



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



Annual Report 2013



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The Board met four times in 2013 in person in
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Message from the Chair

Dear Friends,

We have spent another year saving and improving the greatest number of children's lives at the lowest possible cost. In fact our percentage of administrative costs went down to 6.9%, which means that 93.1% of your donation goes directly to the children we serve. We received reports from some outstanding projects that we had funded in the previous year; you can read about them in this Annual Report. Then in 2013, we funded 8 more in 8 different countries, having received 63 proposals from countries throughout the world. It was an extremely difficult task because many of the projects that we were unable to fund were innovative and deserving of support, reaching children at the greatest need, in line with the mission of the Foundation.

The Board of Directors, numbering 11, met four times in 2013, either in person or by teleconference. We are welcoming three new members in 2014: Anwar Huq, PhD is a professor at the Maryland Pathogen Research Institute of the University of Maryland, College Park, Christine M. George, PhD is an Assistant Professor in the Department of International Health at Johns Hopkins Bloomberg School of Public Health, and Zahirah McNatt, MHSA, who was on our Advisory Board, is Director of Leadership Education and Practice at the Global Health Leadership Institute at Yale University. 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.

One outstanding success was a grant of nearly \$7,000 we received from Yale University's Philanthropy in Action class which Zahirah McNatt developed for us as she worked with the students. She presented the Foundation's mission and accomplishments and we were one of just 9 that received an award. You can view this on the website: philanthropyinaction.yale.edu.

Besides our Small Grants Program, we continue 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. And another project in Bangladesh, funded generously by Miss Esther Lazarson of New York, continues into its 13th year, supplying clean water to thousands of people, many of them, of course, children.

We also responded with funds to those hit by a cyclone in India and with CeraLyte to victims of the typhoon in the Philippines.

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. And we have made a difference, yet there is still a great need, and much of the illness in the developing world can be prevented. We thank you for your help in the past and hope you will continue to help us help them with your generous donations. We appreciate your comments and your assistance in enabling us to fulfill our mission of "saving the greatest number of children's lives at the lowest possible cost."

Sincerely,
Maureen Black, PhD
Chair, Board of Directors



CHILD HEALTH FOUNDATION NEWS was published three times in 2013 and each issue was mailed or emailed to over 1200 readers and contributors. The content of the newsletter informs 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 on request.

Child Health Foundation

History

Child Health Foundation was established in 1985 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.

Mission Statement

Our mission is "to save the greatest number of children's lives at the lowest possible cost." We accomplish this through our unique network of health professionals and organizations committed to improving health policies and practices. We operate as an independent agent of change, seeking and promoting more effective, easily delivered and less-expensive methods to prevent illness and death of children, such as prevention and treatment of diarrheal diseases with oral rehydration therapy, breastfeeding, good nutrition, and immunizations.

Members of:

Charity America.com
Children's Medical Charities of America
Global Health Council
Guidestar
Independent Charities of America
Maryland Association of Nonprofit Organizations
Mission Fish
National Alliance for Nutrition and Activity
National Committee for World Food Day
Network for Good
United Way (in various locations)
United States Agency for International Development



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 culturally appropriate public education programs.

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.

Collaborative Research Partnerships:

Child Health Foundation has established formal partnership agreements with a number of educational and medical organizations, including: Johns Hopkins University and Hospital (Baltimore, MD); University of Maryland (Baltimore); Centre for Health and Population Research (Dhaka, Bangladesh); Instituto de Investigacion Nutricional (Lima, Peru); Universidad Peruana Cayetano Heredia, (Lima, Peru); and informal partnerships with health organizations worldwide.

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 health workers, 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 infants and children. In 2013 we were pleased to award six of them, as well as two purely humanitarian grants through gifts from our Board of Directors and other generous donors. They, as well as brief reports from the completed projects of the previous years, are described here.



2013 Small Grants Awards

Innovative Grants

1. **Act Ngono**, Tanzania, will install a rainwater harvesting tank as well as hand-washing stations and latrines for school children.
2. **Grampari**, India, was funded in 2011 and plans to extend the same project of tippy-tap hand-washing to 13 more schools.
3. **Achung**, Kenya, have as their objective to make 80 soapstone water pots with tripod stand and dispenser tap for safe storage of boiled or treated water.
4. **UPPO**, Bangladesh, plans to install sanitary latrines and encourage their use.
5. **Mali Health**, Mali, was funded in 2010, and will continue the program of having Community Health Workers make regular visits and hold education sessions on clean water, vaccinations, healthy eating, and diarrheal solutions.
6. **Fundacion NC**, Colombia, will detect and diagnose asthma in school children aged 5-10 yrs, then educate the parents, using a mobile unit called *Asmamovil*.

Humanitarian Grants

1. **TLC**, Rwanda, plans to provide clean water at five libraries.
2. **MCODE**, Uganda, will educate community members about disease prevention.

2012 Reports

1. **Women Protection Society**, Uganda, report that “the school semester opened with a lot of joy and excitement for safe water availability from the Ferro water cistern during this dry season.” Two of these cisterns holding 20,000 liters of water have been built at two schools with a total of 4,392 children ages 2 to 16 years.



They trained local masons in the community to do the building with sand, water, and cement. These are very durable, low-cost and local materials. Rain water samples were collected from the project site and analyzed and found that the chemical and physical properties were suitable for drinking. This will certainly contribute to better health for the children.

They feel that community awareness has been increased and they hope to be able to get more funds to continue working at other schools.

2. **Vitendo**, Tanzania, have as their objective to make 1500 clay pots fitted with a tight lid and a dispense tap for storing boiled water for drinking. Ten working groups were formed and supplied with material. When each group had made 100 pots, they were distributed to 900 families. They have already noticed a decrease in diarrhea. They found also that the families needed to be continuously reminded to boil the water and keep the caps on the pots. The project continues.

3. **Chapra Social and Economic Welfare Association (SEWA)**, India, called their project *Prevention of Enteric Diseases with Community Participation*. They have held 30 group meetings with 600 adolescents in 30 villages for selecting peer leaders. Ten from each village were chosen and instructed on issues dealing with hygiene, toilet habits, and care of food. 1,250 children of

Grants Continued



An adolescent peer group discussion

30 villages have been motivated to work with their families on these issues. Some 96 % of these children consented enthusiastically to take part in door to door campaigns. The group also held meetings with mothers and pregnant women encouraging them in better food management, boiling water, taking children for immunizations, and registering for safe delivery. As a result 75% of 1,862 pregnant women visited health centers for early registration.

4. Action for Community (ACE), Kenya, conducted an *Improved Sanitation and Hygiene Among Children Project* by constructing a two-compartment Eco-san toilet (male/female with 2 seats each) at a community school, training



community member and teachers on health, environment, water, sanitation and hygiene issues, providing cleaning services to schools to influence discussion about hygiene, and printing and distributing information materials including T-shirts, brochures and a banner to create awareness. They also installed 80 tippy taps in 16 schools and the children were taught to wash with soap after using the toilet. Certainly these innovations have resulted in increased community awareness. Their next activity is to construct a water harvesting tank.

5. Wema Self Help Group, Kenya, is promoting household water treatment with *Water Guard* (dilute sodium hydrochloride solution), and to train families to store it safely in clay pots with lids. Two teams from their organization selected participants from households with children, and installed drinking water tanks and handwashing stations in 10 demonstration sites. They conducted a baseline survey of the households on stored water, typical handwashing practices and parental awareness of *Water Guard* use and trained them on careful hygiene practices, then monitored them by making biweekly visits to the sites. They also visited the local health facilities and learned that, from the time the program was started, the number of cases of diarrhea recorded was reduced from 54 to 17. The project continues.

6. Nyaya Health, Nepal, is evaluating the implementation



in rural settings of an innovative, low-cost approach to making culture-based enteric fever diagnosis available in settings without electricity or trained laboratory personnel.

In their interim report they tell us that they first established their hospital microbiology laboratory in order to perform blood cultures, and have

been screening all individuals coming in with febrile illnesses.

They have developed the necessary forms and questionnaires and had them translated into Nepali. Finally, they hired and trained a research assistant, and obtained agreement in 5 other sites for recruitment of patients and evaluation of the electricity-free incubator. They will begin the study as soon as they receive approval from the Nepal Health Research Council. At the same time they have been working with collaborators at MIT to design and test lower cost blood culture bottles.

7. Aguayuda, Colombia, (Humanitarian) has pursued a project to prevent enteric disease by providing a consistent source of clean water. Our humanitarian grant has helped them install a windmill which was paid for with other funds. They now have a consistent source of clean water for 1300 students and 200 staff members at the San Antonio de Aremasian School. The water, however, it turned out, has a higher salt content than is safe for drinking, so the water is used for hand-washing, showering, laundry, dish-washing, and flushing toilets. The use of this second well with the windmill, has eased the burden on the first well, which has potable water. Therefore, more water is available for the children to drink. The organization plans now to hold workshops with WASH lessons for which they have received other funds.



2011 Project Reports

1. PAMICAWIK, Kenya, is improving hygiene behavior of children under 5. In their project they called SAFE (Sanitation And Family Education), they held training sessions advising children to wash their hands after using the toilet, to cover food and boil water. They have also taught the use of ORS and how to prepare the homemade kind, and encouraged breastfeeding. As a result, they report, there has been a reduction in illness as well as hospitalization costs, and better management of diarrhea when it occurs. They are also pleased that with less illness in the family, they do not have to take off work and lose pay.



Their efforts, with spillover into the community, have reached about 10,000 people and they expect this spillover to continue.

Grants Continued

2. Grampari, India, reported a very successful end to their project. Over 250 children in 5 schools were reached with a hand hygiene awareness program. A health education team visited each school 6 times over 4 months introducing new approaches to promote handwashing, such as the tippy tap, skits, demonstrations, and songs. Analysis of the data showed a 24% increase in handwashing, a 14% increase with soap (1 school had a 47% increase). 77 tippy taps were built by students at their homes. Based on these results, they were able to refine the program and conduct it this year for 1900 children in 23 schools. They then posted it on a website* to aid other public health practitioners and are getting responses from all over the world. Student "health ministers" were elected in each school to maintain the tippy tap and see that it is used properly.

Tippy tap is a hands-free, low-cost, water conserving handwashing device. The important feature is that it is FUN! Children use their feet to make the water flow and the soap hangs on a rope.

**Visit the website at www.tippytap.org.*



3. Rural And Urban Women's Welfare Organisation (RUWWO), India, set out successfully to educate the community about how to prevent and treat diarrhea. They reached 400 mothers in 20 villages, 500 mothers-in law, and 50 school teachers with lessons about drinking clean water and administering oral rehydration therapy. They also held a training program for 20 water source management workers. By the end of the year, they report that there were no deaths from diarrhea in the past three months in 20 villages. Also, there was a considerable decrease in the belief of unscientific information and bad omen practice.

They expect this change in practice and attitudes to continue because they have in place leaders of self-help groups and periodical inspection of water sources. The good news will pass on to other areas by word of mouth of those pleased with their better health.

4. MEDSAR, Rwanda, in their final report tell us that they recruited 30 medical student from the National University of Rwanda that worked as peer educators. Then they conducted a 3-day training of volunteers event where they learned what is necessary to teach the community about enteric diseases. The volunteers

worked with mothers in sessions and one-on-one. They learned not just to prevent the disease but to treat with oral rehydration therapy.

They also trained Community Health Workers who are provided by the government with cell-phones and can be contacted by mothers when needed. Very interesting are the 44 awareness marches that they held in several locations. In the pictures that they sent, it looks like hundreds of marchers, mostly youth were winding around the villages with a sound system of sorts to spread the news of disease prevention.



2010 Project Reports

2. Opportunity Solutions, now in Uganda, was given permission to delay their work for a year because they are developing a new technology for monitoring bed-net use (malaria control). They have moved their project from Madagascar because they were given the opportunity to partner with MIT and Harvard University to test the new technology at an established site in Uganda and had received approval from the ethics boards. They are also applying for additional funds from others.

3. Sundar Serendipity Foundation (SSF) received a Small Grant to give nutrition education on the role of micronutrients in health and do social marketing so that the people will buy and use micronutrient fortified salt. A previous study by Family Health and Development Research Service Foundation, funded by CHF and in which SSF provided the salts, was able to show that education and fortification reduced anemia in this population. (This has been since written up and submitted to a medical journal.)

In their latest report, however, they say that they think the families have not been consuming the fortified salt continuously so the plan they had to measure blood levels for results before the social marketing strategies were in place would not work. Therefore they asked permission, which was granted, to change their plan to supply the salt to a randomly selected village for 8 months and then use another village as a control. They made a film with instructions which they screened to 1000 self-help group women in March. We await their final report.



Grants Continued

Other Grant Reports

1. The Environment and Population Research Centre

EPRC, Bangladesh, sent the report of their 15th phase achievements. During this phase they have installed 11 tubewells which serve at least 1170 people, 151 of them children. The total served now is up to about 36,000. The schools for the children continue as well as kitchen gardening. They have added a new initiative, that is, disaster preparedness in cooperation with the government. This includes tying the mouths of the tubewells when cyclones are predicted and also going to the cyclone centers with food and water, among other things. This project has been generously funded by Esther Lazon of New York City since 2002. They have now begun phase 16

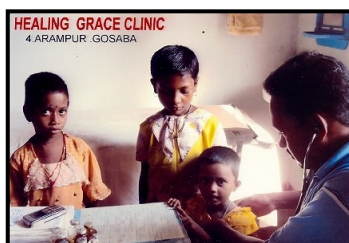


2. Seed Welfare Society, The Foundation continues to support the clinic on an island in India, which was built with Small Grant funds in 2004. Originally built to provide health care for the orphans, it has branched out to the community.

In their recent report Maya Banerji writes, "In our clinic in Gosaba a minimum of 600 patients get treated per month. There are a few pockets in Gosaba where the 'adivasis' (people of aborigine origin) live and there are a few villages where only Muslims live. All these people are extremely poor and clannish; they never go out of their villages. Somehow these people have accepted our clinic as a safe one and they come regularly to get themselves treated."

One little girl who attended the clinic had severe diarrhea. They gave her medicine and ORS packets and taught the mother to boil the water and keep the surroundings as clean as possible.

We are pleased that we are able to reach so many people, young and old.



Emergency Aid



When cyclone Phailin hit South India in October, we sent \$1,000 to Jeevanrekha Parishad, an NGO that had received one of our Small Grants, to support their health camp. This was their response:

Thank you very much for your kind support to initiate Emergency Health Services in the Phailin affected areas. We all are grateful to CHF for such support without which we would not be able to start our mission. We have utilized your support for purchase of Medicines, ORS, Water Testing Kit, Pouch Water etc. and the same are being used in the "Emergency Medical Relief Camps."

We also supported the donation of CeraLyte by Cera, Products, Inc. and the delivery of this oral rehydration therapy by Direct Relief to victims of the Haiyam typhoon in the Philippines with a total

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Complete reports of all programs summarized in this AR are available from the Foundation's office by request.

ICDDR,B Collaboration

The International Centre for Diarrheal Disease Research, Bangladesh (icddr,b) in Dhaka, is an international institution for research, training and services in child health and reproductive health. The Foundation and the Centre share the vision of a world where the use of cost-effective health technologies reduces preventable child deaths and improves the lives of millions around the globe. Child Health Foundation is the US. office for the Centre where, among other responsibilities, we make it possible for Americans to donate tax-deductible dollars.

More information: www.icddrb.org



Centre Fund Program

The Centre Fund is a program which assists the icddr,b in raising funds which insure continued vital contributions to health worldwide by:

- ◆ ·attracting the best scientists and researchers from both developed and developing countries;
- ◆ ·expanding health education and training for professionals, policymakers and trainers;
- ◆ ·maintaining state-of-the-art hospital, laboratory, and computer equipment;
- ◆ ·carrying out rapid response to international refugee crises and new epidemics;
- ◆ ·establishing new research initiatives;
- ◆ ·sponsoring scientific conferences and lectures;
- ◆ ·detecting new emerging diseases;
- ◆ ·strengthening the library; and
- ◆ ·providing free, life-saving care

From the icddr,b
newsletter #2, 2013



From its inception in 1985, Child Health Foundation has assisted the Centre in many activities, including fundraising, project assistance and public relations. 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. Endowment is essential since project funds are restricted to the specific tasks for which they are provided. Important to the overall goals of ICDDR,B are activities that build for long term growth and productivity as well as immediate urgent needs of serving those who are ill and poor and turn to the Centre for care. There are three separate categories for which endowment funds are raised. A Centre Fund committee serves in an advisory capacity to the Centre's Director and Board of Trustees. Members of this committee as of 12/31/13: William B. Greenough, Rita Colwell, Norman D'Cruz, Richard Smith, Ingrid Renaud, Simbarashe Mandizvidza, Munir Alam, David Sack, Kenneth Dye, Jeffrey Gonya, David A. Weisbrod, and John Clemens. At the end of 2013, the total endowment was valued at \$10,374,081 (\$8,924,407 the end of 2012) and is managed by TIAA/CREF of St. Louis, Missouri. During 2013, Child Health Foundation expended \$32,354 of its resources on behalf of the Centre's work; the Centre provided \$28,000 to assist us in this effort. Other contributions that the Foundation received for the Centre's endowment in 2013 totaled \$11,615.

For the past few years, the Child Health Foundation has been managing the ordering of supplies for an important NIH-funded project carried out at the Centre in collaboration with Johns Hopkins Bloomberg School of Public Health. Investigators at both sites are exploring the seasonal cause of epidemics of cholera by studying the contents of water bodies in the environment. Dr. R. Bradley Sack, Director of the Foundation and Dr. David Sack (Board Director) are the principal investigators.

Donors 2012

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Many anonymous donors

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March Together
Maryland Charity Campaign
Maryland Presbyterian Church
Truist
United Health Group
United Way of Central Maryland
United Way of New York City
United Way of Rhode Island

Financial Statement

Year Ending December 31, 2014

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	\$ 87,615	-	87,615
Corporate contributions	3,298	-	3,298
Individual contributions	64,325	17,838	82,163
Charitable Campaigns	14,813	-	14,813
Miscellaneous	610	-	610
Investment Income	1,489	-	1,489
Net assets released from restrictions	26,050	(26,050)	-
Total support and revenue	198,200	(8,212)	189,988
Expenses			
Program services	161,713	-	161,713
General and administrative	13,257	-	13,257
Total expenses	174,970	-	174,970
Change in net assets	23,230	(8,212)	15,018
Net assets—beginning of year	123,554	10,000	133,554
Net assets—end of year	\$ 146,784	1,788	148,572

This report prepared by independent auditors:
UHY LLP Certified Public Accountants
 Full audit available on request

**Child Health Foundation.
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Timonium, MD 21093**

Address Service Requested

Phone (410) 992-5512



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

Visit our Website at www.childhealthfoundation.org