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

Issue #1 2015

Twelve Small Grants Awarded



In 2014 we received 101 proposals covering various health related issues. They were reviewed by our grant committee of health experts, who look for projects which employ innovative methods to improve and

save children's lives, and then award them up to \$5,000 which, especially in developing countries, is a small fortune. We were able to fund 10 innovative and 2 humanitarian grants (\$3,000) to ten different countries. **Lessons**

learned ultimately benefit children everywhere. Innovative Grants

- **1. Social Activities for Voluntary Efforts (SAVE),** Bangladesh, will implement in 15 villages activities to reduce child and mothers' mortality rates through developing trained midwives.
- **2.** Under-Privileged People's Development Organization (UPPO), Bangladesh, received a 2013 grant. They will continue installing latrines.
- 3. **Kossoye Development Program,** Ethiopia, will use the funds to teach elementary school teachers, children gardening and good nutrition.
- 4. **Operation ASHA**, Cambodia, seeks to screen children and their families affected by tuberculosis and provide treatment and counseling.
- **5. Pamoja,** Tanzania, will install a storage tank for clean water in 3 preschools, and teach hand-washing using a jelly made from lemon and garlic.
- 6. **Tenwek Hospital**, Kenya, will conduct training to maintain neonatal resuscitation skills after *Helping Babies Breath*, an evidence-based curriculum.
- 7. **Aguayuda**, Colombia, recipients of a 2012 grant in which we helped them install a windmill will install T*ippy-Tap* hand-washing facilities.
- 8. **Women Empowerment Program (WEP),** Rwanda, will implement *Bubble CPAP*, a non-invasive ventilation strategy for newborns with respiratory distress.
- 9. United Youth for Rwanda Development (URYD), Rwanda, will aim to prevent malnutrition in children with an innovative peanut called Rwanda Nut. Locally produced it is similar to the well-known *Plumpy Nut* produced in France.
- 10. **Mekong Delta Youth,** Vietnam, will install innovative Floating Toilets, designed to float automatically during flood season.

Humanitarian Grants

- 1. RPDS, India, health education
- **2.** Commdef, Ghana, breastfeeding

Wash Your Hands!

It may seem strange to you that there are children in the world who don't hear that constant command from their mothers, but it is true. Many parents are uneducated and the germ theory is unknown to them. Especially since most of them eat with their fingers, they need to know that hand



-washing with soap is the most effective and inexpensive way to prevent diarrheal and respiratory infections. So the importance of this procedure needs to be carefully taught.

Once learned, it is passed on from generation to generation, so it is a sustainable effort.

Child Health Foundation has funded many sanitation projects that are making a difference in the world, improving children's health. For example, the picture above is a hand-washing tank, taken by **TLC**, Rwanda, which the children are encouraged to use before eating.

Another of our projects, **Grampari** in India, has targeted a total of 1,034 students to introduce and follow up with the tippy-tap. This simple hand-washing device has been erected and maintained in 15 villages and 13 schools. About 80% of the students have built the tippy-tap in their homes. They have a song they sing called

Dotsi, seen here performed for the students, which enforces the importance. They also celebrated Global Handwashing Day.



Each year on October 15, over 200 million people are involved in celebrations of this day in over 100 countries around the world. You can read all about it on their website with the same name, that is globalhandwashing.org.

Our 2013 Annual Report will soon be ready for distribution. If you would like a copy, please call our office: 410-992-5512, email: contact@childhealthfoundation.org, or read it on our website.



2015 Board of Directors

Maureen Black, PhD, *Chair* Pediatric Psychologist, Univ. of MD

Rita Colwell, PhDProfessor, University of Maryland

Christine M. George, PhDAsst. Professor, Johns Hopkins Univ.

John S. Graham, PhD, MBA Director, Food and Drug Adm.

William B. Greenough III. MD, Sect. Johns Hopkins Geriatrics Center

Anwar Huq, PhD Professor, University of Maryland

Pamela Johnson, PhD, *Vice Chair* Executive Vice President, Voxiva

Zahirah McNatt Program Director, Yale University

Nathaniel Pierce, *Treasurer* Professor Emeritus, JHU

R. Bradley Sack, MD ScD, *Director* Professor, Johns Hopkins University

David A. Sack, MDProfessor, Johns Hopkins University

Tim Shi, MDExec Dir, Global MD Organization

Nand Wadhwani, Founder, Rehydration Project

CHF Staff

Jonathan A Sack
Director of Administration
Corinne Borel, RN
Development Officer
Jo Sack Public Relations Director
Newsletter Editor

Letter from the Chair



Dear Friends,

2014 was a very exciting year for the Child Health Foundation! We were fortunate to be able to fund ten 2014 Innovative Small Grants and two Humanitarian Grants in ten countries. We are thrilled with the grants that we are funding. It was an extremely difficult task to choose the winners because many of the projects that we were unable to fund were innovative and deserving of support.* We received reports from some outstanding projects that we had funded in the previous year; you can read about some of them in this newsletter.

In addition to our Small Grants Program, we continued to give 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. Another project in Bangladesh, funded generously by Miss Esther Lazarson of New York, continues into its 14th year, supplying clean water to thousands of people, many of them, of course, children.

We also responded with help to those suffering from Ebola in Africa by funding a shipment of oral rehydration solution produced by Cera Products Inc. The amount was also matched by Cera Products.

2014 also brought several exciting administrative changes to the Child Health Foundation. By moving the office from Columbia to Timonium, MD, we have excellent facilities and a significant savings in rent. We also hired a part-time fundraiser, Corinne Borel. Corinne was once the Foundation's Executive Director, but has since taken a path toward nursing. In an initial step, she introduced the Child Health Foundation to some University of Maryland Baltimore County senior students who were working on a class assignment in *Technical Communications*. They upgraded our social media and designed a brochure for us. We are delighted and look forward to more fund raising and community activities. The Board of Directors, numbering 10, met four times in 2014, either in person or by teleconference. 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 for the Small Grants Program.

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. With the help and support of our donors, we have made a difference in the lives of many children and families. Yet, there is still a great need! We thank you for your support in the past and hope you will continue to help us reach out to children in need with your generous donations. We appreciate your comments and your assistance in enabling the Child Health Foundation to fulfill their mission of "saving the greatest number of children's lives at the lowest possible cost."

Sincerely, Maureen Black, PhD Chair, Board of Directors

*We wish we could fund the others that received high scores. If you would like to help with funds for these, please let us know and we will even let you select the project, then keep you informed about its progress.

Visit our website at www.childhealthfoundation.org, Facebook and Twitter

Training of Health Workers

Mali Health, Mali, has worked to improve child survival with increased access to primary care for the poor, increase the communities capacity to respond to health needs, and develop a replicable model of primary care services. They write, "The training of community health workers reinforced their behav-

ior change communications and medi-

cal techniques, such as ORS prepara-



tion (see picture), malnutrition screening, and detecting respiratory infections." Then "approximately 450 mothers and caregivers from our beneficiary families have been trained in how to prepare ORT through small group demonstrations." They managed to have 200 children admitted and treated at their partner health centers, supporting the treatment of malaria, respiratory infections and diarrheal diseases. Their latest activity involved giving demonstrations on access to clean water, impacting 1600 children. Further, it is believed that about 6.000 children under 5 years received immunizations (a government program) because the organization funded 30 Community Health Workers to spread the word, especially about the national campaign against polio. An article was printed in the official newspaper. The headlines in French: L'ong Mali Health et Child Health Foundation Viennent En Soutien Aux Enfants Vulnerabbles Dans Les Zones Periurbaines Du Mali.

An Orphanage on an Island



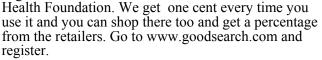
The Foundation continues to support the Seed Welfare Society clinic on an island in India which was built with Small Grant funds in 2004. Originally built to provide health care for the orphans, it has branched out to the community.

The clinic remains open for two days each week with one doctor, one nurse

and a helper. Approximately 150/160 patients are treated each week. "We teach the mothers regarding hygiene, sanitation, drinking boiled water, special care to the baby and general cleanliness in and around their homes," Says Maya Banerji, director of Seed.

Please:

Use GoodSearch as your search engine and earn dollars for Child



Preventing Enteric Disease

Under-Privileged People's Development (UPPO), Bangladesh, worked to prevent air and water-borne diseases by installing double slab latrines. They were able to install latrines for 66 families in this aboriginal com-



munity. They also get an economic benefit by selling the compost fertilizer manufactured by these unique latrines. They held 100 courtyard meetings, 4 seminars, and 5 open discussions to build sanitation awareness. An article was run in the local newspaper. The director of the project expressed deep gratitude for our financial assistance and have received another grant this year.

Alive at Seven Mission for Community Development (MCODE),

Uganda, conducted a project called "Alive at Seven," educating community members about disease prevention. They have held workshops and trained 23 community health promoters, provided deworming to children. and constructed tippy taps and promoted their use in homes. Also they have trained caregivers



about proper mosquito net usage, (to prevent malaria), promoted breastfeeding, and distributed mosquito nets (as in this photo).

Do it yourself, okay? Vitendo Self-Help Group,

Tanzania: planned to help the people help themselves to make claypots with secure dispenser taps to store boiled water. And then one hundred adults were trained



lies were given instruction about the importance. Families have adopted measures to prevent the spread of enteric diseases and have found that there has been a drastic reduction in these diseases among the children due to drinking clean water. They then held an open forum to spread the good news to the government and other communities.

All reports herein are available on our website and more complete reports can be sent to you if you request them.

2015 Innovative Small Grants

GoodSearch

We are pleased to announce that we are now soliciting letters of intent for this year's ISG awards. See our guidelines on our website. The campaign is open to organizations worldwide.



Child Health Foundation 110 East Ridgely Rd. Timonium, MD 21093 Presorted Std. Nonprofit U. S. Postage PAID Permit #402 Columbia, MD 21045

Address Service Requested

New Board Member

John S. Graham, PhD, MBA, DABT is the Direc-



tor, Office of Research, Center for Veterinary Medicine, Food and Drug Administration, Laurel, MD. He joined the FDA in November 2013 following a 33-year career in DoD where he was the Director of Research (DoR) at the U.S. Army Medical Research Institute of Chemical Defense, Aberdeen

Proving Ground, MD. He joined the Institute in 1980 as a laboratory technician.

Dr. Graham has spent the last 15 years conducting research on wound healing of burns induced by the blistering chemical warfare agent sulfur mustard, authored or co-authored numerous publications and book chapters, and given numerous platform presentations at national and international conferences. In 2009 he transitioned from research into laboratory management, when he became the institute's Research Program Manager and Chief of the Research Programs Office.

He is the recipient of the Department of the Army Research & Development Achievement Award for Technical Excellence (2003), and the Silver Award from the Excellence in Federal Career Awards Program for Outstanding Community Service (2004).

Dr. Graham received a B.S. degree in biological sciences from Drexel University in 1979, a Ph.D. in toxicology from the University of Maryland School of Medicine in 2001, an M.B.A. from the University of Phoenix's College of Graduate Business and Management in 2009, and is a diplomat of the American Board of Toxicology.

He lives with his wife, Diane, in Bel Air, MD. We are pleased to welcome John to the Board.

Emergency Aid

Child Health Foundation donated \$5,000 to help the Ebola crisis in Africa. This gift was matched by Cera Products Inc. and they were able to send 40 cases of CeraORS to the BIO-Maryland Ebola project, which was then sent to West Africa.



Each case held 200 packets, giving 8,000 liters of oral rehydration solution. Severe diarrhea is a common symptom of Ebola and it leads to dehydration, which if not corrected often leads to death. We are pleased that we have been a part of saving lives from this dreaded disease.



The Board of Directors held a retreat at the CHF office February 7th. Left around the table: Nate Pierce, Anwar Huq, Zahirah McNatt, Pamela Johnson, Rita Colwell, David Sack, Christine George, Corinne Borel, Maureen Black, Brad Sack. Jonathan Sack at the desk





