



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



Annual Report 2021



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Message from the Chair

Dear Friends,

We are entering the 38th 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 2021, as a Holiday Card 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.

Child Health Foundation

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 2021 we were able to award eight innovative service projects directed at improving the health and well-being of newborn 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.



2021 Innovative Small Grants Awards

1. Karwemera United Women Association (KUWA) Uganda: Promoting skin, thermal, and umbilical cord

care practices for neonates

2. Mindanao Foundation for Medical Disaster Preparedness and Response

(MFMDPR) Philippines: Creatively integrating community-based healthcare collaboration

3. Peace Initiative of Internally Displaced Women Association (PIOIDWA), Uganda: Increasing knowledge

and response toward neonate hygiene and sanitation

4. United for Youth Help (UYH), Tanzania: Preventing death caused by jaundice in sickle cell infants born at home

5. Women Empowerment Program (WEP), Rwanda: Decreasing newborn mortality from respiratory disorders while assessing the effectiveness of bCPAP

6. Women Health Initiative (WHI), Sierra Leone: Improving neonatal care by establishing audit committee at the Government Hospital

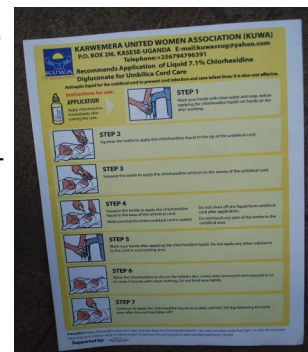
7. Better Health Care Organization (BHECO), South Sudan: Distributing “Safe Birth in a Box” kits which include life-saving chlorhexidine gel for cord infection

8. Golden Change Concerned Youth Forum (GCCYF), Nigeria: Improving hygiene and pre-term birth management capacity of local pregnant women.

1. KUWA, Uganda, promoted the use of chlorhexidine digluconate for umbilical cord care. The project which was funded in August 2020 ended on Oct. 30, 2021,



“The project was very friendly and its implementation was very smooth. It was not affected by anything like COVID 19 because it is has been a healthy promotion project. Over 1,234 Women delivered and used Chlorhexidine Digluconate to care for umbilical cords. This is evident in the way that Karwemera United Women Association supplied 600 and the 3 drug shops where we told people to go and purchase chlorhexidine digluconate sold 634 over the project period. The training was done in such a way that all the trainees were trained together so that they could share experiences. Medical films were made and placed in the target health centers 7 video sets and decks were purchased and 6 were placed on health centers and one remained with Karwemera United Women Association. Some women came to thank Karwemera United Women Association for bringing and showing them this solution. 5,000 door stickers were produced, some were distributed to individuals and placed in social gathering centers for the community to read. Purchased and distributed 600 Chlorhexadine digluconate were purchased. 7.1% were distributed to expectant mother and mothers with new born babies. The radio program was played at Kasese Guide Radio FM in the morning and evening 12 months; this informed the Kasese district commu-



Grants Continued

nity and other parts of Uganda including some parts of the Democratic Republic of Congo on how to use chlorhexadine degluconate.”

2. GCCYF, Nigeria, hope to reduce neonatal mortality by empowering the caregivers to care for their various needs. “After research, an intervention was conducted as follows; Advocacy to stakeholders carried out to get their attention and raise awareness

on PHCs WASH, Training of 20 traditional birth attendant (TBA) on hygiene practice/ promotion: The trained were provided with the CHX which is to be used to attend to pregnant women and infants since TBAs account for 30% of total births in this areas thereby reducing child birth related infections, Training of fifteen Community Health Extension Workers {CHEWs} on hygiene promotion/ practice, Ten rural primary healthcare centers disinfection using CHX by community health extension workers thereby reducing infections and the spread of COVID 19. Three primary healthcare centers were provided with hand washing facilities and hygiene promotional materials. Ten hygiene promotion outreaches were conducted by our WASH specialist for women thereby building capacity of at least 3,000 pregnant and women of child bearing age on personal and household hygiene, Monitoring and evaluation: Pre and post M&E conducted by our M & E officer using Mwater survey App from beginning to the end of the project to evaluate the impact, finally disseminate project impact and result through various platforms.

Finally, It works! Availability of water, soap, access to handwashing facilities and trained healthcare workers for primary health care centers improve healthcare delivery and reduced infections.

3. INMED, USA (in Peru), They were introducing the technology package, Bilikit, a transformational approach for diagnosis and treatment of neonatal jaundice. In final report, they write: 1. Collecting valuable project data about the acceptability, methodology, reach and technologies of the Bilikit® intervention through The Child Health Foundation’s vital partnership in this project. 2. Partnering at the grassroots level, we trained a total of 175 health care professionals and community health workers over the last two years. In 2020, the work of our team and health care partners was bolstered by the local field coordinators tasked with monitoring and evaluating our progress underwritten by CHF support. 3. Equipped 13 health facilities with 16 Bilikit® packages to provide simplified screening, rapid diagnosis and

portable, high-intensity phototherapy for neonatal jaundice. 4. Recruited project participation for the screening, diagnosis and/or treatment of a total of 5,489 at-risk newborns using at least one of the Bilikit® technologies. 5. Screened 5,264 newborns with the Bili-ruler™, developed by Brigham and Women’s Hospital, at least once for early signs of jaundice, leading to referrals for further diagnosis and treatment within the crucial first week of life. 6. Diagnosed 407 newborns with the Bilistick. 7. Treated 233 jaundiced newborns with the Bili-Hut. 8. Reached an estimated 20,000 members of the general public, including mothers of newborns benefitting from the project.

4. SJRI, India, will provide data essential for prevention of disease. Project held up getting permission from the government.

5. DOZIE, Nigeria: The goal of this project is to promote Infant (0-1 month) and Maternal health and well-being in Olokoro community, Abia State Nigeria through the provision of clean birth kits and health training to underprivileged women.



. This project gave 100 newborns a healthy start in life by reducing infections and illness during and after delivery through the provision of essential items for delivery and infant care. 100 women (50 pregnant women and 50 nursing mothers of babies 0 -1 month) in Olokoro community received birth Kits containing essential items such as Sterilized Scalpel blades, sterile hand gloves, Sterilized absorbent delivery mats, cotton wool, Antiseptic liquid, Methylated spirit. The Kits also contained treated bed nets to prevent malaria infection. In response to the COVID-19 outbreak, soaps were included in the kit to encourage proper hygiene. This project also provided health information and training for mothers to ensure that babies are properly cared for especially in the first month. Finally, they report, 100% increase in health outcomes of newborns as a result of reduction in infections and unhygienic birth practices among project beneficiaries through provision of clean delivery kits containing items for a hygienic delivery. All pregnant beneficiaries had a safe delivery, 90% increase in the number of beneficiaries with improved knowledge on pregnancy health and infant care the training program, and all infants monitored are in good health and thriving. There was 100% reduction in maternal and Infant mortality resulting from unclean birth practices and malaria as a result of project intervention. And there was a positive behavior change

among project beneficiaries as at least 95% utilized the birth kits, attended antenatal and postnatal classes and adopted better care and hygiene for the newborns.

A copy of this report is to be sent to the Abia State primary health management to encourage similar projects by the Government in underserved communities. Also the results from the project has been shared with women leaders of the community in a town hall meeting, to ensure that mothers continue healthy practices even after the project is completed. Pictures and summary of our project have been shared on our website.

6. AFYABORA, Kenya, to provide necessary items in *Birth Kits*. In summary, the project, Saving Lives at Birth Using Mama Birth Kits in Navakholo. The final assessment has clearly revealed that, the project has successfully achieved its outcomes and the objectives that included increased proportion of pregnant



mothers completing four recommended antenatal care (ANC) visits, increased proportion of pregnant mothers in delivering in health facilities attended by skilled birth attendants and increased proportion of mothers receiving postnatal care. 3,200 mothers were reached and 2,500 babies benefited. The onset of the COVID-19 pandemic and the subsequent stay-at-home orders to contain the pandemic in the country required some pregnant mothers to deliver at home with the help of traditional birth attendants (TBAs). Since some of these pregnant mothers got Mama Birth Kits and training on safe delivery, we have not recorded any neonatal death.

“We gratefully acknowledge the financial support given to us by Child Health Foundation without which this project would have not been possible.”

7. Seeds Trust, India, hoping to improve postnatal care practices in tribal villages.



1. Baseline survey conducted in 10 targeted villages and collected details of newborn babies in the first 30 days of their live

and their mothers.

2. Awareness generated among 277 mothers in 10 villages on need and importance of prenatal and postnatal care among pregnant and lactating mothers.

3. Conducted postnatal health check-ups in the 10 tribal villages among newborn babies in the first 30 days of their live and their mothers with the help of a qualified Gynecologist and recorded data on survival rates of newborn babies which resulted in 100 % survival rates due to proper postnatal care and follow-up.

4. Selected and trained 10 peer educators among the women in the target villages and they educated pregnant and lactating mothers on best hygiene and health practices during prenatal and postnatal periods.

Number of persons studied in project

100 newborn babies in the first 30 days of their live and their mothers are studied in the project. 10 women are selected and trained as Peer Educators in 10 selected villages for educating the targeted mothers. The training:

Register pregnant women as early as possible.

A pregnant women should be followed up every month til 28 weeks and then fortnightly till 36 weeks after which she should be seen weekly.

A Minimum of four visits, As per WHO recommendation 1st visit around 16 weeks, 2nd visit between 24-28 weeks, 3rd visit at 32 weeks, 4th visit at 36 weeks.

Pregnant women should deliver at a PHC or any other facility. Alternatively they should be encouraged to call a trained Nurse if an institutional delivery is not feasible.

Breast feeding should be started immediately after the baby is born Baby should be exclusively breast fed for at least six month.

Other feeds such as sugar water jiggery should not be given.

Baby should be gradually weaned on solid foods starting by six months as iron supply in breast milk is not adequate beyond this age.

Women must get adequate rest and good nutrition. Regular post partum check-up should be carried out with trained provider at six weeks and three months.

Seeds Trust received an emergency payment of \$1,000 in June of 2021 for COVID relief. This is their response:

Report on Emergency Support to COVID 19-Affected Families

Covid-19 Relief assistance is distributed to 74 families belonging to Ayyalur forest villages.



The beneficiary families are selected using the following criteria: Non-family card holders (ineligible to avail free relief materials from Government), Families of Migrant workers, Families with more than 5 children, Families without any support from elders, Families with physically and mentally challenged persons, Folks physically ill and unable to work. The relief package consisting of nutritional food supplements and food grain items, sanitary items and immunity boosting tablets were distributed in 10 villages: The above package worth Rs.950/- per family has been distributed to 74

families on 19 and 20.07.2021 and as detailed below:

S.No .	Budget items	Cost details	Total Cost INR.	USD
1.	Nutritional food supplements and food grains items	Rs.710 x 74 families	52500	750
2.	Sanitary items (Hand sanitizers and face masks)	Rs.142 x 74 families	10500	150
3.	Immunity boosting tablets (vitamin-C and Zinc tablets)	Rs.98 x 74families	7249	100
	Total		70249	1000

Nursing Student in India

A young woman in Kolkata, India was granted funds to begin nursing studies from Dr. Ann Kaiser Stearns, Baltimore. She had 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 studied 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 studied online, but returned later to the hospital. She has now graduated and this picture of her was taken on the wards in 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, Tahmeed Ahmed, and Syed Monjurul Islam.

At the end of **2021**, the total endowment was valued at **\$18,208,414.17 (\$16,192,277 at the end of 2020)** and is managed by TIAA of St. Louis, Missouri.

Financial Statement

Year Ending December 31, 2021

Revenue and other support

Board Contributions	\$	51,550
Corporate contributions		5,083
Individual contributions		37,437
Charitable Campaigns		2,248
Federal Subsidy (PPP)		8,250
Contributions for icddr,b		5,833

Total support and revenue	\$	110,401
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Expenses

Program Services/ Grant allocation	\$	87,868
General and administrative		9,294

Total expenses	\$	97,162
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Change in net assets	\$	13,239
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Net assets—beginning of year	\$	96,021
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Net assets—end of year	\$	109,260
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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