



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



*Annual Report 2020*



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# Message from the Chair

Dear Friends,

We are entering the 37th 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 2020 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

**C**hild 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

**O**ur 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.

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

**O**ur 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

**G**rants: 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.

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

**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. 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 2020 we were able to award seven innovative service projects directed at improving the health and well-being of new-born infants during their first month of life. Because of the COVID involvement, work was delayed in some, others carried on because they were in a hospital facility. They, as well as brief reports from the completed projects of the previous years, are described here. See our website for updates.



## 2020 Innovative Small Grants Awards

1. **KUWA**, Uganda, will promote the use of chlorhexidine digluconate for umbilical cord care.
2. **GCCYF**, Nigeria, hope to reduce neonatal mortality by empowering the caregivers to care for their various needs.
3. **INMED**, USA (in Peru), to introduce the technology package, Bilikit, a transformational approach for diagnosis and treatment of neonatal jaundice.
4. **SJRI**, India, will provide data essential for prevention of disease.
5. **DOZIE**, Nigeria, to provide infants in rural areas with items essential to prevent infection.
6. **AFYABORA**, Kenya, to provide necessary items in “Birth Kits.”
7. **Seeds Trust**, India, hoping to improve post-natal care practices in tribal villages.

## 2019 Innovative Small Grants Reports

1. **Amity College**, India, was unable to proceed with work, due to COVID.

2. **BHECO**, South Sudan: The main objective of the project is to reduce neonatal mortality and disability resulting from cord infection through the use of an innovative approach. This is delivered through training of CHWs and HWs, and through community awareness creation and mobilization, and approval of Chlorhexidine Gel equipped into safe delivery kit and procurement process. They worked on these objectives. Then applied for approval of the importation/procurement of CHX gel for cord care integrated into safe delivery kit into the country in the month of August 2019. The process of approval by the South Sudan Drug and Food Authority was quick owing to their initial collaboration in the pilot phase.

“The pregnant mothers were provided with chlorhexidine gel equipped into safe delivery kit containing soap, sterile razor blade, sterile gloves, two cord clamps, a plastic mat. During the home visit, the CHWs and field team reviewed the procedures and screened the pregnant mothers for abnormal conditions. At the same time, were provided with instructions on how to apply CHX gel to the umbilical cord.”

3. **Jeevan Rekha**, India: This is their interim report, final is delayed by epidemic.

A. Selection of 5 Cluster Villages in Chilika FANI Cyclone

affected area as project villages and selection of 5 Neighboring villages as project control villages.

B. Preliminary face to face meeting in all 5 project and 5 control villages with ASHAs/AWWs and SHGs were held and were briefed about the project and their involvement as primary stakeholders. *Continued on page 6*





# Grants Continued

## Jeevan Rekha

Local Concerned Government Officials like ASHA



*Continued from p. 5*  
block Coordinator ASHA supervisors were also informed about the project. C. Intensive two days village level Multi Media Campaign (Film Shows, Puppet Shows, Street Plays, etc) were organized reaching 650 women including 65 pregnant and 25 lactating Mothers and Newly married couples. Through Multi

Media Campaign they were sensitized about home based case of new born child and on Infection/ Sepsis management.

**4. Port Discovery, USA:** Updates about the museum and Goslings program. "Throughout the COVID-19 public health emergency, a key objective has been to respond to calls-to-action from the (Kirwan) Commission on Innovation & Excellence in Education and other stakeholders to deepen our service to high-need students and early learners across Maryland. Even before the health emergency closed schools, many Maryland students were grossly under-resourced, Port Discovery was working to help close gaps. Starting this spring, Port Discovery staff adapted much of its play-based, educational enrichment programming to both virtual and mixed-use formats to mitigate summer learning loss and school-readiness gaps exacerbated by school and summer camp closures.

"Over the spring and summer, we also pursued safe and physically distant in-person ways to help vulnerable students and families separated from their schools and other support networks.

"Earlier in May, Port Discovery began distributing backpacks filled with at-home educational enrichment materials to students and early learners at over 40 weekend meal pickup sites across greater Baltimore. Each of these Play-Packs contains four essential, developmentally supportive play items designed to help keep vulnerable children from falling even further behind their peers."



**5. Women Empowerment Program, Rwanda,** had a project called *Bubble CPAP and Kangaroo Mother Care to Fight Neonatal Mortality Project*. In their final report they say that they continued the refresher training of volunteers, nurses, and Community Health Workers. It all went well. They wrote:

"This project is really needed in settings of developing



countries like ours where most of women deliver at health centers and posts as they are near the community and those health facilities don't have either materials nor competent personnel (they have only nurses, no medical doctor); with our mothers who come to the facilities for delivering on last minute, nurses don't get time to transfer one to competent facilities if preterm. That is the reason why neonatal death was very high in health facilities."

Also: "Since 20th March, 2020, the first case of COVID19 was identified in Rwanda that brought a lot of changes that affected our project. Firstly, there has been lock down in the country for one month where no transport was allowed." But they were allowed to work because they were in a health facility.



## **6. Women Health Initiative (WHI), Sierra**

Leone, has a Save Babies Project (SBP) which is dedicated to creating and equipping a neonatal and Kangaroo Care unit

with CPAP and training 30 medical staff members. In their final report they say they have trained the 30 and covered the following topics: Introduction to neonatal care, taking full neonatal history, neonatal physical examination, and neonatal resuscitation and emergency treatment. They also taught them how to make cost-effective CPAPs.

"We have conducted monthly, quarterly and mid-term monitoring and evaluation of the project activities in order to measure the project results. We have used interviews, questionnaires and direct observation in order to measure the project results (outputs and outcomes). We have the project team in charge of monitoring and evaluation." They have applied for funds to continue. They say that the COVID 19 pandemic is low in SL.



## **7. Bukoto Health Initiative,**

Uganda, is working to prevent neonatal tetanus. They write. "All activities as planned were done in a fast-tracked time, 6692 female secondary school students from 38

schools were vaccinated with TT. 518 pregnant women attending antenatal services and 104 pregnant women in labor were also vaccinated. Almost 50% of the schools were reached so far with health service.

Partnership with the government health officials and staff was superb and well-coordinated. All agreed areas of the activities were fulfilled by both sides."

**8. KEMRI, Kenya:** To determine proportion of women of reproductive age who utilize ANC service in Mandera County. They write: "The project has progressed well as planned. *Continued on page 7*

### **KEMRI** *Continued from page 6*

Data collection was done on 28th August to 15th September 2019, thereafter data cleaning and entry process was concluded on 10th October 2019. Data analysis and report writing was done from 20th October 2019 to 25th January 2020. I have presented the finding at Kenyatta University thesis defense on 28th January 2020 and KEMRI annual scientific and health conference which I emerged best presenter, young investigator award.

"I have submitted a manuscript to Africa Journal of Health Science and it is under review to be published soon. Dissemination is ongoing to inform all the health stakeholders in Kenya. Whenever Seminars, Conferences and other opportunities present themselves I will ensure to participate to disseminating the findings. I have already communicated with Mandera County Government for dissemination of the finding where we will set a date after Corona Virus pandemic. I sincerely appreciate your funding as it capacity build my biomedical research skills and strengthen my fight against preventive mortality and morbidity in Africa."

**9. UYH, Tanzania**, set out to reduce infant mortality from Sickle Cell Disease. They have recruited 10 medical students (6 females and 4 males) from Kilimanjaro Christian Medical Center. These volunteers underwent a two-week training program on how to get access to the pregnant women through their local leaders, documentation and how to conduct sickle cell rapid test. Kilimanjaro Christian Medical Center. Students have gained these skills and are practicing in the field very successfully.



They have identified and recorded 1,068 pregnant women and currently 721 have given birth and their babies screened for sickle cell disease with rapid tests. Out of 721, 113 have the disease. They continued conducting education during registration and near term labor. Demographic information such as names, marital status, expected date of delivery and phone numbers have been documented. For sickle cell negative infants with physiological jaundice, they have been kept on sunlight carefully, according to recommended time, until jaundice

### **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 third payment of \$1,500. Because of the epidemic, she has studied online, but recently returned to the hospital.



**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 ensure 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, Amol Khisty, and Tahmeed Ahmed.

At the end of 2019, the total endowment was valued at \$16,192,277 (\$14,257,332 at the end of 2018) and is managed by TIAA



# Financial Statement

**Year Ending December 31, 2020**

**Revenue and other support**

Board Contributions	\$	46,300
Corporate contributions		30
Individual contributions		32,585
Charitable Campaigns		3,564
Investment Income		172

**Total support and revenue** \$ **88,390**

**Expenses**

Program services/ Grant allocation	76,062
General and administrative	6,439

**Total expenses** **82,501**

**Change in net assets** \$ **5,889**

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**Net assets—beginning of year** \$ **90,132**

**Net assets—end of year** \$ **96,021**



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*...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](http://www.childhealthfoundation.org)**