



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



Annual Report 2014



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Message from the Chair

Dear Friends,

2014 was a very exciting year for the Child Health Foundation! We were fortunate to be able to fund ten 2014 Innovative Small Grants and two Humanitarian Grants in ten countries. We are thrilled with the grants that we are funding. It was an extremely difficult task to choose the winners because many of the projects that we were unable to fund were innovative and deserving of support.* We received reports from some outstanding projects that we had funded in previous years; you can read about them in this Annual Report.

In addition to our Small Grants Program, we continued 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. Another project in Bangladesh, funded generously by Miss Esther Lazarson of New York, continues into its 14th year, supplying clean water to thousands of people, many of them, of course, children.

We also responded with help to those suffering from Ebola in Africa by funding a shipment of oral rehydration solution produced by Cera Products Inc. The amount was also matched by Cera Products.

2014 also brought several exciting administrative changes to the Child Health Foundation. By moving the office from Columbia to Timonium, MD, we have excellent facilities and a significant savings in rent. We also hired a part-time fundraiser, Corinne Borel. Corinne was once the Foundation's Executive Director, but has since taken a path toward nursing. In an initial step, she introduced the Child Health Foundation to some University of Maryland Baltimore County senior students who were working on a class assignment in *Technical Communications*. They upgraded our social media and designed a brochure for us. We are delighted and look forward to more fund raising and community activities. The Board of Directors, numbering 10, met four times in 2014, either in person or by teleconference. 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 for the Small Grants Program.

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. With the help and support of our donors, we have made a difference in the lives of many children and families. Yet, there is still a great need! We thank you for your support in the past and hope you will continue to help us reach out to children in need with your generous donations. We appreciate your comments and your assistance in enabling the Child Health Foundation to fulfill their mission of "saving the greatest number of children's lives at the lowest possible cost."

Sincerely,
Maureen Black, PhD
Chair, Board of Directors

*We wish we could fund the others that received high scores. If you would like to help with funds for these, please let us know and we will even let you select the project, then keep you informed about its progress.



CHILD HEALTH FOUNDATION NEWS was published three times in 2014 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 upon request.

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 our mission 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
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Maryland Association of Nonprofit Organizations
Mission Fish
National Alliance for Nutrition and Activity
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 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 2014 we were pleased to award ten of them, as well as two purely humanitarian grants through gifts from our generous donors. They, as well as brief reports from the completed projects of the previous years, are described here. See our newsletters for updates.

2014 Small Grants Awards

Innovative Grants

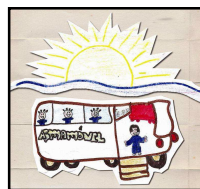
1. **Social Activities for Voluntary Efforts (SAVE)**, Bangladesh, will implement in 15 villages activities to reduce child and mothers’ mortality rates through developing trained midwives.
2. **Under-Privileged People’s Development Organization (UPPO)**, Bangladesh, received at 2013 grant. They will continue installing latrines.
3. **Kossoye Development Program**, Ethiopia, will use the funds to teach elementary school teachers and children gardening and good nutrition.
4. **Operation ASHA**, Cambodia, seeks to screen children and their families affected by tuberculosis and provide treatment and counseling.
5. **Pamoja**, Tanzania, will install a storage tank for clean water in 3 preschools, and teach hand-washing using a jelly made from lemon and garlic.
6. **Tenwek Hospital**, Kenya, will conduct training to maintain neonatal resuscitation skills after *Helping Babies Breathe*, an evidence-based curriculum.
7. **Aguayuda**, Colombia, recipients of a 2012 grant in which we helped them install a windmill will install *Tippy-Tap* hand-washing facilities.
8. **Women Empowerment Program (WEP)**, Rwanda, will implement *Bubble CPAP*, a non-invasive ventilation strategy for newborns with respiratory distress.
9. **United Youth for Rwanda Development (URYD)**, Rwanda, will aim to prevent malnutrition in children with an innovative peanut called Rwanda Nut. Locally produced it is similar to the well-known *Plumpy Nut* produced in France.
10. **Mekong Delta Youth**, Vietnam, will install innovative Floating Toilets, designed to float automatically during flood season.

Humanitarian Grants

1. **RPDS**, India, health education
2. **Commdef**, Ghana, breastfeeding

2013 Innovative Small Grants Reports

1. **Grampari**, India, has worked with 9 new and 4 previous schools, targeting a total of 1,034 students to introduce and follow up with the *Tippy-Tap*. This hand-washing device has been erected and maintained in 15 villages, 13 schools and 423 homes which means that 63% of the students have built the tippy-tap in their homes. Their target is 70%. “We celebrated Global Handwash Day with fanfare,” they wrote. Game stalls and a drawing competition were part of the fun with handwash instructions and demonstrations. 490 students and 29 parents took part. They submitted a proposal to get state government funding to hold teacher training workshops and should hear soon. In the photo, the children are singing “Dotsi” a handwashing song.



2. **Fundacion NC**, Colombia, has an Asmamovil, a mobile health unit that screens children in schools to determine risks for respiratory disease. Two public schools were selected to set up the activities. They wrote, “a total of 1500 questionnaires (8 questions) were handed out, to be filled out by parents or caregivers, in order to calculate prevalence of respiratory symptoms that might suggest asthma. Children with a positive answer in any of the questions were selected for clinical evaluation. The response rate was 48%, meaning that 731 questionnaires came back to us. A total of 161 children were evaluated by a physician. Fifty six of them were diagnosed with persistent asthma (34%). Nearly 95 % of these children were not previously diagnosed with asthma despite the symptoms (cough, dyspnea, chest tightness), hence were not prescribed correct disease management.”

Education sessions were then held. This excellent program will continue and they hope to show significant improvement in the children’s health.

Grants Continued

3. Mali Health has worked to improve child survival with increased access to primary care for the poor, increase the communities capacity to respond to health needs, and develop a replicable model of primary care services. They write, "The training of community health workers reinforced their behavior change communications and medical techniques, such as ORS preparation (see picture), malnutrition screening, and detecting respiratory infections." Then "approximately



450 mothers and caregivers from our beneficiary families have been trained in how to prepare ORT through small group demonstrations." They managed to have 200 children admitted and treated at their partner health centers, supporting the treatment of malaria, respiratory infections and diarrheal diseases. Their latest activity involved giving demonstrations on access to clean water, impacting 1600 children. Further, it is believed that about 6,000 children under 5 years received immunizations (a government program) because the organization funded 30 CHWs to spread the word, especially about the national campaign against polio. An article was printed in the official newspaper. The headlines in French: L'ong Mali Health et Child Health Foundation Viennent En Soutien Aux Enfants Vulnerables Dans Les Zones Periurbaines Du Mali.

4. Act Ngono, Tanzania, set out on a WASH (water and sanitation) project and have started work on a VIP toilet



structure, pictured here, at a primary school. They contracted an engineer and identified an approved health department building plan, and then proceeded. They will continue with plans, needing to finish the roof and the doors, and then to harvest rainwater. They, of course, expect this project to improve greatly the health of the school children. This project is funded by Esther Lazarson of New York City.

5. Achung, Kenya, In their interim report, this Progressive Women's Group reports that they have designed and mold-



ed 130 soapstone water dispensers (pictured) as well as tripod stands to hold them. They were distributed to preschools with the highest incidence of enteric disease. The team then made visits to evaluate the level of usage and success of the dispensers. We expect that because the children have clean water to drink, they will be healthier and their attendance at school will improve. We expect to hear more in their next report.

6. Under-Privileged People's Development (UPPO)

worked to prevent air- and water-borne diseases by installing double slab latrines. They were able to install latrines for 66 families in this aboriginal community.



They also get an economic benefit by selling the compost fertilizer manufactured by these unique latrines. They held 100 courtyard meetings, 4 seminars, and 5 open discussions to build sanitation awareness. An article was run in the local newspaper. The director of the project expressed deep gratitude for our financial assistance and have applied for another grant this year.

Humanitarian Reports 2013

1. Transformational Leadership Center (TLC),



Rwanda, has so far trained 105 students about the importance of clean water and hand washing. Watching a video called *Magic Glasses*, the children have decided to use toilets, not the bushes, and are washing their hands. They have also installed 2 water tanks and a hand-washing tank. One child said, "I heard and I'm going to tell my parents to wash their hands before eating, and tell them how drinking clean water is important."

2. Mission for Community Development (MCODE),

Uganda, conducted a project called "Alive at Seven," educating community members about disease prevention. They have held workshops and trained 23 community health promoters, provided deworming to children, and constructed tippy taps and promoted their use in homes. Also they have trained caregivers about proper mosquito net usage, (to prevent malaria), promoted breastfeeding, and distributed mosquito nets (as in this photo).



2012 Innovative Small Grants Reports

Vitendo Self-Help Group, Tanzania: planned to help the people themselves to make claypots with secure dispenser taps to store boiled water. One hundred adults were trained to make these and 900 families were given instruction about the importance families have adopted measures to prevent the spread of enteric diseases and have found that there has been a drastic reduction in



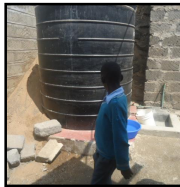
Continued on p. 7

Grants Continued

Vitendo *continued from p. 6*

these diseases among the children due to drinking clean water. They then held an open forum to spread the good news to the government and other communities.

2. Action for Community (ACE), Kenya, have now completed their *Improved Sanitation and Hygiene Among Children Project* by installing a plastic rain-



water harvesting tank at a community school, shown here. In a previous newsletter we reported about their construction of an Eco-san toilet, the training of community members and teachers on health, environment, water, sanitation and hygiene issues, and the installation of tippy taps in 16 schools.

Through networking the local health facilities, they learned of a decrease in diarrhea, especially cholera. And they say that children are also missing fewer days of school. Clearly this is a successful outcome and will continue to impact the community.

3. Wema Self Help Group, Kenya, educated the residents of a slum area about treating their contaminated drinking water with Waterguard, an inexpensive, locally available sodium hypochlorite solution, which they provided.



Then they encouraged them to store the water in affordable clay pots with lids. It was also necessary to teach the children to wash their hands before eating.

They partnered with a community medical clinic to collect data about the incidence of diarrhea and discovered that there was a significant drop in visits after the project implementation, improving health and saving the family funds. This encouraged the community to continue treating their water.

They have reached over 6,000 children in the selected area and another 1,200 primary school children.

4. Nyaya Health, Nepal, evaluated 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.



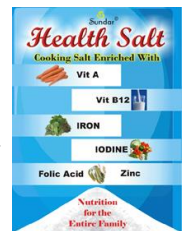
According to their final report the test was used on 118 pediatric patients going to the hospital with fever. Blood cultures were obtained and revealed that 113 of the children were infected with *Salmonella typhi* or *paratyphi*. They say, "This study, in partnership with the Child Health Foundation has allowed us

to test and pilot a key capacity for future diagnosis of enteric fever in a rural health setting." Since this study, they have changed their name to *Possible*.

2010 Small Grants Report

1. Sundar Serendipity Foundation (SSF) conducted a study to determine if using a multiple micronutrient fortified crystal salt enriched with iron, iodine, vitamin B12, folic acid and zinc in cooking would supply the needs to prevent anemia.

"Method: A randomized controlled study on children aged 5 to 17 years and all the women in the experimental villages being provided the fortified salt with no intervention in the control villages for 8 months."



The results showed that in the experimental group of 117 women and children there was a significant improvement in all the iron parameters and serum zinc when compared to the control group of 95 women and children.

In conclusion, the multiple micronutrient fortified crystal salt has been able to reduce the prevalence of anemia and zinc deficiency and improve hemoglobin, serum ferritin stores, body iron stores and serum zinc and maintain urinary iodine at the same levels in the population which consumed the fortified salt. The paper is being sent for publication.

We are very pleased with this excellent study and hope the families continue to use the salt.

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.



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

Grants Continued

Other Grant Reports

1. The Environment and Population Research Centre



EPRC, Bangladesh, sent the report of their 16th phase achievements. During this phase they have installed 13 tubewells which serve at least 1302 people, 223 of them children. The total served now is up to about 38,000 and will increase during the dry season. One school, serving 35

students continues, as well as kitchen gardening, and an adult women's club numbering 18. They are educated on environmental issues, water safety, family planning, HIV/aids, and the basic R&W. This project has been generously funded by Esther Lazarson of New York City since 2002. They have now begun phase 17.

A second project by EPRC: They usually work mostly in select villages, yet this time they chose to put pumps with funds, donated by Maryland Presbyterian Church, in a Dhaka city slum because of the serious needs



there...water was scarce because the pipes supplying city water flowed only for about an hour a day causing long lines and confusion. So, most people paid heavily for water from a source that was stolen by connecting into more abundant pipes. And this poor leaky, connection contaminated the water, causing illness in the community.

Here, instead of tubewells, they tapped into the city water pipes (with permission) and built underground tanks to hold the water, putting the pumps on top. Each of the 3 tanks supplies water to 60 families, who pay a small sum for this easily accessible, clean water.



2. Seed Welfare Society, India, 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.

The clinic remains open for two days each week with one doctor, one nurse and a helper. Approximately 150/160 patients are treated each week. "We teach the mothers regarding hygiene, sanitation, drinking boiled water, special care to the baby and general cleanliness in and around their homes, Says Maya Banerji, director of Seed.

3. 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, Richard Smith, In-**

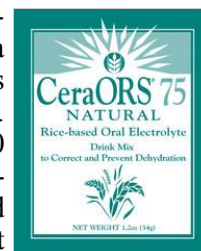


grid Renaud, Munir Alam, David Sack, Kenneth Dye, Jeffrey Gonya, David A. Weisbrod, and John Clemens. At the end of 2014, the total endowment was valued at \$10, 908,545 (\$10,374,081 at the end of 2013) and is managed by TIAA/CREF of St. Louis, Missouri.

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.

Emergency Aid

Child Health Foundation donated \$5,000 to help the Ebola crisis in Africa. This gift was matched by Cera Products Inc. and they were able to send 40 cases of CeraORS to the BIO-Maryland Ebola project and they, in turn, sent it to West Africa.



Each case held 200 packets, giving 8,000 liters of oral rehydration solution. Severe diarrhea is a common symptom of Ebola and it leads to dehydration, which if not corrected leads to death. We are pleased that we have been a part of saving lives from this dreaded disease.

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Many anonymous donors

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Financial Statement

Year Ending December 31, 2014

	Unrestricted	Temporarily Restricted	Total
Revenue and other support			
Grants	\$ 12,677	-	12,677
Corporate contributions	9,327	-	9,327
Individual contributions	40,975	32,645	73,620
Charitable Campaigns	19,473	-	19,473
Miscellaneous	-	-	-
In-kind contribution	4,500	-	-
Investment Income	1,489	-	1,489
Net assets released from restrictions	15,930	(15,930)	-
Total support and revenue	104,011	16,715	120,726
Expenses			
Program services	159,090	-	159,090
General and administrative	14,167	-	14,167
Total expenses	173,257	-	173,257
Change in net assets	(69,246)	16,715	(52,531)
Net assets—beginning of year	146,784	1,788	148,572
Net assets—end of year	\$ 77,538	18,503	96,041

This report prepared by independent auditors:

UHY LLP Certified Public Accountants

Full audit available on request

**Child Health Foundation.
110 E. Ridgely Road
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