



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



Annual Report 2019



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We especially honor our trustees/directors who have died:

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Message from the Chair

Dear Friends,

We are entering the 36th year of the Child Health Foundation! Over the years we have saved and improved the lives of thousands of children throughout the world through our Small Grants Program. By sharing the lessons that we have learned from our grantees, other communities have benefited and prevented illnesses in their communities.

We were able to support the Small Grants Program through your generous help! When you read about the projects and their successes in this Annual Report, you can see that your contributions have made a huge difference! You will also see that we have new projects in many countries, including this year in the United States.

Inspired by the successes that come from helping people improve their communities, I am sure you will want to continue to help. We at the Child Health Foundation thank you for your generous support! We look forward to being able to improve the lives of children in the years to come!

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



CHILD HEALTH FOUNDATION NEWS was published in December in 2019 and was mailed to over 500 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 2019 we were able to award nine. They all followed our 2019 instructions to submit proposals for innovative research or innovative service projects directed at improving the health and well-being of new-born infants during their first month of life. They, as well as brief reports from the completed projects of the previous years, are described here. See our website for updates.



Complete reports are available upon request.

2019 Innovative Small Grants Awards

1. **Amity College, India:** Student nurse will conduct evidence based research study
2. **BHECO, South Sudan:** Org. will integrate life-saving chlorhexidine gel into delivery kits to prevent cord infection.
3. **Jeevan Rekha, India:** Accredited Social Health Activists (ASHAs) will carry out a trial of two models of interevention to improve child survival.
4. **Port Discovery, USA,** has a Gosling Program in Baltimore which addresses emerging concerns regarding private rooms on the neonatal intensive care unit at the U of Md.
5. **WEP, Rwanda:** This is the 4th grant in which Bubble CPAP is to be administered to new-borns as well as kangaroo care.
6. **BHI, Uganda:** They will vaccinate potential young mothers in school to prevent neonatal tetanus.
7. **UYP, Tanzania:** They will work at preventing death caused by jaundice in sickle cell infants.
8. **WHI, Sierra Leone:** They will provide training for the medical staff of a chosen hospital to learn CPAP and kangaroo care.
9. **KEMRI, Kenya:** A Masters of Pubic Health student is conducting his thesis on uptake of antenatal care to improve infants lives.

2018 Innovative Small Grants Reports

1. **Naboishu Development Initiative (NDI), 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.



Project Director: “Interviews were conducted with twenty-three pregnant and/or parous women, along with 3 men’s and 2 TBA’s focus groups, and finally 3 key-informants from ward health facilities. Interviews were transcribed, translated, coded, and analyzed thematically using a grounded theory approach. Most women interviewed expressed preference for a home delivery with a TBA. Data and study results show a slow but steady change in norms in Nainokanoka ward. Rebuilding trust between facility midwives, TBAs, and the community on the availability of health facility services and assurance that women in labor will not be denied service, could also close the gap between the number of women who are currently using facilities for ANC and those returning for a facility delivery.” A version of the report has been submitted to BMC Pregnancy and Childbirth and hopefully it will be accepted for publication.

2017 Innovative Small Grants Reports

1. **Women Empowerment Program (WEP), Rwanda,** has automatically continued activities with bCPAP introduction in Northern Province of Rwanda targeting health centers and health posts. They have reached 65 health posts and 95 health centers; that mean they have reached all health facilities they had planned to reach during this



Grants Continued

project year. By the end of the project, they have made 6901 bCPAPs in respective health facilities, this was 401 bCPAPs more of those that were planned because we had more need and had time to do so. Those bCPAPs have saved 15,802 babies in the whole province that would have been died without this efficient technology.

2. Kibera, 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 open defecation. 15 Arbor Loo sanitation promoters, were trained in making Arbor-Loo toilets from locally available materials. As such, total 550 Arbor-Loo toilets slabs were produced.



The project targeted 18 schools with an estimated 3,870 children. Each school received 10 Arbor loo slabs with a shelter. Handwashing with soap was also and surrounding neighborhoods were utilizing the toilets. They also learned that health was improved by 4.5% because of less diarrheal disease, the data from a health facility..

Also, a forum held reached over 500 community members and 33 households adopted the arbor-loo and paid for the construction.

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 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. The results were also shared with WASH stakeholders working group through interactions and information leaflets,” they concluded.

3. Mission for Community Development

(MCODE), Uganda, had completed a project to keep children alive past the age of seven through improving nutrition practices in a sustainable manner together with hygiene and sanitation interventions.

“Under nutrition, MCODE focused on a sustainable

strategy which was through the provision of Orange Fleshed Sweet Potato (OFSP) vines and vegetable seedlings as an approach to reduce malnutrition. In other components of the project, malaria, poor hygiene and sanitation were also addressed as they are still the major causes of child mortality in Uganda. Therefore,



MCODE provided Mosquito nets and trained them on usage to reduce malaria among children below seven years, provided de-worming medicine and conducted community mobilisation to influence positive community hygiene behaviours.”

They assessed and trained 112 households (more than 20 households per village). Over 90 OFSP and kitchen/back yard vegetable gardens were established in five villages. 80% of project beneficiaries in the targeted communities were trained in preparing balanced diets. 220 mosquito nets were procured and distributed to children under the age of seven. Over 300 children received de-worming tablets four times a year. And 70 tipy-taps were constructed.

2016 Innovative Small Grants Reports

1. ENACTUS, Togo. This is the antimalarial soap... now a cream... project and called *Mousticare*. Their last report told us of a change in contact person. That new contact person has now written: “During the last months, we developed a new marketing survey which will be filled out by our target group within the next couple of weeks, helping us to identify our marketing strategy. Also, with the German Company “Saltigo”, we found a propitious supplier for our active ingredient. Furthermore, in a month from now, we will produce new prototypes and will again test their effectiveness.”

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.

This is the final report for EPRC, since Esther Lazarson, the generous donor, has had to discontinue support. She had given a total of about \$225,000 for clean water in Bangladesh and we are very grateful.

Nursing Student in India

A young woman in Kolkata, India was granted funds to begin nursing studies from Dr. Ann Kaiser Stearns, Baltimore. 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. And she has now received the second payment of \$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, Nancy Cheng, Thomas Barry, Munir Alam, David Sack, David Weisbrod, Syed Monjural Islam, and John Clemens. At the end of 2019, the total endowment was valued at \$ 14,257,332 (\$11,843,162 at the end of 2018) and is managed by TIAA of St. Louis, Missouri.



Financial Statement

Year Ending December 31, 2019

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	\$ 43,050		43,050
Corporate contributions	247		247
Individual contributions	29,857	1,790	31,646
Charitable Campaigns	2,162		2,162
Miscellaneous			
In-kind contribution	6,000		6,000
Investment Income	59		59
Net assets released from restrictions			
Total support and revenue	81,374,	1,790	83,164
Expenses			
Program services	83,657		83,657
General and administrative	13,940		13,940
Total expenses	97,597		97,597
Change in net assets	(16,223)	1,790	(14,433)
Net assets—beginning of year	73,950	30,615	104,565
Net assets—end of year	\$ 57,727	32,405	90,132

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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