



Child Family Health International

CFHI 07

Advancing Quality Healthcare for All
Annual Report 2007



Advancing Quality Healthcare For All

Child Family Health International

2007

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Alexis Guy and her fellow students en route to a clinic in Hlabisa, South Africa.

A key benefit of CFHI's programs is that students from different health science disciplines, different countries and different cultures can live and learn together while gaining first-hand exposure to global health issues.

Photo by Alexis Guy – CFHI Alumni, HIV/AIDS & Healthcare in Durban, South Africa (2007)

"My month in Bolivia was the most amazing experience! I learned what the Hippocratic Oath truly means, my Spanish improved both conversationally and medically, and I got to see and do so many things that help me everyday in medical school. I highly recommend this program to anyone!"

—Ashley Strobel, Pediatric Health in La Paz, Bolivia, 2007

"Remind yourself that you are far, far away from home! Not all your comforts will be met, but you are the one who has to rise above it, embrace it, be open about it, and immerse yourself in the lifestyle of the country."

—Darrell Kumar, Introduction to Traditional Medicine, India, 2007

Photo: Scott Ritter, Infectious Disease in Mumbai, India, 2007

In 2007, CFHI received a grant from The PARSA Community Foundation for scholarships for two Iranian-American health science students to enroll in one of our 17 programs. As part of CFHI's outreach efforts, one of our star alumni, Sonya Soni (pictured here) attended the Javan Chapter Meeting in Los Angeles.

—Sonya Soni, Pediatric Health in La Paz, Bolivia, 2007 and Rural Himalayan Rotation, India, 2006



Our Vision

WHAT WE DO

Child Family Health International (CFHI) is a global family of committed professionals and students who work at the grassroots level to promote the health of the world community by:

- Fostering learning and service that sparks transformational personal change for all involved
- Working to achieve sustainable solutions in healthcare services and disease prevention
- Emphasizing respect and understanding across cultures
- Facilitating the sharing of medical resources, knowledge, and experience, and
- Giving priority to underserved communities

HOW WE DO IT

Global Service Learning

Medical and other health science student programs that focus on cultural competency in the health setting

Community Initiatives

Healthcare for underserved communities through local medical professionals and clinics

Medical Supply Recovery

Collection and distribution of salvaged medical supplies



Photo by Anur Wadhwa – CFHI Alum, HIV & Public Health Challenges, Delhi, India (2007)



Dear Friends,

At the end of each year, fiscal and calendar, it's helpful to take time to reflect on what we have received and what we have given back to our families, our friends, our community, our world.

At this time, let us all take a hard and honest look at our 'personal balance sheets' because each of us in our own ways has the ability to make the world a little better, whether through our actions, financial support, or simply giving voice to a need still unheard.

CFHI is proud to be cultivating a family of global health professionals made up of educators, students, volunteers—establishing amazing partnerships that criss-cross the world. We invite you to read about the work that we are doing to ensure that our presence, our actions, and our impact is meaningful and measurable.

Please share with us your ideas, your efforts and your good fortune so that we can continue to make our vision into a reality.

Sincerely,

Evaileen Jones MD

Evaileen Jones, MD,
President, Founder and Medical Director

Gunjan

Gunjan Sinha,
Chair of the Board of Directors

Dear CFHI Family,

Now in our 16th year, the work of Child Family Health International (CFHI) could not be more important or timely. Our world is getting smaller every day and, as energy and food prices remind us, something that happens half a world away today can easily influence our daily life tomorrow. Global health issues have always been of critical importance, but now we are even more aware of how quickly and lastingly these issues can affect each and every one of us, irrespective of the passport we hold. The answer to a smaller world is a better connected world, a world where different cultures are understood and respected, and where solutions to problems become the intersecting point for sharing knowledge, experience, dedication, and commitment.

In this annual report, you will see the impact of people from different corners of the world coming together to share and learn from each other. Within the underserved communities where CFHI has forged so many close, long-term relationships, this impact takes the form of real, direct improvements to healthcare. Thanks to the passion and expertise of the local medical professionals who live in these communities—those unsung heroes, our partners—we know that this impact is felt enormously in the minds and hearts of the

CFHI students who travel to shadow them. For these students, who come from many countries around the world, there is a new vision, a broader perspective—a change—that makes a difference not only in what they do today, but in what they do and who they become tomorrow.

Reading between the lines here, you will see many seeds being planted as well as the results of ones that have taken root and thrived. CFHI will soon have more than 5,000 alumni of our Global Health Education Programs, with a surprising number of these young professionals distinguishing themselves as leaders. This makes us very proud of them and also of our international partners, who create these profound and often life-changing experiences.

Who knows what the global health challenges of tomorrow will be, but with your support of the growing CFHI family—along with others who share our vision—we believe the dedication, experience, and mentality to meet these challenges will be there.

Warm Regards,

Steven E. Schmidbauer

Steven E. Schmidbauer



David Richman-Rabinovitch in Bolivia (2008)



RECOVER:

An Alum's Perspective on Giving Back

David Richman-Raphael is a stellar example of a CFHI alum who, inspired by his program experience in La Paz, returned to the US with a deepened commitment to helping the underserved communities that he visited there. As a dentistry student, David witnessed first-hand the numerous dental diseases prevalent among the people living in poverty in La Paz, such as Dental Caries and Periodontal Diseases, due to unmet oral health needs and lack of basic oral health resources.

Determined to make a difference in addressing the oral health problems in Bolivia, David contacted dental supply manufacturing companies in the US such as Colgate, Ultradent and GC America, and urged them to make generous donations to CFHI's medical supply recovery program, Recover. The oral health donations made by these companies, included toothpaste, toothbrushes and expensive filling material, and were recently sent through students participating in CFHI's pediatric health program in Bolivia. The following is an interview with David Richman-Raphael, where he describes his experiences in La Paz and the profound impact it had on him. CFHI's Recover Coordinator, Harini Krishnan went to speak to him.

Harini Krishnan (HK): David, how would you describe the oral health situation in Bolivia, and specifically that of the underserved communities you interacted with during your participation in CFHI's pediatric health program in Bolivia?

David Richman-Raphael (DRR): The need for oral health resources and education in La Paz cannot be overstated. La Paz is a place where soda costs less than milk, toothbrushes are a luxury and people are not exposed to fluoride because they do not drink the tap water. The evidence of a lack of knowledge could be seen everywhere – bottle caries was rampant; ten out of eleven children in an infectious disease ward of a children's hospital I visited were there for treatment of oral abscesses that started as simple cavities

and had become life-threatening infections; and in the cancer ward of the same children's hospital more children were dying from preventable infections than from cancer. These problems could have been avoided with a little education and a few resources.

HK: What prompted you to contact the US dental supply companies that you did, that is: Colgate and GC America about securing donations to address the oral health situation in Bolivia? Have you worked with these companies before and know of their philanthropic interests before?

DRR: Crest and Colgate have supported a number of outreach efforts through the donation of toothbrushes and toothpaste. I contacted the Crest and Colgate representatives who work with University of Maryland Dental School and they were excited about supporting my project in Bolivia. Each company sent more than I could carry and other CFHI students had to help bring the supplies to La Paz.

A faculty member at my school heard about my trip and suggested I contact Ultradent about donating supplies that dentists could use. The Ultradent representative gave me boxes of supplies that went to dentists who worked in clinics for children, adolescents,

and women who would not otherwise have had access to high quality restorative dental materials.

Finally, before I left La Paz, my mentor, Dra. Roxana Mollinedo told me about a project that she was leading to place sealants in the mouths of 1,000 children. The problem was that the sealant material available in Bolivia was not high quality and North American companies wouldn't ship to Bolivia. Dr. Mollinedo wanted to give me money to purchase the glass ionomer and ship it to her, but given my experience of collecting supplies I was confident that I could find a company to donate the materials. A faculty member at my school suggested I contact GC America. It was a great suggestion because they donated the materials that Dr. Mollinedo needed to do her project.

The generosity and support of the companies I contacted was unbelievable. Without their support my trip would not have been nearly as worthwhile.

HK: How do you think your program experience in Bolivia and your efforts to help the underserved communities obtain oral health supplies through the Recover program, will impact your future career as a dentist in the US?

DRR: During the month I spent in La Paz, I saw how badly supplies are needed, the lack of patients' understanding regarding oral health issues, and the commitment of Bolivian doctors and dentists to their community. I also saw the appreciation of patients when I gave away a toothbrush or tube of toothpaste and the importance of high quality dental materials. These were all lessons that I've brought back to the US. I've encouraged other students to do similar programs and I will certainly be making more outreach efforts within my local and global communities.

HK: What would you like to say to the thousands of CFHI alumni about how they can continue to impact global health issues through their continued involvement with CFHI and programs such as Recover?

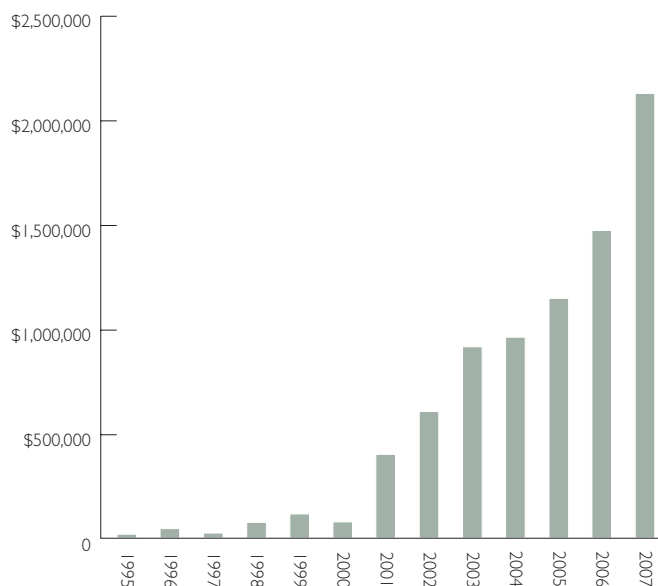
DRR: Remember... when you give away a company's product you're making them look good. I was amazed at the supplies that individuals and companies were willing and eager to provide to support outreach projects. All you have to do is ask!

CFHI Recover Program

As the graph opposite demonstrates, our Recover program continues to grow rapidly, connecting donors' compassion with the needs of some of the world's most underserved people. To learn more about the history of Recover and support the efforts of those who make it happen, visit us at www.cfhi.org.

Our Recover program has prevented usable equipment and supplies from becoming waste while enabling our partner organizations to expand the scope and quality of their services to underserved populations. We do this by supplying them with materials they could not afford or would otherwise have to purchase with scarce resources.

In 2007, the Recover Program sent to our partners overseas \$2.25 million in donated medical supplies and equipment.



Medical Supplies Recovered Since 1995

Global Health Education Programs

Child Family Health International (CFHI) is the leading nongovernmental organization (NGO) placing health science students in international clinical rotations in ways that are socially responsible and financially just. We intend to model the best in global health education practices which demonstrate a priority commitment to community engagement and local integrity.

SINCE 1992, OUR PROGRAMS HAVE BEEN OPEN TO STUDENTS OF THE HEALTH SCIENCES AND OFFER:

- First-hand clinical exposure alongside expert on-site partners
- Cultural immersion with the support of dedicated in-country staff
- Home stays with our longstanding and trusted partners
- Spanish and medical Spanish lessons (in Central and Latin America)
- Service-Learning Opportunities both on site and upon return
- Quality Online resources (MD Consult and FIRSTConsult)
- Connectivity to a vibrant and expanding community of like-minded students and professionals

In 2007, CFHI established the Alumni Campus Representatives and Alumni Peer Mentors programs. These are two new ways for our alumni to develop their leadership, mentoring and communication skills while amplifying the value of our global health education programs by reaching out to their peers.

ALUMNI CAMPUS REPRESENTATIVES

Help promote CFHI on their University or College Campus. As a Campus Representative, students will have the opportunity to attend global health conferences and University Fairs in their local area in order to table and present information about CFHI.

ALUMNI PEER MENTORS

CFHI alumni participate and develop their mentoring skills by assisting with pre-departure orientation for students who will be participating in upcoming global health education programs. Peer Mentors act as an on-campus resource for students who are due to participate in CFHI programs, helping to answer students' pre-departure questions and offer advice on how students can get the most out of their global health program.

For more information on either of these two programs, please go to the alumni section of our web site, or email alumni@cfhi.org.



Our first Peer Mentor was Miriam Orcutt, who is a first year medical student at Newcastle University in the UK. Miriam enrolled in our Pediatric Health in La Paz, Bolivia program in June 2007.

Community Health Projects 2007-2008

Below are thumbnail descriptions of the 11 Community Health Projects CFHI is supporting in 2007-08.

These projects are hugely successful as a result of generous contributions by our loyal base of individual donors and enterprising foundations. Six projects are brand new, while five are recurring. You can learn more about these locally-devised, strengths-based projects at www.cfhi.org.

The Than Gaon clinic has been running since 1998 and is a collaborative project between CFHI and Nature Quest. The clinic provides primary care for surrounding villages and is featured in a film that you can see at www.cfhi.org.



BRAND NEW

Indigenous Approaches To Malaria
Pastaza, Ecuador

Identifies healthy ancestral practices to promote the control of diseases transmitted by arthropods in the jungle communities of Pastaza. These practices include, but are not limited to, using plants as insect repellent or circulating smoke within the houses to repel mosquitoes and other insects. The initiative also aims to train personnel of the Malaria Control Service in basic intervention concepts, with a focus on intercultural communication.

BRAND NEW

Medical and Developmental
Screening for Pre-Schoolers
Manenberg, South Africa

Supports training workshops and provides for the services of two medical interns with pediatric skills to implement the medical and developmental screening of children aged between one and six.

BRAND NEW

The Avian Park Clinic Renovation
Avian Park, South Africa

Poor living conditions here contribute to the high risk for TB and other infectious diseases, with an average number of six people occupying a single tiny shack. This project will transform a dilapidated building into a fully-functioning clinic. After the renovation is completed, the Department of Health, staff from the University of Stellenbosch and the local townspeople will partner to maintain it.

BRAND NEW

"Catch Them Young"
Pawanagar, India

Offers sex education and substance abuse trainings and workshops to about 2,000 adolescents, aged between 12 and 20. Funding will go to employ a local community health worker and a local project coordinator, in addition to providing vital logistical support and outreach tools with which to attract local speakers.

BRAND NEW

Cervical Cancer Prevention
Oaxaca, Mexico

Determines the incidence of cervical-uterus cancer caused by human papillomavirus through studies of middle-aged women. Over 500 patients will benefit from the colposcopy. It is necessary for doctors to know the magnitude of this problem to begin implementing alternative solutions and diminish the incidence of cervical cancer in the local female population.

BRAND NEW

"Youth United" for HIV/AIDS Awareness
Oaxaca, Mexico

According to COESIDA reports, there has been a recent increase in HIV/AIDS cases along the Oaxacan coast among those aged between 15 and 26. This worrying trend coincides with an increase in the number of pregnant teenagers, illegal drug-use and violence among youth. The initiative was started by three CFHI students: Cristina Mota, Erik Berg and Lynn VanderWielen, who began by training 15 high school students. To be sustainable, Jóvenes Unidos needs to hire a local coordinator to manage all the administrative and outreach work with local educators.

CFHI alumni Adnan Mustafa (left) and Jeansun Lee (right), with Dr. Vipin Vaish on their program in India.



Children in Cape Town, South Africa. "It was an amazing experience, one that I will never forget; both for the medical exposure and the life long friends that I made."

— Regina Bray, CFHI alumna, Healthcare Challenges in Cape Town, South Africa (November 2007)



CFHI Local Coordinator in Puerto Escondido, Mexico, Soledad Viola, with her daughter



Amit Wadhwa, CFHI alum, with friends. Amit went on our HIV & Public Health Challenges, India program

"It was a wonderful and eye opening experience to the public health problems in Delhi. I was amazed by the country and the people I met and will forever be changed."

— Stephanie Phillips, CFHI alumna, HIV & Public Health Challenges, India (September 2007)



RECURRING

Children Living in Jails
La Paz, Bolivia

Integrates medical aid, psychological and social support for young children forced to live in jail with their parents.

RECURRING

Healthcare for Remote Jungle Communities
Amazon, Ecuador

Supports further trainings for Community Health Promoters in the Shuar region of the Ecuadorian Amazon.

RECURRING

Stemming the Rise of Type 2 Diabetes
The Amazon, Ecuador

Implements a tracking system for patients with Type 2 diabetes in remote rural areas.

RECURRING

Than Gaon Clinic
Than Gaon, India

Maintains the operation of a small clinic that treats the primary healthcare needs of 28 Himalayan villages. Since 1998, this project has served over 50,000 people.

RECURRING

Health Promoter Trainings
Than Gaon, India

Trains nine women elected by their peers from neighboring villages to deal with a variety of healthcare issues, especially in the area of mother and child. The project is now in its tenth year and uses the "train-the-trainer" philosophy to provide sustainable grassroots solutions.



CEHI's global health education programs demonstrate a priority commitment to community engagement and local integrity. We appreciate that our global partners are our local experts, dedicated to imparting their knowledge and sharing their experience with our students.

Personal Impact:

Ecuador with CFHI

Dr. Richard Maude contacted us in late 2007 with a view to re-establishing contact with Dra. Susana Alvear, CFHI's Medical Director in Quito, Ecuador. Now a Specialist Registrar in Infectious Diseases, Tropical Medicine and General Internal Medicine based in the UK, we took the opportunity to invite Dr. Maude to recall his experience eight years ago, and he kindly obliged.

In 2000, I spent nine weeks in Ecuador with CFHI on the community medicine programme that was, and still is, supervised by Dra. Susana Alvear. This program incorporated training in Spanish, extensive exposure to Ecuadorian culture and fantastic clinical experience in a variety of healthcare settings: a very in-depth and comprehensive introduction to medicine in Ecuador.

Every morning for three to four hours, there were one-on-one language classes at a local school with an amazing teacher, often followed by a trip to the market or a local shop to try out what had been learnt that morning. The language school also arranged a number of activities and excursions, including: a cultural show, cooking and dancing lessons, local movies, football matches, and trips to other parts of the country, such as to the coastal rainforest and the indigenous market town of Otavalo, with hiking among the surrounding volcanoes.

Most students, including myself, lived with a local family and were treated as an extra son or daughter. My local 'mother' was a fantastic cook and the numerous local culinary treats were often followed by lively family discussions around the dinner table. The combination of

daily language classes and total immersion in the local culture were responsible for my level of Spanish improving so drastically.

Back then, I was a final year medical student based in the UK. Many of the other students on the program were from the United States, and coming from different medical systems we learnt a lot from each other. Also, we got to know each other very well as we attended the same language school and took medicine tutorials together, giving even more opportunity for a full social calendar based around the many local restaurants, cafes and bars.

My medical experience with CFHI was made up of one to three-week spells attached to a number of different community medicine clinics in and around Quito, as well as a week spent with traditional healers in Otavalo and a week in the surgical ward of the Military Hospital in Quito. We were allowed a significant degree of responsibility and were even given our own clinic lists when we felt ready (closely supervised by an experienced local doctor, of course!). Clinical time was usually for four hours in the afternoons after language classes, with a tutorial once a week with Dra. Alvear. The aim was to be able to run a consultation entirely in Spanish by the

end of the nine weeks. Towards the end I was encouraged and supported to do a research project, which I undertook in Quito and Otavalo comparing the attitudes of the local populations to western and indigenous healthcare practices.

At the end of my time with CFHI, I spent a further two weeks seeing a bit more of South America and the local CFHI team helped me arrange an overland trip across Peru and Bolivia to round off a most amazing experience.

My experience in Ecuador confirmed to me my ambition for a career in Tropical Infectious Diseases and International Health and reassured me that I am comfortable working in a foreign culture and language. It also taught me what is achievable with an elective period and provided me with a model against which to judge other such programs for my own students in the future.



Dr. Richard Maude BSc MBChB
Hon MRCP (UK) DTM&H (UK)
Specialist Registrar Infectious
Diseases, Tropical Medicine and
General Internal Medicine

NOTES FROM THE FIELD:

Banking on Women's Empowerment

CFHI's India Coordinator, Hema Pandey interviewed Dr. Vimarsh Raina about the work of the Safe Blood Organization (SBO)—a nonprofit that trains people to motivate others to be *blood donors* and which he founded 10 years ago—and how SBO empowers women by training much-needed nurses. Dr. Raina is also the Medical Director for CFHI's *Public Health & Community Medicine in India*.

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Child Family Health International

Hema Pandey, CFHI India Coordinator
and Dr. Vimarsh Raina, CFHI Medical
Director for Public Health & Community
Medicine in India program

HEMA PANDEY (HP): My association with Dr. Raina is more than a decade old. On a personal note, I had enrolled as a blood donor with SBO, after which I was called to the Apollo Hospital for the donation of platelets for an 18-year-old boy. The person who came to pick me up from my office is actually now my husband. So I am thankful to Dr. Raina, as it was his office that originally invited me to make this donation.

It was then that I came to know in detail about SBO and its mission. I gradually came to learn about his work with the nursing school and his contribution towards the education of nurses. Since then I have worked with Dr. Raina on various outreach programs, but mainly in schools and urban slums. We have also jointly organized many seminars, conferences and health awareness campaigns, which were supported by the Department of Science & Technology under the aegis of Ministry of Health and Family Welfare.

HP: What is the Safe Blood Organization (SBO)? Why is it important?

DR. VIMARSH RAINA (VR): SBO was set up in 1998, to create an India where no one dies for want of blood. The traditional methods of storing blood have failed so we aim to raise awareness about how a person can become a blood donor. SBO is the pioneer in creating an electronic repository of blood donors rather than maintaining stored units of blood. The databank of committed blood donors shows SBO's way of caring not only

for the people who are in need of blood but also for those who donate it.

SBO has also been keen on trying to help empower women of lower socio-economic class to be self-reliant. One of the projects that we have developed involves creating resources for promoting the value of educating the girl child. In this project, we try to encourage children to get into professions such as nursing.

HP: What is SBO's vision and how does it accomplish it?

VR: SBO's vision is to strengthen the roots of tomorrow. SBO does this with the following objectives in mind:

- To sensitize the younger generation towards blood donation
- To create an India where no one dies for want of blood
- To meet the ever increasing demand of blood from the vulnerable sections of the society
- To organize blood donation camps
- To work to uplift the status of women in society
- To prepare the students as prospective nurse practitioners and productive citizens

HP: How many nursing students have been supported by SBO till now?

VR: We have supported 22 nursing students.

HP: How much does it cost to support one student for her nursing course?

VR: By spending approximately US \$9,000 we can empower a person for her lifetime. This is the cost of a complete 3-year residential course. For more information, please get in touch with Ms. Hema Pandey at CFHI India office at cfhi-india@cfhi.org.

HP: Why support the girl child in particular?

VR: It is worth remembering Kwegyir Aggrey's adage: "If you educate a man, you educate an individual. If you educate a woman, you educate a nation."

In rural India, the girl child is still considered to be a burden and her contribution in the household economy is unacknowledged. This creates a demographic imbalance and a degeneration of socio-economic conditions. Unfortunately, the rejection of the unwanted girl begins even before her birth.

HP: Medically and socially speaking, why is there such a large need for nurses in India?

VR: Professional nursing plays an important role in the provision of quality healthcare. And yet the world is facing a real shortage of nurses, with not enough nurses to fill vacancies, added to which is the exacerbating effect of "brain drain." According to the



Indian Nursing Council (INC), there were over 1.28 million registered and qualified nurses in India in 2002. Initially, a sizeable number of them headed out to countries like the US, and to regions such as the Middle East, but now its Europe that has woken up to its own nursing shortages and is offering them the red carpet treatment.

HP: Professionally-speaking, what needs to happen to enable nurses to fulfill their career ambitions?

VR: Today's students are very different from yester-years. They come with career aspirations and have more comfort with technology than many teachers. New and emerging technologies are sure to revolutionize nursing education.

I'd say the following things need to happen:

- Ensure better nurses-to-patient and nurse-to-doctor ratios in hospitals and private health care agencies
- Increase the placement of nurses at Primary Health Centers
- Improve the skill level of nurses
- Add super-specialty training for nurses for tertiary care
- Increase facilities for the university-level preparation of nurses

HP: Thank you, Dr. Raina.

VR: My pleasure.

AMSA'S INAUGURAL AWARD:

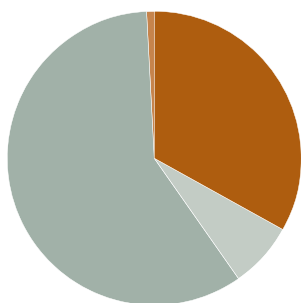
Women Leaders in Medicine: Raising Our Voices

Congratulations to Dr. Evaleen Jones, who was honored by the American Medical Student Association (AMSA) at its annual conference in March 2008 as a recipient of the AMSA's inaugural award: Women Leaders in Medicine: Raising Our Voices. The award recognizes women leaders in the field of medical education as well as medicine. Dr. Jones was singled out from hundreds of worthy nominations for her pioneering leadership of CFHI over sixteen years.

"These amazing women have inspirational stories that we want to bring to a wider audience," said Michelle Precourt Debbink, chair of the AMSA Women's Health Committee. "They are committed to social justice and the advancement of women in medicine. We hope that recognizing their achievements and mentorship will bring more young women into the field." (AMSA Press Release 3/10/08)

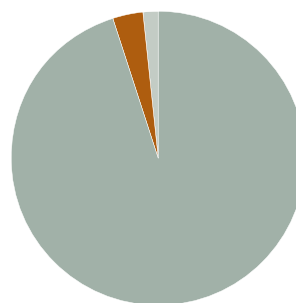
You can read the full AMSA press release and an interview with Dr. Jones that first appeared in the AMSA's Global Pulse in spring 2007 in our news section at www.cfhi.org.

2007 FINANCES



SUPPORT & REVENUE

Program Fees:	33.3%
Contributions & Grants:	7.2%
In-Kind Donations:	58.9%
Interest & Other:	0.6%



EXPENSES

Total Programs:	95.2%
General & Admin:	3.2%
Fundraising:	1.6%

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Child Family Health International

SUPPORT & REVENUE

Program Fees	\$ 1,387,114
Contributions & Grants	\$ 301,379
In-Kind Donations	\$ 2,449,227
Interest & Other	\$ 22,219

TOTAL REVENUE **\$ 4,159,939**

EXPENSES

Program Activities	\$ 4,155,592
Recover	\$ 2,252,381
Medical Student	\$ 1,893,510
Community Initiatives	\$ 9,701

General & Admin	\$ 139,367
Fundraising	\$ 68,550

TOTAL EXPENSES **\$ 4,363,509**

Change in Net Assets	\$ (203,570)
Net Assets, Beginning	\$ 417,260
Net Assets, End	\$ 213,690

January 1 – December 31, 2007

This report is based on an independent financial audit

CFHI's overhead for 2007 is 4.8%. This means that over 95 cents of every dollar contributed to CFHI goes to support the development of our host communities and global health education programs.



Charity Navigator is America's premier independent charity evaluator. In 2007, they awarded CFHI our fourth consecutive 4-star rating—the highest available—due to our low overhead and high efficiency. In the US, less than 5% of charities have achieved this accolade.



CFHI meets the BBB Wise Giving Alliance's Standards for Charity Accountability.



CFHI was also invited again in 2007 to participate in the CIBC World Market Miracle Day to Raise Awareness for Children in Need.

ACKNOWLEDGMENTS

ECUADOR

Dra. Susana Alvear
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Medical Director

Sra. Rosita Tamayo
Local Coordinator

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Dr. Vipin Vaish

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Dr. N S Bisht

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 Rebecca Hjorten
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Public Health and Community Medicine in India

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 Nana Sefa
 Erin Mullaney
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 Elizabeth Phillips

Reproductive Health in Quito, Ecuador

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 LaShonna Jackson
 Margaret Lekander
 Dayna McGill
 Recia Frenn
 Lissa Lubinski
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 Mary Elizabeth Nabers
 Anne Littman
 Laura Romcevic
 Isabelle Rostain
 Kristen DaSilva
 LeRoi Stephenson
 Manijeh Torki
 Lauren Sherman
 Smrati Mahalwal
 Stephanie Hess

Rural/Urban Himalayan Rotation, India

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 Michael Matergia
 Jill Scarlett
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 Weiling Mah
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 Mihal Emberton
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Tropical Medicine and Rural Health on the Coast of Mexico

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Urban/Rural Comparative Health in Ecuador

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