



# CFHI IMPACT REPORT

2018 Annual Report of Child Family Health International

CFHI  
child family health  
international





## *OUR MISSION*

Child Family Health International (CFHI) provides community-based Global Health Education Programs for students and institutions, as well as research and advocacy to advance global health experiential learning standards. 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 provide an in-the-trenches understanding of complex health determinants, poverty and global burden of disease. CFHI is dedicated to nurturing professionals and global citizens that are dedicated to addressing health disparities. Through over 40 programs in 11 countries, we provide an opportunity for trainees and young professionals to learn within health systems and communities worldwide. By embedding scholars in realities that are different their frame of reference, we create disruption and space that allow for transformation and growth. Our programs encourage trainees to “let the world change you” and challenges the underlying power and resource assumptions of international development. CFHI Global Health Scholars 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 was founded 26 years ago 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 do research and advocate on a variety of fronts, including:

- Ethics of global health educational experiences in low and middle-income countries and other resource-limited settings
- Curriculum and content for Global Health education at graduate and undergraduate levels
- Faculty and advisors perspectives on students engaging in global health activities
- 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 Learning and reciprocity in host communities
- Assessment of community impacts and partner perspectives of learning objectives
- Interprofessionalism and Competency-Based Global Health Education

## Reciprocity in Partner Communities: Community Health Projects, Capacity Building & Fair-Trade Learning

CFHI reinvests in local partner communities through Community Health Projects, professional development and Fair-Trade Learning. Community Health Projects are led and operationalized by local community members, embodying an asset-based community development framework, while building capacity and local experience. In keeping with Fair-Trade principles, CFHI provide honorariums for clinical and NGO-based educators, as well as remuneration for homestays and other hosts. CFHI supports professional development opportunities for our partners and aims to ensure an institutional level commitment to reciprocity.



# HOW WE DO IT

## Inter-Professional Global Health Education

CFHI's Global Health Education Programs are training opportunities for undergraduate, graduate, and post-graduate trainees. Each program includes pre-departure training focusing on safety, culture, burden of disease, geopolitical history, professionalism, cross-cultural communication, ethics and more. The programs impart a macroscopic appreciation of global health while exploring themes that are particularly relevant for the local context. 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 you can showcase for trainees and other communities worldwide?" 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 local 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.

## Academic Partnerships

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 immersive learning that CFHI has come to be known for over our 25 year history. The partnerships are done through a process to ensure value alignment and mutual fit.

## Reciprocity

For CFHI, reciprocity for communities who offer students a transformative training opportunity is an organization-level responsibility. In addition, projects undertaken by individual students or university partners often provide reciprocal benefit. However, it is widely recognized that trainees are often not in a position to provide immediate reciprocity for all the benefits they receive through educational programming. CFHI believes this is an appropriate limitation for individual and groups of learners. Hence at an organizational level we ensure reciprocity through Fair Trade practices, Community Health Projects (locally led projects that contribute to health and capacity building), professional development opportunities for partners, and support for staff development. We also organize quality improvement projects, research, and capacity building opportunities for qualified trainees during our Global Health Education Programs allowing for reciprocity reflecting local agendas.





# GLOBAL HEALTH EDUCATION PROGRAMS

## Argentina

- GLOBAL PERSPECTIVES IN NURSING
- HOSPITAL MEDICINE IN LATIN AMERICA
- HOSPITAL MEDICINE IN LATIN AMERICA (2-WEEK INTENSIVE)
- 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
- FROM RAINFOREST TO COAST: COMMUNITY MEDICINE (2-WEEK INTENSIVE)
- INTENSIVE BEGINNER SPANISH & HEALTHCARE IN ECUADOR
- PUBLIC HEALTH IN ECUADOR (2-WEEK INTENSIVE)
- WOMEN'S REPRODUCTIVE & SEXUAL HEALTH AS A HUMAN RIGHT
- URBAN/RURAL ANDEAN HEALTH

## Ghana

- CHILD HEALTH & SOCIAL DETERMINANTS
- HOSPITAL MEDICINE IN COASTAL GHANA  
SOCIAL WORK, HEALTH AND HEALTH POLICY

## India

- CHRONIC DISEASE & INTEGRATIVE MEDICINE
- END-OF-LIFE & PALLIATIVE CARE
- HOSPITAL MEDICINE & INFECTIOUS DISEASE
- INTRODUCTION TO TRADITIONAL MEDICINE
- MATERNAL & CHILD HEALTH
- PUBLIC HEALTH DELIVERY INNOVATIONS & COMMUNITY MEDICINE
- PUBLIC HEALTH & COMMUNITY MEDICINE (2-WEEK INTENSIVE)
- RURAL/URBAN HIMALAYAN ROTATION
- SIGHT FOR ALL- OPHTHALMOLOGY ROTATION

## Mexico

- HEALTH ACCESS & INEQUITIES (2-WEEK INTENSIVE)
- INTENSIVE BEGINNER SPANISH & HEALTHCARE IN MEXICO
- INTENSIVE BEGINNER SPANISH & HEALTHCARE IN MEXICO (SPRING BREAK GLOBAL HEALTH SEMINAR)
- REALITIES OF HEALTH ACCESS & INEQUITIES
- REALITIES OF HEALTH ACCESS & INEQUITIES (SPRING BREAK GLOBAL HEALTH SEMINAR)
- TROPICAL MEDICINE & COMMUNITY HEALTH (2-WEEK INTENSIVE)
- TROPICAL MEDICINE & COMMUNITY-BASED CARE ON THE COAST OF MEXICO
- WOMEN'S REPRODUCTIVE HEALTH, MEXICO

## Philippines

- REMOTE ISLAND MEDICINE
- REMOTE ISLAND MEDICINE (2-WEEK INTENSIVE)

## South Africa

- HEALTHCARE CHALLENGES
- HIV/AIDS & HEALTHCARE

## Tanzania

- HEALTHCARE SYSTEMS & COMMUNITY-BASED DEVELOPMENT

## Uganda

- MATERNAL CHILD HEALTH, HIV, & REALITIES OF HEALTH ACCESS
- MATERNAL CHILD HEALTH, HIV, & REALITIES OF HEALTH ACCESS (2-WEEK INTENSIVE)
- NUTRITION, FOOD SECURITY & SUSTAINABLE AGRICULTURE
- OMNIMED: COMMUNITY HEALTH WORKERS & GLOBAL HEALTH

## United States

- COMMUNITY HEALTH & NATIVE HEALING
- COMMUNITY HEALTH & NATIVE HEALING (2-WEEK INTENSIVE)
- COMMUNITY HEALTH & NATIVE HEALING (SPRING BREAK GLOBAL HEALTH SEMINAR)





Greetings CFHI Friends, Partners, and Fans,

2018 has been a landmark year for CFHI- we launched our first US-based program that showcases “Living Pono” the native Hawaiian phrase for a healthy life! This expansion into US-based offerings embodies CFHI’s commitment to local global health, or “Glocal Health”, to embrace the broad definition of Global Health that is found at home and abroad. As Founder of CFHI, I continue to be humbled and impressed by the growing impacts CFHI has had through our experiential learning programs, research, thought leadership and advocacy. This year CFHI contributed to the Forum on Education Abroad (FEA) updated guidelines for Undergraduate Health-related Programs- helping the field of international education to understand and meet ethical, safety and programmatic standards. Our team is composed of dynamic and passionate partners, students, board members, staff and alumni. CFHI is collaborating with a growing number of universities to provide credit-bearing and extracurricular Global Health Experiential Learning Opportunities (ELOs). It is exciting to see universities reaching out to CFHI to collaborate in order to offer increased quality and number of programs to undergraduate, graduate and post-graduate students. I hope you enjoy our annual Impact Report and it provides windows into the work of CFHI and the opportunity to partner with us to nurture the leaders of tomorrow.

Mahalo,

*Evaleen Jones MD*

Evaleen Jones, MD  
Founder, CFHI





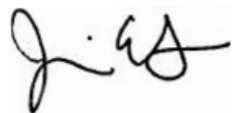
Dear CFHI Global Community,

As we turn the page on a quarter century of transformative Global Health experiences, I am reminded of all that goes into making CFHI possible. It is only through a mindset of “we” that CFHI is able to do what it does. From our in-country leaders including Local Coordinators, Medical Directors, host families and preceptors to our engaged alumni and passionate staff, it takes hundreds of people to make CFHI Global Health Education Programs a reality. This year we had a record number of student scholars from diverse disciplines, schools, and education levels. Our footprint is expanded by research, advocacy, and thought leadership, as exemplified by the publication of Guidelines for responsible short-term global health activities: developing common principles in collaboration with faith-based leaders, academia, and non-governmental sectors. We continue to have huge impacts transforming young hearts and minds, as captured by John Lee (Anderson University):

“I entered into CFHI’s Public Health and Community Medicine program in New Delhi with a number of assumptions, both concerning study abroad programs and the country of India. At the end of the program, however, I stood corrected. CFHI’s sweet yet concise motto states, “Let the world change you”, and how appropriate. The two-week intensive program provided me with both an educational and cultural understanding of the public health system and in the context of India’s vibrant and dynamic culture. Given the nature of short-term study abroad programs, CFHI allowed me the opportunity and the means to delve into the most challenging issues that exist concerning global medicine, and in a professional and ethical, but above all, meaningful approach. As a young and aspiring pre-medical student, I can state with confidence that I have been changed.”

I am so grateful to be able to work with CFHI and for your desire to learn more about us! CFHI strives for excellence in all we do and how we do it. Enjoy this snapshot of our labor of love.

With Gratitude,



Jessica Evert, MD  
Executive Director, CFHI



Dear CFHI Community,

It is a great pleasure to bring you the annual CFHI Impact Report. CFHI has reached new heights with groundbreaking research, thought leadership and Global Health Education Programs. This year CFHI partnered with organizations such as the Association of American Colleges and Universities (AAC&U), Consortium of Universities for Global Health (CUGH), Association of International Educators Administrators (AIEA), Working Group on Global Activities Students at Pre-health levels (GASP), and Collaboration for Responsible Short-Term Experiences in Global Health (CorSTEGH). Through our partnerships with communities worldwide, and our engagement with numerous professional and standard-setting organizations, we have furthered our impacts on the fields of Global Health, International Education and Community Engagement. On behalf of the Board of Directors, I welcome you to our Impact Report. We hope we can work closely with you to live our tagline “Let the World Change You.”

Best Regards,



Gunjan Sinha  
Chairman, CFHI Board of Directors



# 2018 CFHI HIGHLIGHTS

## MARCH

CFHI attends AMSA Convention in Washington D.C. and showcases the foundations of global health ethics and engagement

CFHI welcomes Winnie Ellerman, Programs and Outreach Assistant

CFHI attends CUGH Annual Conference in New York, NY presenting about Global Health Education partnerships, programs, and host perspectives of competencies

CFHI attends Forum on Education Abroad in Boston, MA discussing study abroad best practices and standards

CFHI collaborates with Forum on Education Abroad to publish Guidelines for Undergraduate Health-Related Experiences Abroad

## MAY

CFHI announces the launch of 1st Annual Faculty Development Workshop in Brunca, Costa Rica in collaboration with ASPPH, CUGH, AAC&U, CISG and others to be held in January 2019

## JANUARY

CFHI contributes to the new textbook Foundations for Global Health Practice published by Wiley

CFHI coauthors Guidelines for responsible short-term global health activities: developing common principles in collaboration with faith-based and academic global health leaders

## FEBRUARY

CFHI teams up with Global Glimpse to offer Medical Fellows program to CFHI Alumni

CFHI announces new domestic program Community Health and Native Healing in Hawai'i

## APRIL

CFHI attends United Nations ECOSOC Partnership Forum 2018



## JUNE

CFHI Attends NAFSA conference in Philadelphia, PA presenting about the intersections of study abroad professions and global health departments

CFHI attends Global Internship Conference in Detroit, Michigan

## OCTOBER

Executive Director Dr. Jessica Evert gives keynote address at the American Association of Colleges and Universities (AAC&U) meeting Exploring Global Challenges across Disciplinary Boundaries in Seattle, Washington

## DECEMBER

CFHI joins Albert Einstein College of Medicine Global Health Symposium discussing Planetary and One Health

CFHI publishes seminal faculty development text co-edited with Dr. Neil Arya, Global Health Experiential Education: From Theory to Practice (Routledge)

CFHI was awarded the status of "Top-Rated" Nonprofit Organization for 2018 by Great Nonprofits.

## JULY

CFHI announces global health program opportunities for MPH practicum students, including project-based field experiences

CFHI attends International Association for Research on Service-Learning and Community Engagement (IARSLCE) conference in New Orleans, LA presenting original research and engaging with service-learning professionals

## AUGUST

CFHI Partners in Uganda KIHFEFO establish a new community health initiative, the KIHFEFO Research and Innovation Club

## SEPTEMBER

CFHI Launches new program in Ghana: Social Work, Health and Health Policy

September 25: CFHI Receives NSEE Award of Excellence: Outstanding Leader in Experiential Education: Community-Based Organization

## NOVEMBER

CFHI Durban signs MOU with Hillcrest AIDS Center providing CFHI Scholars with opportunities to see holistic community-based HIV care

November 13: CFHI launches Spring Break Seminars in Mexico, Argentina and Hawai'i

# RESEARCH & PUBLICATIONS

- Evert, Kuehnert, and Todd. Guidelines for Undergraduate Health-Related Experiences Abroad. Forum on Education Abroad. March 29, 2018.
- Lasker, Aldrink, Balasubramaniam, Caldron, Compton, Evert, Loh, Prasad and Siegel. Guidelines for responsible short-term global health activities: developing common principles. Globalization and Health 2018. Pages 14 - 18. February 7, 2018
- Brown, LD. (2018) Foundations for Global Health Practice. Wiley & Sons, Hoboken, NJ.
- Arya AN and Evert J, eds. (2018). Global Health Education: From Theory to Practice. Routledge, New York, NY.







# Annual Report 2018

## Community Health Projects

CFHI's efforts to pave the course for responsible global engagement often come to fruition within the communities that we engage with. A shining example of this is CFHI's Community Health Projects (CHPs). They are a means for CFHI to express deep gratitude for the expertise, energy, and passion of its expanding network of local leaders across eleven countries. These projects take root from local perspective and grow into creative, often self-sustaining, health initiatives that place ownership in the hands of local leaders and inevitably transform the health and well being of the community.

### Abundant Life Palliative Care Twinning Project

Cape Town, South Africa

Palliative Care in Cancer and HIV is well established in high-income countries, but in South Africa it is only in early development. But in Africa it is only in early development with many countries having no access to palliative care at all. Abundant Life Palliative Care (APLC) at Victoria Hospital, Cape Town, started the first palliative care for Organ Failure, a group of patients who had been neglected. According to Dr Clint Cupido, head of APLC, these patients make up 80% of all deaths in South Africa. For him, people should be able to access palliative care irrespective of diagnosis. Because palliative care is cost effective, reducing enormous expense of excessive ICU, dialysis, long term hospitalization, but most of all because it not only provides care to the patient but also provides support to the family and empowers them and the community to improve overall care.

Abundant Life Palliative Care Twinning Project has built a successful palliative care program at Victoria Hospital. Currently, CFHI students attend home visits with palliative care patients, support teaching symptom management during rounds and provide companionship to patients and their families. Abundant Life Palliative Care Twinning Project aims to duplicate these successes at two more Cape Town health centers: Helderberg Hospital and Mitchells Plain Hospital. This year, the project launched a planning meeting at the Mitchells Plain District Hospital with local leadership. More than 30 staff from the hospital attended to learn about the development of a Palliative Care Service. The objective is to have the two new services established in these hospitals by 2020 and then deploy it further to other healthcare facilities.

"Meeting doctors, nurses and managers at another health facility to continue our pioneering work is absolutely exciting, inspiring and confirmation of 10 years of hard work," said Dr. Cupido.





## Patti Healthy Village Clinic

Patti, Uttarakhand, India

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## 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. In 2018, approximately 800 adolescents attended workshops through the Catch Them Young program. 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 280 women in 2018. Among workshop participants, the number of women seeking antenatal care and delivery at the hospital has increased: the three recommended antenatal visits were completed by 78% of pregnant ladies and 79% of them delivered at the hospital. However the loss of daily wages to attend the clinic and long distance to travel, as well as the refusal by in-laws for frequent antenatal visits are still major deterrents for women to access reproductive health services.





## Traditional Midwives Project El Proyecto de las Parteras Tradicionales

Puerto Escondido, Oaxaca, Mexico

In Mexico's southern state of Oaxaca, access to medical facilities is often limited due to distance, cost and cultural barriers. Traditional midwives—*parteras tradicionales*—play a crucial role in supporting rural families and communities, and helping to recognize risk factors during pregnancy and birth for women. 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 midwives from remote communities scattered throughout Oaxaca's coastal region to receive continuing education, professional development, and an opportunity to network with fellow healthcare providers. These women are leaders within their communities and held in high regard by their communities. For the majority of the midwives invited to attend the 4-day workshop, it is the only source of formal education available to them. In 2018, 39 midwives attended the training from 27 geographically disparate communities, including several who were returning from previous years. In 2018, the midwives were proud to report zero maternal deaths among women in their care over the previous year, a major milestone for themselves and the communities they serve.



## 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. In 2018, CFHI's support to KIHEFO's community health outreach efforts focused on capacity-building and technological enhancement for the organization's Youth Media Center. Rooted in the belief that media can convey high-impact message, this initiative aims at using film shows to deliver appropriate health messages communities while involving local young people in the making of these films. More than 50 students were able to participate in film editing workshops and gain unique skills. One student was able to gain employment with her new editing skills, which will go toward her college education.





## Omni Med Enhanced VHT Pilot Trial Kampala, Uganda

Less than half of Uganda's population has access to health care, prompting many to turn to traditional healers rather than biomedicine. The leading causes of death are HIV (17% of all deaths), pneumonia (10.5%), malaria (6.2%), and diarrheal illness (5.8%). Although each of these illnesses are readily treatable, Uganda is simultaneously faced with a shortage of 1.5 million health workers. To address this shortage, Uganda created a "Village Health Team (VHT)" program in 2001 in which transnational NGOs, including Omni Med (CFHI's partner), train community health workers. These VHTs are invaluable health educators within rural villagers and make a real difference in the health of remote rural communities. A family who received a protected water source near their house this year reported their children are no longer sick. It's these impacts that make VHTs feel proud of the work, including one staff member who said these gains in her community "make me feel good in my heart."

To continue this important work in the community, Omni Med developed a trial last year, called Enhanced VHT Pilot to assess the impact of the Ministry of Health VHT Training model with all the innovations the organization has developed over the past 10 years. In 2018, the organization trained the VHTs to data collection techniques and collected key data including but not limited to disease incidence, mortality, VHT responses, and organizational competencies assessments. This pilot trial is paving the way for a more comprehensive one to come, which will be conducted in close partnership with Ugandan National Ministry of Health and the Mukono District Health Office, along with a variety of multilateral agencies (WHO), transnational organizations (U.S. Peace Corps, the Cookstove Project) and Universities (including GWU, U Mississippi, and Bates College). These successes have been shared in four research papers published in 2017-2018, including one paper that was co-authored by a CFHI student. Many CFHI students contributed these publications this year by completing literature reviews and performing background research.





## Spotlight on Academic Partners:



### University of California, Davis

Hailed by UC Davis as one of its flagship global programs, the CFHI/UC Davis Quarter Abroad program exposes undergraduates to traditional ways of healing and birthing in Mexico, offering them a unique cultural immersion aimed at increasing cultural humility. Students and faculty come to Oaxaca to gain a better understanding of the local healthcare systems, to learn cultural competencies that are essential for health care professionals, and to improve Spanish fluency through in-depth clinical experiences. Founded in 2006, a key element of the success of this faculty-led internship program has been the collaboration between partners and respect for local expertise. The program has mentored numerous Latinx and Chicanx students, many of whom have pursued careers in medicine, public health, nursing, dental and optometry. Based on the success of this program, CFHI co-authored the Forum Guidelines for Undergraduate Health-Related Experiences Abroad and received the 2018 award for Outstanding Leader in Experiential Education: Community-Based Organization, from the National Society for Experiential Education. The 2018 award recognizes the impact that this strategic partnership continues to have on diverse/inclusive student engagement and professional empowerment for traditionally underserved students.

### Northeastern University

CFHI formed a unique partnership with Northeastern University's Co-Op Program. The Global Co-op Program places students in companies and organizations throughout the world to learn about and seek solutions to complex global challenges. Becky Gluck spent her spring semester at CFHI's site in Kabale, Uganda through the Global Co-Op program. As an undergraduate student majoring in Biology & Environmental Science and minoring in Global Health, Becky was able to explore our partner KIHEFO's holistic intervention connecting healthcare, education, nutrition, and economic development. "KIHEFO took me in and taught me what health means in Uganda. Through outreach clinics and their Rabbit Project, I saw lives transformed. Through monthly nutrition days at the clinic in town, doctors identified the most severely malnourished families and then proceed to build them rabbit hutches at home with a gift of 3 rabbits to start. These families were transformed from the increased protein intake and the selling of rabbits allowed the children to go to school. The outreach clinics, education efforts, and the Rabbit Project are integral to improving health in the Kigezi region and I cannot wait to see how far they spread through Uganda."



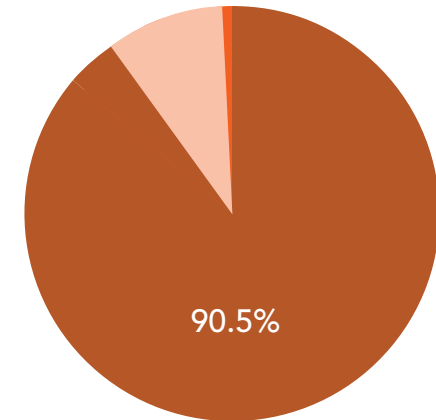


## 2018 FINANCES

### Support & Revenue

<span style="color: #C85130;">■</span> In-Kind Support	0.8%
<span style="color: #F79483;">■</span> Grants & Donations	8.7%
<span style="color: #A55A30;">■</span> Program Fees	90.5%

Total Revenue: \$3,019,989

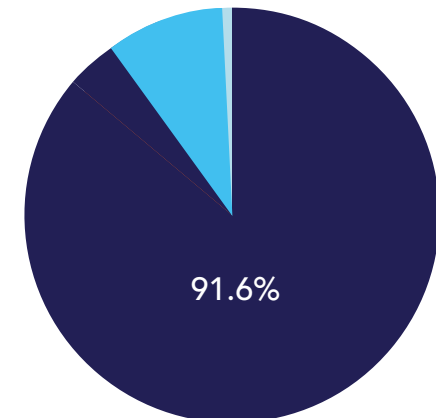


### Expenses

<span style="color: #2C3E60;">■</span> Program Services	91.6%
<span style="color: #00AEEF;">■</span> General & Administrative	8.2%
<span style="color: #AECDE0;">■</span> Fundraising	0.2%

Total: \$2,684,212

Net Assets: \$957,267



Direct Economic Infusion into Host Communities: \$1,722,011



## PRECEPTORS AND LOCAL LEADERSHIP

### ARGENTINA

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Carlos Giavay Weiss, JD, Program Director  
Andres 'Charly' Alegre, Local Coordinator  
Dr. Dora Felipoff  
Lic. Laura González  
Dr. Marianelli  
Dr. Marcela Cisternas  
Dr. Mengarelli  
Nicolás Loyola  
Constanza Fox  
Dr. Fuentes Javier  
Lic. Maria Berta Olave

### BOLIVIA

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#### La Paz

Dra. Cecilia Uribe, Medical Director  
Gonzalo Claure, Local Coordinator  
Dr. Hector Mejía  
Dra. Verónica Chambi  
Dr. José Luis Delgadillo  
Dra. Stephany Maceda  
Dr. Victor Hugo Velasco  
Dr. Joseph Henao  
Dra. Salette Tejerina  
Dr. Jorge Galindo  
Dra. Guadalupe Gutiérrez

#### Tarija

Dr. Karina Gamarra, Medical Director  
Fabricio Uribe, Local Coordinator  
Dra. Amanda Delgadillo  
Dra. Vanesa Cardozo  
Dra. Estela Vargas  
Dra. Leyda Gonzales  
Dra. Gisela Rosales  
Dr. Alejandro Palacios  
Dr. Diego Moreno  
Lic. Salome Aldana



## ECUADOR

### Quito

Dra. Susana Alvear D. Coordinadora Médica  
Sra. Elvira Hinojosa Secretaria asistente programa médico  
Dra. Germania Andrade  
Dr. Patricio Hidalgo  
Dr. Fausto Viteri  
Dr. Santiago Palacios  
Dra. Mónica Andrade  
Dra. Paula Hidalgo  
Dr. Galo Sánchez  
Dra. Dinora Hidalgo  
Dr. Abdel Robayo

### Guayaquil & Puyo

Dr. Wilfrido Torres, Medical Director  
Viviana Lopez, Local Coordinator  
Dra Virginia Valdivieso  
Soc. Patricia Gracia  
Dra. Mirna López  
Dra, Margarita Torres  
Dr. Ronal Campuzano  
Dra. Isabel Sagasti  
Dra. Cristina Serrano  
Sr. Ramón Moncayo  
Lcda. Yolanda Santacruz  
Tec. Tito Del Salto

## GHANA

Dr. Charles Chineme Nwobu, Medical Director  
Dr. Mame Yaa Nyarko Associate Medical Director

Dr. Eric Ngyedu Associate Medical Director  
Ms. Jacqueline Amegee Local Coordinator  
Ms. Nore Oye Abbew, Local Coordinator  
Mr. Roland Takyi, Local Coordinator  
Dr. Isaac Abban  
Dr. Stephen Laryea  
Dr. Margaret Neizer  
Dr. Faye Boamah Mensah  
Dr. Edem Tetteh  
Dr. Glover Addy  
Dr. Victor Etwire  
Mr. Stephen Tuureh  
Ms. Millicent Ofosu Appiah  
Mr. Raymond Affrim  
Ms. Francisca Serfarkor  
Ms. Priscilla Tette-Donkoh  
Ms. Stella Opare  
Ms. Georgina Nortey  
Dr. Yemah Bockarie  
Dr. Emmanuel Okai  
Dr. Francis Baidoo  
Mr. Joshua Atabinore Akharigeya  
Mr. Ebenezer Amofa  
Ms. Antoinette de-Rocha  
Ramzy Okyere  
Kofu Effah  
Heads of units, teaching and clinical staff of Princess Marie Louise Children's Hospital  
Heads of Departments, teaching and clinical staff of Cape Coast teaching Hospital  
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Public health and Community Health nurses and workers at CHPS compounds and Health Centres

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Sanjay Chakraborty, Local Coordinator  
Dr. D P S Toor  
Dr. A K Chakravarty  
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Jamghat  
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Sharan  
Sulabh International  
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Society for Promotion of Youth and Masses (SPYM)  
CanSupport  
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Dr. Seema Dabak, Local Coordinator  
Dr. Rashmi Gupchup  
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Dr. Radha Sangamnerkar  
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Dr. Rekha S, Local Coordinator  
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Dr. B Chaithanya Prasad  
Dr. Kumar GS  
Dr. Padmaja TJ  
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Profr. Sandra Rivera Benetts. Coordinator Local.  
Dra. Martha Canseco Benetts. Coordinator Local.  
Dr. Fernando Beltrán Sánchez.

Dr. Miguel Angel Reyes Franco.  
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Dr. Miguel Angel Cruz Reyes.

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Congratulations to the following 2018 CFHI scholarship recipients who received funding to participate in CFHI Global Health Education Programs.

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