



Annual Report 2015

Child Family Health International

Transformative Global Health Education & Community Empowerment

OUR MISSION

Child Family Health International (CFHI) provides community-based Global Health Education Programs for students and institutions. Our unique model fosters reciprocal partnerships and empowerment in local communities—transforming perspectives about self, healing and global citizenship.



WHAT WE DO

Global Health Education Programs

CFHI is creating future global health leaders and advocates through experiences that inspire trainees to better understand poverty, complex health determinants, global burden of disease, and their role as professionals and global citizens. Through over 30 programs in 10 countries, we provide an opportunity for students to learn while embedded within health systems and communities worldwide that are outside their reference culture, geography, and cultural traditions. Our programs encourage students *to let the world change you* and commit themselves to address disparities at home and abroad, recognize the complex determinants of health, and embrace cultural humility. Students witness the building of health systems, governmental and non-governmental collaborations, and intimate exchanges between healthcare providers and patients that uncover cultural, historical, and social influences to health and healthcare. Our Theory of Change emphasizes the strengths of sustainable, local health systems, enabling public health policies and economic development to address health disparities at home and abroad. This Theory of Change comes to life on CFHI's programs.

Advocacy and Research

CFHI's founding over 23 years ago was based on social and financial justice, placing local healthcare workers in the driver's seat of global health education programs and sustainable solutions to global challenges. Today, CFHI continues to advocate on a variety of fronts, including:

- Ethics of global health educational experiences in low and middle-income countries and other resource-limited settings
- Ensuring patient safety during global health education programs
- Asset-based community engagement and host community empowerment
- Integrating trainees into existing health systems and engendering an appreciation of the investments necessary for sustainable global health solutions
- "Fair-Trade" Service-Learning and reciprocity in host communities
- Assessment of community impacts
- Interprofessionalism and Competency-Based Global Health Education

CFHI contributes to research efforts in global health education and studies the impacts of global health efforts in our partner communities.

Reciprocity in Partner Communities: Community Health Projects & Capacity Building

CFHI reinvests in local partner communities through Community Health Projects aimed at addressing social determinants of health. These projects are led and operationalized by local community members, embodying an asset-based community development framework, while building capacity and local experience. CFHI also provides honorariums for clinical and NGO-based educators, as well as remuneration for homestays and other hosts. CFHI provides funding for local partners to pursue professional development and leadership skills.

HOW WE DO IT

Inter-Professional Global Health Education

CFHI's Global Health Education Programs are open to undergraduate, graduate, and post-graduate trainees. Each program includes pre-departure training focusing on safety, culture, burden of disease, geopolitical history and current realities, professionalism, ethics, and more. The programs impart a macroscopic appreciation of global health while focusing in on themes that are particularly relevant for the context and program content. Programs are available for individual applicants and universities who have Academic Partnerships with CFHI.

Asset-based Community Engagement

CFHI connects with our partner communities through an asset-based approach. We ask our partners, "What are your community's strengths that students can learn about?" By approaching partnership and program development from this angle, we engage community members as experts and set our students up to value and learn from the 'developing' world. Where many see lack of resources, we see resourcefulness, richness of culture, a wealth of passion, and an abundance of transformative synergies. These are the strengths that we highlight through our Global Health Education Programs.

Social Entrepreneurship

CFHI practices financial justice—compensating communities for their efforts hosting and educating students. This remuneration provides a boost to local economies, as well as recognition of the work that goes into our standard-setting programs. Through this social entrepreneurship model, CFHI is able to run educationally beneficial programs while ensuring explicit benefits in local communities.

GLOBAL HEALTH EDUCATION PROGRAMS

ARGENTINA

- GLOBAL PERSPECTIVES IN NURSING
- HOSPITAL MEDICINE IN LATIN AMERICA
- PRIMARY CARE AND SOCIAL MEDICINE

BOLIVIA

- DOING MORE WITH LESS: HEALTHCARE IN REMOTE SOUTHERN BOLIVIA
- PEDIATRIC & ADOLESCENT MEDICINE

ECUADOR

- COMMUNITY MEDICINE FROM RAINFOREST TO COAST
- ANDEAN HEALTH
- DENTISTRY & ORAL HEALTH
- INTENSIVE BEGINNER SPANISH & HEALTHCARE
- REPRODUCTIVE HEALTH
- SEXUAL HEALTH AS A HUMAN RIGHT: ECUADOR'S UNIQUE MODEL
- URBAN & RURAL COMPARATIVE HEALTH

GHANA

- CHILD HEALTH & SOCIAL DETERMINANTS
- HOSPITAL MEDICINE IN COASTAL GHANA



INDIA

- CHRONIC DISEASE & INTEGRATIVE MEDICINE
- INTRODUCTION TO TRADITIONAL MEDICINE
- MATERNAL & CHILD HEALTH
- END-OF-LIFE & PALLIATIVE CARE
- HOSPITAL MEDICINE & INFECTIOUS DISEASE
- PUBLIC HEALTH DELIVERY INNOVATIONS & COMMUNITY MEDICINE
- RURAL/URBAN HIMALAYAN ROTATION
- SIGHT FOR ALL- OPHTHALMOLOGY ROTATION

MEXICO

- INTENSIVE BEGINNER SPANISH & HEALTHCARE
- REALITIES OF HEALTH ACCESS & INEQUITIES
- TROPICAL MEDICINE & COMMUNITY-BASED CARE ON THE COAST
- WOMEN'S REPRODUCTIVE HEALTH



PHILIPPINES

- REMOTE ISLAND MEDICINE

SOUTH AFRICA

- HEALTHCARE CHALLENGES
- HIV/AIDS & HEALTHCARE

TANZANIA

- COMMUNITY-BASED ORPHAN CARE & HEALTH

UGANDA

- EXPLORING HIV & MATERNAL/CHILD HEALTH
- NUTRITION, FOOD SECURITY & SUSTAINABLE AGRICULTURE
- OMNIMED: COMMUNITY HEALTH WORKERS & GLOBAL HEALTH



ACADEMIA



Moving toward 2017 CFHI's 25th Silver Anniversary Year!

Expressing Great Gratitude to our Growing CFHI Family

Each year CFHI pushes the envelope for global service-learning paradigms, all the while continuing to plant new seeds of curiosity, hope, and imagination in the 'fertile young minds of students around the globe; Reminding Us All to "Let The World Change You."

Leading as Executive Director since 2014, Dr. Jessica Evert embodies CFHI's magnificent reputation as an academically rigorous, yet thoughtful, "socially-responsible and financially-just" global service-learning program. Utilizing the enormous talent and global networking skills of our US team (<https://www.cfhi.org/our-us-team>), she is helping to build progressive educational community partnerships, where local communities are the experts. Please help us spread the message to other educationally like-minded individuals: "The World is Our Classroom and we must pay for Our Seat." This message has been formalized in the Fair Trade Learning movement that CFHI has enthusiastically supported and reinforced!

Finally, let's not forget our US staff, (Nick! Robin! Caity! Reeha!, Erica! and Lauren!). However, our greatest SHOUT OUT goes our communities abroad- our most precious gems –are highlighted throughout the pages that follow, local experts that will share with you directly the visible and measurable improvements from their communities. Grassroots leadership built through a Lens of Consensus and Community. These simple ideas are part of CFHI's recipe for sustainability.

Warmly,

Evaleen Jones MD

Evaleen Jones, MD
Founder
Director of External Relations



Hello CFHI Global Family and Friends,

It is always a struggle to adequately capture the broad and numerous impacts of CFHI. The following pages are an attempt to encapsulate an organization that is leading the global health and international education sector to offer transformative experiences that nurture leaders toward a more just future. It is very tempting for organizations working in this realm to perpetuate narratives that hinge on poverty, lacking, and consequently breed pity for low and middle-income communities around the globe. CFHI thinks this narrative only serves to exacerbate power and privilege imbalances that underlie health disparities.

CFHI sees something different. We see a world where passionate people who are native to less-resourced communities, too often labeled “poor,” are actually rich in passion, ingenuity, resource consciousness, cultural practices, and so much more. We strive to present a narrative that empowers communities to tell their own story and highlight strengths that are ripe to be built upon. We strive to present the very complex nature of global health challenges and solutions so young people are not misled to engage in activities that are short-sighted or ineffective. We strive to straddle academic and community-based arenas to bring an ‘in the trenches’ perspective on the human condition, with all its rich variations and unifying commonalities, through our Global Health Education Programs for universities and individuals. We strive to advance the research that provides critical data and consensus to the fields of global health and education. As you will see in this Annual Report we are not only striving, but succeeding with huge implications for CFHI scholars and partners, as well as the fields of global health and engagement.

With Gratitude,



Jessica Evert, MD
Executive Director



Greetings CFHI Supporters & Fans,

The Board of Directors is pleased to bring you this Annual Report. Our goal is to provide a snapshot of CFHI's work that spans so many areas of focus, geographies, and vehicles of impact. In recent years CFHI has grown our partnerships with universities to provide a reliable, ethical, and quality mechanism for global mobility of students and faculty. CFHI is not only a thought leader in the field of Global Health education, but also a leading implementer of educational programs, fieldwork, internships and rotations. CFHI is working across the sectors of international education, higher education, global health, and civic engagement to transform the hearts and minds of tomorrow's global leaders. As one CFHI Medical Director said so well, we are “making them a little softer about people who are less well off.” Increasingly, CFHI is providing ongoing professional development and global health engagement opportunities for our alumni. On behalf of the CFHI Board of Directors, I welcome those of you who are new to our global community, and thank those of you who continue to be supporters and enthusiasts of our important work. Please join me in continuing to support CFHI!

Best Regards,



Gunjan Sinha, MS
Board of Directors Chairman



2015 CFHI HIGHLIGHT

FEBRUARY

CFHI underwent external audit and again achieved Better Business Bureau's Wise Giving Accreditation Standard and Gold Status with Guidestar indicating the highest levels of transparency and non-profit best practices.

CFHI headlined sessions at the American Medical Student Association (AMSA) Annual Convention discussing how to vet international experiences while meeting ethical, legal, and best practice standards.

CFHI's approach to global health education and international engagement featured in the Journal of Bioethical Inquiry: "Teaching Corner: Child Family Health International."

APRIL

CFHI co-sponsored the 12th Annual Western Regional International Health Conference and presented the workshop, "Going Global: Opportunities to Partner with Community Assets to Achieve Global Health."

CFHI celebrated one-year of global health education and community empowerment in Kabale, Uganda.

JUNE

CFHI welcomed Ted Dale, co-founder of the cross-cultural effectiveness leader, Aperian Global, to its Board of Directors and began offering the online self-assessment and cross cultural training tool "GlobeSmart" to all CFHI scholars.

JANUARY

CFHI rung in the New Year with new programs in Ghana and the Philippines. In Ghana, CFHI showcases efforts to address child health, social determinants and hospital-based care. In the Philippines, where the population is spread over 2000 islands, CFHI scholars explore health systems organization in Manila and remote island healthcare on the island of Alabat.



MARCH

CFHI co-sponsored the 3rd Annual Reflection Essay Contest with Consortium of Universities for Global Health, University of Pittsburgh Center for Global Health, and Loyola University Chicago Stritch School of Medicine.

CFHI featured with American Association of Medical Colleges (AAMC) and Global Health Learning Opportunities (GHLO) in a workshop on risk management and safety during international programs at the 6th Annual Consortium of Universities for Global Health (CUGH) Conference.

CFHI featured as a case study at the Global Service Learning Summit at Duke University.

CFHI unveiled its inaugural Alumni Advisory Board (AAB) consisting of 17 members.

MAY

At the NAFSA Annual Conference in Boston, CFHI collaborated on presentations of global service-learning best practices and global-local connections, and presented research on competency-based global health education.



AUGUST

Robin Young joined CFHI as Assistant Director, Africa and Asia.

Caity Jackson, co-leader of Women in Global Health, joined CFHI as Director of European Engagement, providing leadership for CFHI to offer service-learning and internships to European universities and students.

OCTOBER

CFHI named a 2015 Top-Rated Nonprofit by GreatNonprofits, the only people's choice award and one of the most trusted seals.

CFHI helped facilitate the application of the Sustainable Development Goals (SDGs) for the city of Detroit with community-led partners.

CFHI joined forces with Network of WHO Intern Alumni (NWIA) to offer scholarships for young people from low-and middle-income countries seeking internships at the WHO headquarters in Geneva.

DECEMBER

CFHI launched the "Chronic Disease and Integrative Medicine" program in partnership with Swami Vivikenanda Youth Movement (SVYM) in Mysore, India. Here, CFHI scholars rotate at a rural clinic serving local indigenous communities.

CFHI launched the "Community-Based Orphan Care & Health" program in Arusha, Tanzania, which allows CFHI scholars to witness family and community-based alternatives to orphan care and contribute to community-driven initiatives that improve socioeconomic and health outcomes.

JULY

CFHI, in collaboration with the Oaxacan Ministry of Health and Northwestern University Feinberg School of Medicine, sponsored the 6th annual Traditional Midwives Training in Oaxaca, Mexico.

CFHI collaborated with 7 universities on the publication, "Identifying Interprofessional Global Health Competencies for 21st Century Health Professionals."



SEPTEMBER

Hema Pandey, India Director, celebrated her 10-year anniversary with CFHI.

CFHI Executive Director, Dr. Jessica Evert, selected for UCSF Global Health Sciences Faculty Affiliation Program.



NOVEMBER

CFHI announced a new program in Mukono District, Uganda, in partnership with grassroots global health leader Omni Med: "Community Health Workers and Global Health."

CFHI joined the Better Volunteering Better Care (BVBC) Global Working Group to advocate for ethical models of volunteering.



RESEARCH & PUBLICATIONS

1. Eichbaum, Quentin, Adam Hoverman, William Cherniak, Jessica Evert, Elahe Nezami, and Thomas Hall. "Career Opportunities in Global Health: A Snapshot of the Current Employment Landscape." *Global Health* 5.1 (2015).
2. Evert, Jessica, MD. "Global Health: It Matters Now More Than Ever." *American Family Physician* 92.4 (2015): 254-58.
3. Evert, Jessica, MD. "Teach Corner: Child Family Health International." *Bioethical Inquiry* 12.1 (2015): 63-67.
4. Evert, Jessica, MD, Tricia Todd, MPH, and Peggy Zitek, PhD. "Do You GASP? How Pre-health Students Delivering Babies in Africa Is Becoming Consequentially Unacceptable." *The Advisor* 35.4 (2015): 61-65.
5. Jogerst, Kristen, Brian Callender, Virginia Adams, Jessica Evert, Elise Fields, Thomas Hall, Jody Olsen, Virginia Rowthorn, Sharon Rudy, Jiabin Shen, Lisa Simon, Herica Torres, Anvar Velji, and Lynda Wilson. "Identifying Interprofessional Global Health Competencies for 21st-Century Health Professionals." *Annals of Global Health* 81.2 (2015): 239-47.
6. Loh, Lawrence C., William Cherniak, Bradley Dreyfus A., Matthew Dasco M., Henry Lin C., and Jessica Evert. "Short Term Global Health Experiences and Local Partnership Models: A Framework." *Globalization and Health* (2015).



SPOTLIGHT ON NEW PROGRAMS

2015 was a landmark year for CFHI- we launched 5 new programs and dramatically expanded our geographical presence in Africa and Asia. Below are just a few highlights about each of our new programs:

Child Health & Social Determinants: Accra, Ghana

In Ghana's bustling capital city of Accra, CFHI Global Health Scholars gain exposure to local efforts to reduce infant mortality rates and improve the overall health of the nation's pediatric population. Rotating under the supervision of medical professionals at Ghana's only dedicated public pediatric hospital, students gain firsthand exposure to the most pressing, and treatable, causes of infant mortality in Ghana, including malnutrition, malaria, and lack of access to adequate sanitation and hygiene.



Remote Island Medicine: Manila, Quezon, Romblon, Philippines

This program provides a unique insight into the challenges of providing healthcare services in a nation comprised of over 7,100 islands. During the first week, participants will be based in Manila. Here, lectures and site visits to the Federal Health Ministry, the WHO Asia Headquarters, will introduce participants to the basic tenets of the Filipino healthcare system. The rest of the program is spent in a remote island of Tablas or Alabat, working in rural primary healthcare clinics alongside teams of physicians, nurses and midwives. Participants will learn about key public health initiatives including immunization and deworming campaigns, breastfeeding, and education to help families recognize danger signs during pregnancy.

Omni Med: Community Health Workers & Global Health: Mukono District, Uganda

Omni Med was founded in 1998 on the belief that all people have a right to health and quality healthcare regardless of their nationality or income. Since its inception, Omni Med has focused its efforts in Uganda where its accomplishments include training over 1,200 community health workers, the construction of protected water sources and cookstoves, and conducting two randomized trials examining the impacts of its programs. “We believe strongly that it is not enough to feel good about what we do--we have to measure the impact we make, and then adjust our programs based on the data,” observes Dr. Edward O’Neil, Omni Med’s Founder, “We are one of the few service organizations out there where students actually participate in ongoing research trials, and have some input into program design and implementation.” CFHI scholars contribute to this important work while learning about the important role of community health workers in global health.



Community-Based Orphan Care & Health: Arusha, Tanzania

In collaboration with local community leaders, CFHI offers an innovative new program that provides students a window into the healthcare system of Tanzania, as well as an opportunity to support and learn from a nonprofit organization providing an ethical, sustainable alternative to orphanage volunteering within Maasai communities in Arusha. CFHI global health scholars take part in clinical rotations at regional hospitals and rural health centers, and learn about local government efforts to improve the health of rural, underserved populations. They also volunteer their time with a unique grassroots NGO that supports Maasai communities to provide child-centric orphan care within families and communities through workshops and seminars.

Hospital Medicine in Coastal Ghana: Cape Coast, Ghana

In the historical fishing town of Cape Coast, CFHI Scholars rotate alongside local health care workers at a tertiary teaching hospital which serves as the main source of healthcare services for surrounding coastal communities. In addition to experiencing medicine in this resource-strapped setting, students gain insight into the social determinants of health that are so often the cause of disease and death in this region, and learn from the outstanding doctors, nurses, and other health professionals who are working diligently to improve health for their community.



Community Health Projects

Community Health Projects are an ideal way for CFHI to amplify the impacts of its international partners and community leaders. These projects take root from local perspective and grow into creative, often self-sustaining, health initiatives that transform the lives and well being of individuals and families. They are a means for CFHI to express deep gratitude for the expertise, energy, and passion of its expanding network of local leaders across ten countries and to place ownership in the hands of those whose fate is determined by the health initiative itself.

Traditional Midwives Project El Proyecto de las Parteras Tradicionales Puerto Escondido, Oaxaca, Mexico

Traditional midwives-parteras tradicionales-contribute greatly to the health outcomes of local communities throughout Mexico, with 60% of women seeking out a midwife during their pregnancy. In the southern state of Oaxaca access to medical facilities is often limited due to distance, cost and cultural barriers, and midwives help to bridge the gap until there is access to acceptable and professional healthcare services for all women and children. To shine light on the prominent role midwives play in the delivery of obstetric care, CFHI, in collaboration with Oaxaca's Ministry of Health and Northwestern Feinberg School of Medicine, facilitate an annual training for 40 midwives from remote communities scattered throughout Oaxaca to receive continuing education, professional development, and an opportunity to network with fellow healthcare providers. For the majority of the midwives invited to attend the 4-day workshop, it is the only source of formal education available to them.



Center for the Empowerment of Young Mothers Centro de Empoderamiento de Madres Jovenes El Alto, Bolivia

CFHI La Paz Medical Director, Dra. Cecilia Uribe de Chavez, had a fervent and promising vision for the young women of El Alto, one of Bolivia's fastest growing urban centers. As a pediatrician providing care for young mothers and their children at a municipal hospital in El Alto, she repeatedly witnessed the barriers faced by young women in escaping the poverty trap plaguing the city. Since opening its doors in 2013, the Center for the Empowerment of Young Mothers (EMJ) has instilled hope, optimism, and opportunity in the lives of dozens of young woman native to El Alto. The center provides vital support by allowing them to further their studies, build professional skills, access primary health care services and health education, and utilize the daycare center where their children receive nutritious food and psychosocial support and interaction with other children in the community. The number of women attending the center is increasing annually and there are now around 20 women who visit the center regularly, along with their children. The women have begun to make their voices heard and to exercise their rights by uniting to form support groups, collaborating to explore small business ventures, and raising awareness about the importance of avoiding early pregnancy and encouraging the use of safe and effective contraceptives.



Patti Healthy Village Clinic

Patti, Uttarakhand, India

One of CFHI's longest running community health projects, this primary healthcare clinic has served as a lifeline for the villagers of Patti and thousands of others inhabiting 28 villages within India's remote, northern Himalayan region. In 2015, the Patti Clinic served an estimated 3,020 patients, carried out 38 health outreach camps, and trained 6 female village health promoters to serve their communities. It plays a vital role in the prevention of waterborne diseases and seasonal health problems and has motivated communities to adopt improved waste management techniques to support good health and hygiene and to be more receptive towards natural remedies and local medicinal plants, slowly restoring the belief in indigenous medicine amongst villagers. The clinic also arranges mobile health camps focused on hygiene, family planning, nutrition, and proper care of the elderly, as well as serving as a platform to support fundraising attempts for expensive treatments, surgeries and emergencies. CFHI's partners in northern India collaborate to ensure the clinic operates at full capacity day in and day out and at times, take great measure to trek miles over treacherous ground to deliver care to isolated communities.

CFHI's India Program Coordinator, Hema Pandey, proudly boasts that, "As much as the clinic serves the community, it greatly benefits CFHI program participants who look forward to spending time there and above all, feel proud that CFHI funds a clinic doing exemplary work in one of the remotest parts of India."



Reaching the Unreached & Catch Them Young

Pawanagar, Maharashtra, India

CFHI's Pune Medical Director, Dr. Shripad Mahadev Dabak, is passionate and determined to tackle the multitude of social determinants that affect the health outcomes of the local community in Pune and rural communities on the outskirts of the city. Workshops are designed to educate adolescents on the importance of education and remaining in school, avoidance of early marriage and teenage pregnancy, and STD awareness and prevention. Health education outreach targeting pregnant women is carried out to encourage hospital delivery, birth spacing, child immunization, and breastfeeding consultation. In collaboration with government-run primary healthcare clinics and hospitals, critical antenatal treatment was provided to hundreds of women in 2015. Despite numerous challenges-poverty, illiteracy, stigma, male dominance, hazardous weather-the number of women seeking antenatal care and delivering at the hospital has increased, the average age of a female's first pregnancy rose to 20 y/o, and the gap between pregnancies has increased to 2/2.5 years.



Rabbit Breeding & Training Center Kabale, Uganda

Access to a nutritious, readily available source of protein and a reliable means of household income generation are hard to come by for the majority of those living in southwestern Uganda. Nearly 70% of children under the age of five have some form of malnutrition, ranging from mild to severe. The effects of malnutrition have a staggering impact on the development of society as the rate of disease and illness increases, physical productivity and school performance decline, and the rates of premature death rise. In collaboration with schools and community support groups, CFHI's partner in Kabale, Kigezi Healthcare Foundation (KIHEFO), identifies vulnerable communities and families through a nutrition assessment and provides rabbits for breeding, a nutritious source of protein, free of charge. Rabbits can be raised hygienically at low cost, reproduce rapidly and abundantly, and surplus rabbits are eaten or sold for approximately 15,000 Ugandan shillings (\$6 USD) as a means of income generation. At the start of 2016, more than 800 people within the community have been trained in rabbit rearing and management and equipped with skills and knowledge about the benefits of keeping rabbits. Families are benefiting greatly from a dependable and rapidly growing protein source, as well as an emerging market that enables them to sell surplus rabbits to generate income at the household level.

The project began with 120 rabbits for breeding and distribution to poor households and currently has 500 rabbits housed at the main center-with capacity for 3,000-and additional rabbits distributed to 60 farmers within the region. The main center in Kabale-town is now fully functioning and has 16 breeding cages, 60 weaning cages and 1 mobile rabbit cage for demonstration with community members.



KIHEFO Community Health Outreach Kabale, Uganda

Kigezi Healthcare Foundation's (KIHEFO) founder, Dr. Geoffrey Anguyo, declares that the community is their biggest resource. Even in the most challenging of circumstances, CFHI's partner organization in Kabale, Uganda-KIHEFO-defies extreme weather, impassable roads, vehicle breakdowns, and limited resources to deliver health services to remote communities in southwestern Uganda. Regularly, a small team of KIHEFO volunteers and staff, including former patients who are HIV positive now serving as peer counselors and health workers, travel miles outside of Kabale in a rusty, hollowed-out ambulance to provide HIV testing, antiretroviral medication, follow up care, and HIV/AIDS education to sensitize communities and encourage them to confront the disease. Dental and primary care outreach efforts are also brought to communities who face insurmountable challenges traveling to Kabale to receive care at KIHEFO's health facilities. On average more than 500 people are attended to per outreach. The demand is overwhelming as health accessibility and outcomes have improved for communities with no access to proper medical care. In 2015, more than 6,000 people benefited, spanning from more than 10 communities throughout Uganda's southern Kigezi region.



KIHEFO Maternal Health Hospital Kabale, Uganda

Uganda has the 20th highest maternal mortality rate and the 15th highest infant mortality rate in the world according to the World Health Organization. The Maternal Health Hospital provides antenatal and maternal services to local women in Uganda's southern Kigezi region. The services provided aim to promote health and increase well-being among pregnant women. In 2015, more than 5,000 pregnant women and mothers visited the hospital. Overall, the reaction to the hospital has been positive- cultural attitudes of fear and stigma have declined through trust building with the woman, local families can rely upon long-term access to healthcare services, and women are welcoming the idea to seek the support of trained medical professionals when necessary. However, construction on the hospital is not yet complete and additional funds are required to equip the hospital for safe deliveries, including the hiring of local midwives.



Children's Growth & Development Centre Arusha, Tanzania

Studies are increasingly finding that orphanages are not a sustainable solution to address the care, development and health of children who have been orphaned. Orphanages can even be sites of exploitation of children, especially when international volunteers are involved. CFHI's partner in Tanzania, Child Growth and Development Center (CGD), a community-based nonprofit organization, realized that there were staggeringly high numbers of orphans living in their community on the outskirts of Arusha. This was due in great part to increasing HIV rates in the community. They also saw that two women's groups in the area were already working to address the problem by finding homes for the children within their own Masai communities and selling homemade crafts to raise funds to cover health and other necessary costs for the children. Rather than raising funds to construct an orphanage, CGD is raising funds to provide much-needed (and requested) training and education for the women's groups in order to help them grow their businesses and learn about providing support and services for children. These women are stepping in as mothers and providing an essential familial structure to children who are most at risk in their communities- most at risk for exploitation, assault, health issues and addiction.



SPOTLIGHT ON ALUMNI: HOW THE WORLD CHANGED THEM



There are many angles with which one can measure the impact of a CFHI program. Number of students sent, amount of money infused to local health contexts, number of projects supported and so on are all monikers of our success. Charts and tables could be presented showing all of this information and more, yet there are certain intangibles lost in number crunching. To get to the heart of CFHI is to hear the stories of transformation experienced by our program participants.

For example, Melanie Regan from San Francisco attended our Public Health and Community Medicine program in New Delhi India in June of 2015. A highlight was witnessing harm reduction in action at an NGO collaborating with the national HIV program to provide clean needles, HIV testing, and HIV treatment to intravenous drug users. Upon her return she reported the program, “solidified her desire to pursue a career in public health.”

This immersion experience is also reported by 2015 Scholarship recipient Courtney Jones, “I am forever changed by my Ugandan experience. Thank you CFHI for this amazing opportunity, and thank you KIHEFO for accepting me like family. This was truly a once in a lifetime adventure. CFHI provided me with an opportunity to be immersed in Ugandan culture. This is the way to experience global health! I was forced to put my own assumptions aside and learn to think about health from a different perspective. I left Uganda with a new sense of purpose and a renewed passion for global healthcare.”

Cultural exchange and immersion are powerful pillars on which all of our programs are built upon. Evidence of this is portrayed once again by Erica Bautista, a 4th year medical student who travelled with us to Bolivia, “The doctors at the hospital also touched on the importance of knowing a patient’s culture. I took a cultural competency class during my first two years of medical school so this was a great refresher for me. Dr. Valasco, an infectious disease doctor who we met on the first day of our rotation, explained to us how important it is to meet patients on their level.”

These are just a few of many stories to tell from our 2015 programs. It is important to recount the experiences of our alumni as their accounts give us a gateway to understand some of the intangible and powerful transformative moments that can occur while on a CFHI program. CFHI is not only educating minds about global health policy, data-driven interventions, and burden of disease, CFHI is educating hearts about the human condition, shared joy and pain that weaves us together, and global citizenship that calls on all of us.

CFHI proudly welcomes this new partnership with KIHEFO and is excited at the prospects of meaningful collaboration and a truly transformative global health experience for program participants.

CFHI Academic Partnerships:

Highlights from CFHI-University Partnerships

The demand for global health education and international exposure is growing among students at all levels of education. Child Family Health International (CFHI) Academic Partnerships are collaborations between CFHI and schools and universities that help meet the demand for international global health-related programming. These partnerships ensure safety/security, academic rigor, ethical boundaries, and rich immersed learning that CFHI has come to be known for over our 20+ year history. Academic Partnerships offer many benefits:

- **Collaboration** – Scaling up university global program offerings in an efficient manner without sacrificing quality or program safety.
- **Expertise** – Leverage CFHI's knowledge and experience in pre-departure training, risk/incident management, local logistics, and educational placements in clinical and public health settings.
- **Connections** – Allowing universities to leverage CFHI's international partners who provide didactics, facilitated reflection, case-based discussions, and a wide array of global health curricular offerings.
- **Logistics and Administration** – CFHI's team handles in-country logistics, liability coverage, program registration, and communications with students and parents in collaboration with university faculty and staff.
- **Customization** – These partnerships allow universities to tailor CFHI Global Health Education Programs to provide student experiences that fit unique needs such as community-based global health projects, research, and innovative collaborations within health systems in low and middle income countries.
- **Faculty** – led Options- Facilitating faculty-led programs, so faculty can focus on their area of expertise and integrate learning into sustainable local development work.

CFHI & University of California, Davis Department of Chicano Studies

This specialized program, a collaboration between UC Davis Quarter Abroad and CFHI, is celebrating its 10th year anniversary. The program offers students the opportunity to take UC Davis classes on transnational (US-Mexico) health issues and participate in approximately 180 hours of clinical rotations in hospitals and clinics in Oaxaca, Mexico and other public health activities related to content areas, which include the following: overview of bi-national adult and child morbidity and mortality rates, standard practice patterns for disease treatment in Mexico and the US, risk factors associated to selected diseases, and distinct cultural and indigenous practice patterns. provide students with cultural competencies that are crucial for effective health care professionals.

CFHI & Northwestern NUAID

In June 2014, Northwestern University Alliance for International Development (NUAID), a student-lead group at Feinberg Northwestern Medical School, partnered with CFHI in 2014 to offer its members an alternative to a medical mission style program they had been operating in Nicaragua for over 10 years. The CFHI program in Puerto Escondido offered the perfect location for learning about broadening participants' understanding of the social determinants of health, health systems, and engendering a larger sense of cultural competency.

As part of the program, CFHI and NUAID have also successfully run, with the help of the Oaxacan Ministry of Health, local physicians and public health officials, a 4-day workshop for approximately 40 traditional midwives focusing on capacity-building education.

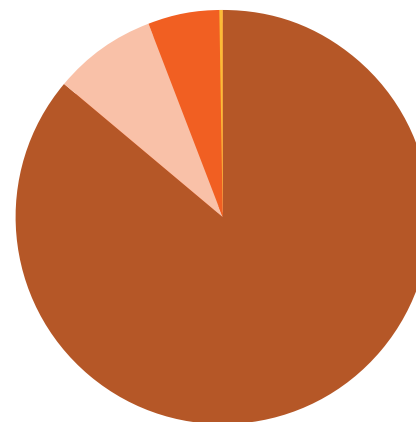
CFHI & Stanford University School of Engineering:

In August of 2015, a group of 8 students from Stanford's School of Engineering traveled to Kabale, Uganda, where they were hosted by CFHI partner, the Kigezi Healthcare Foundation. In Kabale, they worked alongside local experts and stakeholders to propose design and construction for a groundwater pumping system that would increase community access to clean water and crop productivity during the dry season. Their project sought to address a critical need: 44% of families in Uganda do not have access to safe water, and high levels of crop failure during the dry season cause significant hardship for this primarily farming community, affecting both humans and livestock. Drawing on local knowledge from KIHFO's network as well as their own expertise and experiences, the students laid the groundwork for an important new development that will increase access to safe, clean water for years to come.

2015 FINANCES

Support & Revenue

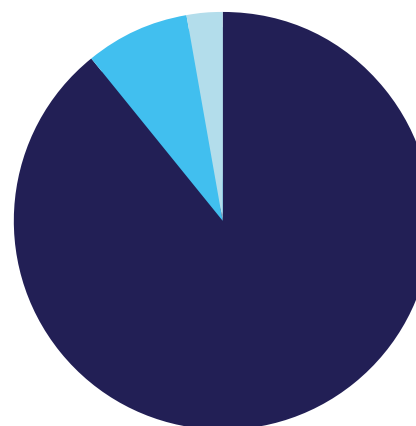
■ Program Fees	\$1,690,975
■ In-Kind Support	\$128,157
■ Grants & Donations	\$182,994
■ Other	\$6,320
Total Revenue	\$2,008,446



■ Program Fees
■ In-Kind Support
■ Grants & Donations
■ Other

Expenses

■ Program Services	\$1,900,261
■ General & Administrative	\$123,894
■ Fundraising	\$35,926
Total	\$2,060,081



■ Program Services
■ General & Administrative
■ Fundraising

Net Assets: \$79,207

Direct Economic Infusion into Host Communities: \$1,145,317



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University of Texas at Austin- International Office, Study Abroad

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Congratulations to the following 2015 CFHI scholarship recipients and scholars:

Chrissa Karagiannis, University of California, Santa Cruz
Courtney James, Medical Resident
Hannah Saitta, University of Michigan
James Questel, Ohio University Heritage College of Osteopathic Medicine
Jennifer Knight, Brown University
Pete Wallenhorst, University of Kentucky College of Medicine
Sara Fontanez, Loyola University of Chicago
Selema Wit Ghebrendrias, George Washington School of Medicine & Health Sciences

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CFHI recognizes and thanks these organizations for their collaboration:

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American Medical Women's Association (AMWA)
Better Business Bureau (BBB)
Better Volunteering, Better Care (BVBC)

Building Bridges Coalition (BBC)
Consortium of Universities for Global Health (CUGH)
EUPHANxt
The Forum on Education Abroad
Global Health Council (GHC)
Globalsl.org
NAFSA Association of International Educators
National Association of Advisors for the Health Professions (NAAHP)
Network of WHO Intern Alumni (NWIA)
United Nations Economic and Social Council (UN ECOSOC)

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