



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



Annual Report 2018



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

2018 Board of Directors

Maureen Black, PhD. (Chair)

Pediatric Psychologist, University of Maryland

Rita Colwell, PhD

Professor, University of Maryland

Christine George, PhD

Asst. Professor, Johns Hopkins University

William B. Greenough, III, M.D. (Secretary)

Professor, Johns Hopkins University

John S. Graham, PhD, MBA, (Treasurer)

Director, Food and Drug Adm

Anwar Huq, PhD

Professor, University of Maryland

Susan Lisovicz, Journalist

Visiting Professor, Arizona State Univ.

Pamela Johnson, PhD (Co-chair)

Executive Vice-President, Voxiva

David A Sack, M.D.

Professor, Johns Hopkins University

Bonita Stanton, MD

Vice Dean, Wayne State University

Nand Wadhvani

Founder, Rehydration Project

The Board met 4 times in 2018 in person in Timonium and by teleconference.

CHF Staff

David Sack, M.D., Director

Jonathan Sack, Director of Administration

Jo Sack, Public Relations Director, News Editor

Past Trustees & Emeriti

Peter Agre, M.D

Leonard D. Andrew

Geoffrey Arrowsmith

Abdullah Baqui,

Bashir

Mayra Buvinic, Ph.D

Charles CJ Carpenter, M.D

Richard Cash, M.D

John Costello

Joseph Deltito, M.D

Hugh Downs

Harold Fleming.

Barry Gaberman

Veena Hammers

Lauren Harrison-White

Norbert Hirschhorn, MD

Norge Jerome, PhD

Irene Jilson, Ph.D

Ronald E. LaPorte,
M.D

Beth Lamont

Erick Lensch

Shirley Lindenbaum, PhD

Eric Marler

Zahirah McNatt

Robert Northrup, M.D.

Nate Pierce, M.D.

Geoffrey Place

Charlene Riikonen

Tim Shi, MD

Hazel J. Shorter

Kaye Wachsmuth

We especially honor our trustees/directors who have died:

James Bausch

Clifford Pease, MD.

Katherine Elliot, MD

William T. Mashler

R. Bradley Sack, MD, ScD

David E. Bell

Omand Solandt

David Rogers, M.D.

Amb. Jean Broward

Shevlin Gerard

Adaline Satterwaite, M.D.

Message from the Chair

Maureen, Black, PhD Chair, Board of Directors

Dear Friends,

For the past 33 years, the Child Health Foundation has saved and improved the lives of thousands of children in low-income settings across the globe. In 2018, because the Foundation was in transition and examining our goals and our future, we limited our funding to two innovative small grants, located in Tanzania and Cameroon. Please read the reports of previous projects in this Annual Report. You will be extremely impressed at how organizations throughout the world have used funds from the Child Health Foundation to improve their communities and the health of their children!

Our biggest concern has been the trending decline in revenue, a concern among many non-profit organizations who depend on the generosity of donors. Fortunately, the tides have turned somewhat and we have enough resources to resume some limited funding. We have decided to concentrate primarily on innovative small grants. We invited organizations to submit proposals for 2019 focused on infants during the first year of life.

Our most encouraging news was a \$10,000 award that we received from the “TIAA Difference Maker 100” competition. TIAA, the financial services company, gave 100 awards to organization making the most difference in the world. CHF was specifically praised for its effectiveness with small grants, just \$5,000 each. “A little bit can go a long way,” TIAA wrote, “as Dr. David Sack and the Child Health Foundation have learned in distributing 137 small grants to child-focused organizations in 37 countries.”

Dr. Sack recruited a master’s student from Johns Hopkins Bloomberg School of Public Health to assist us by reviewing past CHF grants to determine their impact and long-term effects. Her work will inform us, enable us to share the information with you and other donors, and will serve as her Capstone project for her MPH. We are delighted with the involvement with students and will look for other opportunities.

In addition to the small grants program CHF supports a project in Bangladesh that provides clean water to thousands of people, many of them children. With the generous and ongoing support from Miss Esther Lazarson of New York, CHF has funded this project for the past 17 years. The Foundation has a long history of work in Bangladesh, including support to ICDDR,B (the International Centre for Diarrheal Disease Research, Bangladesh) by receiving donations and arranging Centre Fund meetings

Please read about CHF activities and our 11-member Board of Directors of dedicated child health professionals at www.childhealfoundation.org. With the help and support of our donors, the Child Health Foundation has improved the lives of thousands of children and families throughout the world. Yet, the need continues! We thank you for your support in the past and hope that you will continue to help us reach the many children in need with your generous donations. We appreciate your comments and your assistance in enabling us to fulfill our mission of *“improving the lives of children in low-income settings across the globe by empowering local communities to creatively solve their most pressing child health challenges.”*

Warm regards, *Maureen Black*, PhD Chair, Board of Directors



CHILD HEALTH FOUNDATION NEWS was published in December in 2018 and was mailed to over 800 readers and contributors. The content of the newsletter informed 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 upon request.

History

Child Health Foundation was established in 1986 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. We support organizations that are community driven, practical and responsive, strategic and effective and sustainable.

Mission Statement

Our Mission is “to improve the lives of children in low-income settings across the globe by empowering local communities to creatively solve their most pressing child health challenges.”

Drawing on decades of public health service, we accomplish this by encouraging communities to develop, evaluate, and implement novel approaches to improving child health, and financially supporting locally established NGO’s to execute practical and effective interventions.

Our Vision is to inspire community organizations which promote child health and survival across the globe.

Our Values: We are motivated by the belief that concerned and inspired citizens in low income settings are uniquely suited to respond to the health needs of their next generation.

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.



How We’re Making a Lasting Difference

Grants: We have a program called Innovative Small Grants, which allows donors of gifts to have broad geographic impact on a wide spectrum of topic areas, with the Foundation performing the administrative oversight.

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.

Public Education and Outreach: We educate families and communities through our newsletters, website and social media.

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. And we reach out to communities in emergency need due to catastrophic storms, earthquakes, famine, or epidemics.



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 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 the health of infants and children. In 2018 we were able to award only 2 of them because the foundation was in transition.. They, as well as brief reports from the completed projects of the previous years, are described here. See our newsletter for updates.

2018 Innovative Small Grants Awards

1. M.A. Sante, Cameroon: To contribute in upgrading the laboratory for the support of its contribution in research and epidemiological surveillance in Cameroon

2. Naboishu Development Initiative, Tanzania: A qualitative cross-sectional study nested within an ongoing MCH project to better understand the robust preference of Maasai women for traditional home delivery even for those who access the health care system for antenatal care.

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

2017 Innovative Small Grants Reports

1. Women Empowerment Program (WEP), Rwanda, has been funded 3 times previously, They are now continuing their Bubble CPAP and Kangaroo care to prevent neonatal mortality, now in the 3rd Province. They have reached 65 health posts and 95 health Centers, all that were planned during this project year. By the end of the project year, they made 6901 bCPAPs in respective health facilities This was



401 bCPAPs more of those that were planned because of more need; those bCPAPs have saved 15,802 babies in the whole province that would have been died without this efficient technology.

2. Koderu, Kenya, The project conducted a survey to verify open defecation in 4 villages where the project team visited 219 households and found that 41% practiced this. 15 sanitation promoters were trained in making Arbor-Loo toilets from locally available materials. The encouragement of households and schools to plant fruit trees in old arbor-loo pits for children nutrition improvement has not been successful as it was perceived to contain disease-causing pathogens.



“The results of the project has been shared with the public, County Government and other WASH stakeholders during 2018 world toilet day event in Migori County where we showcased arbor-loo toilet, interaction and informational leaflets,” they concluded.

Grants Continued

3. Heath Education and Empowerment Initiative (HEDEN), Nigeria, is developing what they call a Sweet



Mother App, a simple, easy to use and handy tool which provides access to accurate maternal and child health education while removing socio-cultural and environmental barriers in the language best understood by the people.

In February, 2009, they reported, “We bring you glad tidings from HEDEN on the Sweet Mother App. This is to inform you that we have launched the App on Thursday, February 14, 2019.

One great success of the launch is that the report of the Sweet Mother App project, will be used to develop a policy brief by the umbrella body of NGOs in Nigeria who were also represented by the president of the Network on the day of the launch. The policy brief will be presented to the federal government of Nigeria. An unexpected outcome is that a Yoruba to English language App on health has been made by the Yoruba translator of the Sweet Mother App, who said that it was the work of translating the Sweet Mother App that led to the new App. In the coming months, they hope to feature the Sweet Mother App on radio under their Open Health project.

4. Grampari, India: CHF has enabled this project of School Handwashing with soap for the past 7 years. Through this program, Grampari has succeeded in



reaching 150 schools and approx. 9500 Households from three blocks. It has proved to be of great benefit in behavioural change regarding personnel hygiene in students,

teachers and in the community.

Home visits were given to 53 households in 2 villages. A survey about the tippy tap built by students at their home was done and information about importance of hand washing with soap was provided during home visits.

Similar to last year Grampari team is also committed to building a nation/society with spiritual values. For this the Heart Wash program is being implemented in schools. This helps in building healthy value based children The team has seen good results in the students following these values after undergoing the “Time of Silence”.

After connections with inner voice, many students have made corrections of their misdeeds with the parents, brothers and sisters and with their teachers and friends. Many of those have said sorry to others and have rebuilt good relations with them and are enjoying the happiness in their relations.

5. Mission for Community Development (MCODE), Uganda

The interim report being provided here is for a project called Alive at Seven, a project that has focused keeping vulnerable children alive past the age of seven. In its preparation, the main focus of the project was to put in place a sustainable nutrition strategy through the provision of Orange Fleshed Sweet Potato (OFSP) vines and vegetable seedlings as an approach to reduce malnutrition. They also were mindful of malaria, poor hygiene and sanitation as they are still the major cause of child mortality in Uganda. Therefore MCODE also provided Mosquito nets to reduce malaria, and de-worming medicine, and conducted positive community hygiene behaviours.

They established a model/demonstration garden from where learning took place. The participants were



so cooperative that they brought their own tools with them during the model garden preparation. Vegetable seed beds were also prepared from the model garden and beneficiaries were provided

with seedlings fitting in their prepared gardens at their homes.

Overall, the caregivers to the children were cooperative and during the home visits, we realised that 65% of the basic project requirements were put in place

2016 Innovative Small Grants Reports

1. ACE, Kenya: *Nutritional sack gardens for good health among women and children project.* They established a community-based mothers’ and infant’s center which focused on providing nutritional education and counseling for mothers, regarding health and nutrition information in helping their young children to be healthier; and teaching mothers in slums. Their innovative idea about sack gardening has met most of its objectives in the last 6 months of the year and gained the support of the community as well as local county and national government health structures. Ministry of Health and Agriculture

Grants Continued

ACE, Kenya *Continued*

were actively involved at both levels. Community Health Workers and Community groups have been central to delivery of the intervention. A total of 100 women were trained concerning the gardening for two days.

They also trained 30 Community Health Workers about breastfeeding, complementary feeding, feeding sick/malnourished infants and young children, and infant feeding in the context of HIV, as well as maternal nutrition.

The sack gardens described: The area around the can, which is inside a bag, is filled with soil, stones, and rocks. Water is poured through the rocks (there are holes in the can). Seedlings are planted in holes made in the sides and top of the sack .



2. Kiprista, Rwanda, has a program called Water for Health, which aims at eradicating diarrheal diseases among children via water and sanitation promotion. They report that During the project period, major activities carried out included: 1) meetings with key project stakeholders, 2) training of 20 project volunteers, 3) equipping Kibondo Primary School with 6 drinking water machines and 10 tip-tap water containers for handwashing, 4) hygiene education sessions comprehending distribution of hygiene promotion materials, 5) ten outreach hygiene awareness raising campaigns and 6) conduct 864 home-based education visits. All the above mentioned activities were carried out successfully.

During the project period, major stakeholders were involved via monthly newsletter publications, public poster presentations, as well as local and regional nutrition gatherings. It is believed that the project intentions will be sustained by different stakeholders who actively were involved in the project.

3. ACNN (Australia), Papua New Guinea: They were unable to implement their project and returned the funds.



2015 Innovative Small Grants Reports

1. USAWA Development Initiatives, Kenya: Their goal was to improve the health status of children in Busia County by surveying homes to determine the causes of typhoid, cholera, and other diarrheas, training teachers and others about sanitation, constructing pit latrines, Tippy-taps, and water tanks.

In total, 200 homes were visited and information gathered. Enteric and respiratory diseases were rampant in the villages. This was as a result of unclean drinking water and failure to adhere to hygiene practices. The other cause was use of unclean water in washing foodstuffs and consumption of unwashed fruits by the children.

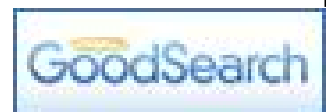


A total of 26 people were trained on proper sanitation and water management. Latrines were constructed in 3 schools, Tippy-taps constructed in 13 schools, and water storage tanks installed in 8 schools.

Though this project took a bit of time beyond the project planned period due to some challenges, it made a tremendous impact on the communities.

Please

Use **GoodSearch** as your search engine and earn dollars for Child Health Foundation. We get one cent every time you use it and you can shop there too and get a percentage from the retailers. Go to www.goodsearch.com and register.



Other Reports

The Environment and Population Research Centre (EPRC), Bangladesh: Dr. Bilqis reported in January, that installing pumps, was delayed because of the tremendous flooding, but they



were able to go ahead with work in April. The project installed 6 wells and supplied safe drinking water to approximately 215 children, 703 women and men (in total 918). This means that since the beginning in 2004, a total of more than 43,000 people are now getting clean water and do not have to go to the river to fill their jugs with dirty water. They checked on the 30 previously installed wells and found that 92% were still functioning properly.

This due to the women themselves being trained to maintain them. Those who use the pumps contribute the necessary funds.

Nursing Student in India

A young woman in Kolkata, India has been granted funds to begin nursing studies by Dr. Ann Kaiser Stearns, a Baltimore woman. She adopted 2 babies from Calcutta several years ago and she and the girls, now both educated, employed and married, have wanted to keep in touch with their heritage by helping in some way with a sustainable contribution. This is the third nurse they have supported and the other two are active in hospitals in West Bengal. Her name is Liza Naru and she is studying in Sri Deveraj Urs College of Nursing in Bangalore. The first payment was \$1,500.



The International Centre for Diarrheal Disease Research, Bangladesh

(icddr,b), Dhaka, has been a partner of Child Health Foundation since our inception in 1986. Currently our office makes it possible for Americans to donate tax-deductible dollars to the Centre and we organize the Center Fund committee's meetings.

The Centre Fund is a program which assists the icddr,b in raising funds which insure continued vital contributions to health. 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. Members of the committee are: William B. Greenough, Rita Colwell, Norman D'Cruz, Maxine Whittaker, Thomas Barry, Munir Alam, David Sack, Kenneth Dye, Jeffrey Gonya, David A. Weisbrod, Syed Monjurul Islam, and John Clemens. At the end of 2018, the total endowment was valued at \$ 11,843,162 (\$12,511,823 at the end of 2017) and is managed by TIAA of St. Louis, Missouri.



Financial Statement

Year Ending December 31, 2017

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	\$ 49,850		49,850
Corporate contributions	10,050		10,050
Individual contributions		30,615	
Charitable Campaigns	4,412		4,412
Miscellaneous			
In-kind contribution	6,000		6,000
Investment Income	30		30
Net assets released from restrictions			
Total support and revenue	70,342	30,615	100,957
Expenses			
Program services	58,864		58,864
General and administrative	13,940		13,940
Total expenses	72,804		72,804
Change in net assets	(2,462)	30,615	28,153
net assets—beginning of year	3,150	63,348	66,498
Net assets—end of year	\$ 688	93,963	94,651

Child Health Foundation
110 E. Ridgely Road
Timonium, MD 21093

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



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

Visit our Website at www.childhealthfoundation.org