards were printed for 4,000 households for recording growth, and drugs administered. Some 3,980 households were then surveyed. Health camps were carried out in the 30 villages where Abindazole was administered to 1256 children (two doses). Monthly follow-up visits are made and we will learn more about this very successful project later.

5. The Organization for Research, Extension and Training Agriculture (ORETA), Uganda, in 2010, launched a project to reduce malnutrition in infants, children, and pregnant and lactating women through food-based approaches.

They say in their final report that before they introduced orange-fleshed sweet potatoes, the illness and death among children under 5 years of age in their community had been much higher, especially among those with vitamin A deficiency. The overall mortality was reduced by 25-30%.

In their interim report they told us that the women were given juice blenders and are now feeding fresh juices of mangoes, oranges, and some vegetables to their children, as well as selling it to have a little extra income.

Poultry farming has also been included in the project. Thirty chicks were given to each of 20 women for them to rear for eggs for themselves and for sale.

But it seems the sweet potatoes were the most effective in improving the children's health because it provides a high amount of beta-carotene.

The benefits include also less money being spent on medical costs, children missing less schooling, and easy availability of inexpensive family food.

ORETA will spread the word and we are pleased with this sustainable method of improving the health of children.

6. Opportunity Solutions International, Madagascar, is developing innovative ways to distribute and ensure the use of insecticide-treated bednets to prevent malaria.

They have been able to train a staff of surveyors and identify a region in the rainforest which is underserved. But the project has been delayed because they are developing a new technology to monitor the use of nets. Stay tuned.

2009 Grant Updates

1. Nutrition education involved training community healthcare providers and volunteers on essential nutrition actions by the **University of Ibadan** in Nigeria. (2009 Small Grant) These actions were carried out in 4 communities and about 5,000 people were reached. The project was divided into 3 phases. First a survey was done involving 339 mother/child pairs.

Then the nutrition education phase which used innovative methods such as drama, focused group discussions, audio-visuals, and posters such as the one below. The 3rd phase was a monitor of growth.

Education focused on teaching pregnant and lactating mothers exclusive breastfeeding, immunization,

continued on page 7

Grants Continued

University of Ibadan

micronutrient supplement availability and sources, hygienic environment and the provision of care for their children, using community drama, focused group discussions and audio visuals in



their local dialects.

They also provided skills training for 50 women for income generation to overcome poverty. We are pleased with this very fine report and the accomplishments.



2. Paribartan in India is providing training on the use of zinc therapy to reduce the severity of diarrhea.

Because prescribing Zinc supplementation significantly reduces the duration and severity of diarrheal illness. ASHAs (Accredited Social Health Activists) are being trained

in its use.

Twenty villages with a population of about 5,000 were targeted. Seventy-five ASHAs and 60 Community Health Workers were trained, during a 5-day program, to counsel mothers to begin oral rehydration therapy on onset of diarrhea and continue breastfeeding, and to provide a 2-week supply of zinc supplementation. They were also instructed to inform them about the signs for seeking emergency care immediately.

This is, of course, a success story we like to hear about because it continues to save children's lives long after the program ends.

3. Tascas of North Carolina, investigated fecal contamination by detection of bacteria producing H₂S in rural water supplies in Nicaragua. Working with the Nicaragua government, they, with a simple, innovative field-test kit, have trained hygienists in their use and then distributed them to two areas of the country. This action has the potential to improve the health of a population of about 460,000.

This kit was designed to make the need for a laboratory unnecessary by using sterile plastic bags for the samples rather than glass bottles.

When contamination of the water was found, the hygienists returned to find and implement solutions, perhaps chlorination or recommending the boiling of the household water. Dr. Harvey, investigator of the project, says, "I was very pleased to hear that in communities where the tests had shown fecal contamination, the people had responded willingly to the recommendations and there



were documented instances of improvement in water quality.

TASCA is committed to supporting the testing for an indefinite period with supplies and follow-up training.

4. Iron and Zinc are important nutrients in adolescence. During this period, the demand increases because of accelerated growth.

A study, was done by the **Research Center Food and Development (CIAD)** organization in an area of NW Mexico where the prevalence of this nutrient deficiency was recorded to be higher than the national average. This study set out to investigate the iron status and zinc levels in adolescent women (174 agreed to participate) to establish their association with dietary consumption and absorption inhibitors.

The researchers found that there was a low prevalence of anemia in the girls, but the high prevalence of low serum zinc levels and low consumption of zinc was significant and must be attended to. They are hoping that the government that gives supplements to pregnant women will see the importance and include adolescent women.



5. Another project designed and carried out by the **Research Center Food and Development (CIAD)** has sent a final report of their very well done study educating school children about good health and then collecting data to determine how effective it was. They had received a Small Grant from the us in 2006 and used information from that study to carry out this one.

Stool samples were processed and data concerning socioeconomics, parental education, household condition and income were collected at the beginning and then nine months later. The educative process consisted of four topics:

1. Feeding and hygiene
2. Environmental care
3. Prevention of gastrointestinal infection
4. Self approval

A questionnaire was designed to identify changes in the children's behavior.

The study was implemented in one suburban and one urban school with 245 and 324 schoolchildren respectively. Two other like schools were controls.

The purpose of the study was to determine if these strategies would improve the health of the children, i.e., reduce the intestinal parasites infections. The investigators found that indeed most infections were reduced in the suburban schools, but did not see any reduction in the urban schools. This they believe may relate to poor participation and low parent availability.

Other successful outcomes include adoption of more healthy food for sale during break time.

Grants Continued

6. The **University of Medicine and Dentistry of New Jersey** built a bathroom and designed a septic system to improve sanitation for an orphanage housing Haitian refugee children in the Dominican Republic.

Because the flow of refugees from Haiti, still trying to recover from the earthquake and cholera epidemic, has been considered a threat to the Dominican Republic, the government has been deporting Haitians. This has caused them to go undercover. Yet they have been able to gather additional support for constructing a kitchen and more dormitory space. They say the bathroom construction had the effect of encouraging this support. We are pleased to have had a part in this endeavor.

7. A 2009 survey discovered that almost 15 million children living in sub-Saharan Africa had lost one or more of their parents to AIDS. The **Ethiopian Orphan Health Foundation** has reached 91 of these children, living with grandparents, or with someone with a chronic illness, to provide healthcare and health education.



Using traditional coffee ceremonies (a total of 50), popcorn and biscuits, facilitators initiated discussions about HIV/AIDS and reproductive health. The youth felt free in this context to share experiences and learn from one another.

A peer education program incorporated dramas that feature local poems and music about HIV/AIDS, which empowered the youth to discover themselves, their friends, their community and their world. Four local Community Health Workers were recruited and trained by government leaders to provide health education to children and their families. These CHWs made house to house visits teaching about hygiene, and managing diarrhea, malaria, trachoma, and other health subjects.

8. **Didi Pre-School and Creche** (South Africa) report



that their project has been so successful that they have attracted children from other child centers to attend the sessions on brushing teeth, washing hands, eating healthy foods and drinking clean water.

They used children's activities to keep the kid's interested, such as drawing, coloring, and giving out prizes. Hand-washing was a major activity and they created an octopus character named "Handy" whose picture is on posters above the sink to remind the children to wash.

Included in the instruction were visiting the dentist, drinking clean water, and eating healthy foods.

We are pleased with this Humanitarian project and expect it will greatly improve the health of many children.

Other Project Reports

1. The **American Indian Family** (2008 grant) in Minnesota, has trained three doulas as lactation counselors to conduct mother-circle breastfeeding support groups and assist new mothers in choosing to breastfeed for 6 months. Their survey in September 2010 found that of those mothers who had been assigned a lactation counselor during the past year, 55% were still breastfeeding, averaging 5.6 months duration. In another survey in December the figures were 40% with an average of 7 months duration. Since before this breastfeeding was near zero, this was considered a success.



In the words of one of the promoters, "By respecting the intelligence of the participant and providing her with accurate information, we created an atmosphere that promotes independent thinking, thus establishing a healthy rapport."

2. Quite amazingly, the **EPRC (Environmental and Population Research Center)**



Project with a goal to give everyone clean water is now in its eleventh year. It is generously financed by Esther Lazarson of New York City.

The project empowers women to be leaders in the installations and maintenance of tubewells that give people access to clean water.

By November 2011 more than 38,500 people have been supplied with safe water.

As a result, children are experiencing fewer episodes of illness due to water-borne organisms.

This phase of the project was conducted in four villages, where drilling for water met many problems with arsenic and salinity, but with careful sampling, these were overcome. With funds collected from the localities, the education of children continued and because the women no longer have to travel far to get water from rivers and streams, they have time for planting gardens and taking literacy classes.

In January, Dr. R.B. Sack visited one of these villages and observed firsthand how successful this project has been. The photo was taken during this visit.

Other Activities

Emergency Relief

This year our emergency assistance went to Somalia and other countries in the horn of Africa, where the people (about a million) are suffering a horrendous famine, then complicated with an epidemic of cholera. A call for donations reaped \$1260 which bought 6 cases of CeraORS, then matched case-for-case by Cera Products Inc. Direct Relief made the delivery.



Oral rehydration solution is the lifesaving product in an epidemic of diarrhea, preventing the dehydration which is lethal to more than half of the sufferers. Most of those affected are children.

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. They write that “the clinic is used not only for physical healing but for our loving approach to let the patients know of sincere care so that they are healed all over. If necessary we spend time with the patients after clinic hours, this is yielding great results. Over 250 patients visit the clinic every week. They come mostly for treatment of diarrhea, stomach ache, dysentery, jaundice, pneumonia, typhoid, malaria, colds and fever.



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.

Climb for Child Health

Dr. Daniel Sack, son of Dr. R. Bradley Sack, the Foundation’s Director, successfully climbed Mt. Aconcagua in Argentina (20,000 feet) in January. He did this, in part, to raise funds for Child Health Foundation and was successful in raising almost \$10,000.



Perhaps you would like to climb, race, swim, or jump rope as a fundraiser. We welcome such endeavors.



CHILD HEALTH FOUNDATION NEWS was published three times in 2011 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.

Complete reports of all programs summarized in this Annual Report are available from the Foundation’s office by request.



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

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.



icddr,b

KNOWLEDGE FOR GLOBAL LIFESAVING SOLUTIONS

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.



2011 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 12/31/11: William B. Greenough, Rita Colwell, Norman D'Cruz, Nicolaus Lorenz, Elizabeth Mason, Simbarashe Mandizvidza, David Sack, Alejandro Cravioto, Jeffrey Gonya, and David A. Weisbrod. At the end of 2011, the total endowment was valued at \$ 8,658,281 (10,315,789 at the end of 2010) and is managed by TIAA/CREF of St. Louis, Missouri. During 2011, Child Health Foundation expended \$60,506 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 2011 totaled \$22,130.

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INDIVIDUAL DONORS: Many anonymous donors

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Theodoro H. Thomas
Kevin Tibbets
Benito M. Torres

U

Naopaulo Unrao

W

Jacob Wade
Nand Wadhvani
P. Watthanawes
David A. Weisbroad
Jason Weisfeld
Andrea A. Weiss
Joackin A Weissfeld
Carla White
Mark Willis
Faith Wollert
Sara G.P. Woodruff
Lindsay Wright

Y

Hideki Yamamoto

Z

D. Zilliacus

CORPORATE AND FOUNDATION CONTRIBUTIONS

Andrew Family – Fidelity Charitable Gift Fund.
Cera Products, Inc.
Children’s Medical & Research Charities of America
Combined Federal Campaign
Good Search
ICDDR,B – Dhaka
Independent Charities of America
Innosight Consulting
Lion Television
Marguerite Casey Foundation
Maryland Charity Campaign
Maryland Presbyterian Church
Network for Good
Progressive Casualty Insurance Co.
REI – Recreation Equipment Inc.
The Columbia Bank
Thomas Johnson Surgery Center (Staff)
United Way
University of Trondheim, Norway

Financial Statement

Year Ending December 31, 2010

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	\$ 62,037	23,600	85,637
Grants-in-kind	-	-	-
Corporate contributions	2,196	-	2,196
Individual contributions	81,405	1,750	83,155
CFC/United Way	930	-	930
Interest, dividends and other investment	445	-	445
Miscellaneous	143	-	143
Satisfaction of program restrictions	88,539	(31,540)	56,999
Total revenues and other support	235,695	(6,190)	229,505
Expenses			
Program services	208,737	-	208,737
General and administrative	17,241	-	17,241
Total expenses	225,978	-	225,978
Change in net assets	9,717	(6,190)	3,527
Net assets—beginning of year	133,404	17,090	150,494
Net assets—end of year	\$ 143,121	10,900	154,021

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 or give by credit card on our website. Thank you.

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

Phone: (410) 992-5512
Fax: (410) 992-5641
Email: contact@childhealthfoundation.org

Visit our Website at www.childhealthfoundation.org