

CFHI



Annual Report 2009
Advancing Quality Healthcare for All

Child Family Health International



Child Family Health International

Advancing
Quality Healthcare
For All

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2009



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 projects spearheaded by local medical professionals and clinics

Medical Supply Recovery

Collection and distribution of salvaged medical supplies



Evaleen Jones, MD



Gunjan Sinha



Steven Schmidbauer

Dear Friends,

The term “Global Health” is being used more and more yet it is “rarely defined,” as pointed out in the esteemed journal, *The Lancet* this year by a team of medical educators from around the world. Their article was titled “Towards a common definition of global health,” and some may be surprised to find that defining this term can be difficult with the field of global health evolving almost as fast as that of technology. What was current thinking just a year or two ago is not the same today. The development of science and new information helps us re-evaluate our work and forge the path to innovative solutions.

The health issues of the world community are also dynamically changing. In its Global Health Risks 2009 report, the World Health Organization reports:

Health risks are in transition: populations are age-ing [...], patterns of physical activity and food consumption are changing. Low and middle-income countries face a dou-ble burden of increasing chronic conditions and communicable diseases that traditionally affect the poor. Understanding risk factors is important for developing effective strategies for improv-ing global health.

Having worked in some of our host communities for almost two decades, CFHI has witnessed these changes and their impact on daily life. In some countries, CFHI community health projects have changed from infection control programs or clean water, to helping a community understand, treat, and prevent type two diabetes. In other countries, basic healthcare access is still top priority, and simple public health initiatives can have dramatic and positive effects.

CFHI alumni are equipped to understand the evolving picture of global health. They have seen global healthcare disparities first-hand and lived within these communities. CFHI

alumni have experienced immersion into a different healthcare system, giving them invaluable perspective on healthcare in their home countries.

We thank you for your interest in our important work. Your support helps us to make a positive difference in our host communities today and to better prepare the health professionals of tomorrow.

Sincerely,

Evaleen Jones, M.D.
President/Founder & Medical Director

Gunjan Sinha
Board Chairperson

Dear CFHI Family,

2009 was, in many ways, a year of uncertainty but it was a year when the CFHI family really stepped up to the plate. With the ripple effect of the economic downturn impacting everything from international travel to global currency exchange rates, it seemed that it was suddenly not always easy charting a course into 2009. As the year opened, it seemed impossible to predict what exactly would transpire.

Anxiety and fear were in everything from the daily newspapers and the nightly news to the personal stories of job loss and economic hardships. With all this uncertainty, there were two things that were very clear to us at CFHI. The first was easy, that health and issues of Global Health were as important as ever, deserving of our work and attention. The second was humbling and comforting, that the strength of the CFHI global family was stronger than the uncertainty or the

shifting trends.

In my 2008 message, I spoke of the resilience of the CFHI global family, for who knows better how to do more with less than people in underserved communities who face life with a scarcity of resources every day. We certainly took our lead from our international partners and we are the better for it. We have continued to find ways to work smarter and to uphold the quality of our programs.

This past year has also been a testament to our many supporters. While it was a difficult year for everyone, you, our supporters, decided that no matter what, you were going to help us maintain our programs and our positive impact. In return, we can only give you our deepest appreciation and pledge our continued dedication and commitment to our shared values and ideals. It is especially heartening to see many CFHI program alumni contacting us to offer their help. Gifts of time, talent, financial support, and the sharing of ideas have been tremendous. After all, who knows our programs better than our students, some of whom have lived for months at the program sites? To have students return with experience and great enthusiasm will mean even more direct benefits for our host communities who eagerly welcome them. With great humbleness we are proud to continue this great work knowing that we have such strong support.

With great appreciation,

Steven E. Schmidbauer
Executive Director



Child Family Health International's Unique Approach

CFHI's program model has now been in operation for almost two decades. As we move forward we continue to refine and make improvements to our programs and initiatives while seeking to listen to all our stakeholders. Our unique program blend uses local experts in underserved communities to offer Global Health Immersion Programs for students. CFHI and our model are recognized by the ECOSOC of the United Nations.

CFHI programs are part of long term relationships forged with host communities. Efforts by CFHI to form true partnerships with local health professionals allows implementation of grassroots community health projects and shipment of much needed medical supplies and equipment to these sites. These small but efficient projects allow even a short visit by an international student to have a long lasting effect. (You can read more about our program approach on the next page.)

In 2009, there were 619 health science students that participated in more than 20 CFHI Global Health Immersion Programs in Bolivia, Ecuador, India, Mexico, and South Africa. New programs included the Sight for All Program in the Indian city of New Delhi and the Chagas Disease in Southern Bolivia Program, based in the city of Tarija.

Involving a broader range of health science students in global health is an effort to which CFHI is very much committed. CFHI programs were originally created for medical students, though for several years we have been increasing our outreach and encouraging students interested in a wide range of health professions to participate in our programs. It is clear that solutions to many of the issues that global health professionals face today, and looking into the future, will not come simply by creating more doctors but rather by encouraging the full range of multidisciplinary involvement in the multi-faceted work of global health. To this end, we are happy to note that



CFHI programs attracted a more diverse group of participants in 2009 than ever before. Comparing data from the previous eight years to 2009, CFHI saw a change in the types of students participating in our programs. There was a decrease in the percentage of medical students from 52% to 45%, and an increase in other health science students from 37% to 40%. More specific increases were seen in nursing students from 3% to 4%, physician assistant students from 1% to 5%, and public health students from 1% to 6%. CFHI will continue to do more to broaden the multidisciplinary nature of our participants in the hope that as they move on into their careers, CFHI's deeply impactful and formative experience will help them become skilled and more compassionate health providers within many different professional teams.

Global Health Immersion

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.



GLOBAL HEALTH IMMERSION AND THE WORK OF CFHI

CFHI intentionally works to make its Global Health Education Programs into Global Health Immersion Programs. This change in wording implies an emphasis on immersion into the culture and immersion into the healthcare system. The relationships within the CFHI global family offer participants of these 20+ Global Health Immersion Programs a unique role observing the front lines of healthcare delivery in a given country.

STRENGTH-BASED ENGAGEMENT

Building strong, long-term relationships with underserved, resource poor communities is the foundation of our work. At CFHI, we believe finding and building on the strengths of the local community is the best place to start. CFHI takes an asset-mapping approach to begin with a community's strengths rather than its weaknesses. As work is driven at a pace that is consistent with local capacity, the community takes ownership quickly. Participating in projects that consistently approach issues from the perspective of what the community does not have can create a mindset that unconsciously promotes a neediness and dependence on help from outside the community. Approaching issues by intentionally seeking, celebrating, and building on the strengths of the community engages community members in a process that implements successful, sustainable development, while building local pride and ownership.

LOCAL HEROES AND HEROINES

CFHI seeks out local health professionals who lead a life of commitment to their communities. They are strongly dedicated to serving their own people, rather than emigrating to environments that are more lucrative. These are local unsung heroes and heroines whose work CFHI is proud to help support. CFHI has found their contributions to be remarkable, and believe others can learn a great deal from their examples. The work and commitment of local professionals creates an important foundation for CFHI students, the health professionals of tomorrow, to learn from their dedication and tradition of commitment.

HOPE FOR A BETTER WORLD

As the world becomes smaller and as the global threat of disease increases, CFHI hopes that our global health immersion experience will create a global family of health professionals, at all levels, who are uniquely enabled to allow knowledge, innovation, and the lessons of local successes to permeate borders at an ever increasing rate. In turn, CFHI's goal is to improve not only the health of local communities but also the health of the world community.

Please visit CFHI's blog www.globalhealthimmersionprograms.org to learn more.

CFHI ALUMNI PERSPECTIVE:

Canadian Doctor Reflects on CFHI Ecuador Experience

Dominic Allain, MD participated in the Amazon Community Medicine in Ecuador program with CFHI in 2006. He now works at Pediatric Emergency Physicians in Edmonton, Alberta, Canada and Stover Children's Hospital, and is an Assistant Professor at Faculty Medicine at the University of Alberta. He here shares about his experience with CFHI and how it continues to affect his work as a physician and educator.

Steve: Describe how you became interested in a CFHI program.

Dominic: I am quite passionate about Latin America, learned Spanish a few years ago, so I was impressed by the number of programs that CFHI had worldwide. The opportunity to improve my Spanish was a factor, and I was very keen on going to rural area, so to work in and around Puyo was very interesting for me. I think that first week in Quito for me was [beneficial] especially with Medical Spanish that I wanted to improve and discussing with Wilfrido [CFHI Puyo Medical Director] the type of work I wanted to do in Pediatrics. The language component was really neat for me and something I didn't have a chance to do before on a medical project.

I also have a very strong interest in aboriginal communities with issues of health and traditional healing methods and alternative medicine, so I thought this would be a great way to combine all of those interests. It certainly surpassed my expectations once I was there and I realized quickly I had made the right decision for me at that point in my career.

Steve: If you reflect back now, how do you think the experience impacted you, both personally and professionally? You spent some time in Shuar [indigenous] villages?

Dominic: That's right. That I felt was a unique experience, away from the big cities, even the smaller cities were a nice change, no electricity, and the welcoming there was really fantastic. For me that was a highlight of the trip to work with those communities and to also to see how pediatric illnesses were dealt with in isolated areas and how they dealt with fever and what the cultural beliefs were and the traditional medicines they were using. I remember getting a tour with the chief of one of the communities; we just went out for a few hours really, and I just walked around in the jungle. He was pointing out left and right the different plants and what their name was and that they were used to cure things from fevers to seizures in children, to all sorts of illnesses. I think I experienced a little bit of that elsewhere in Latin America but I never really had a chance to spend that much time with the traditional healer like that. And this was the older leader of the community who was



passing along his knowledge to his son who would become the new Chief. It was amazing, the amount of knowledge he had.

Steve. You are a person who has continued in your professional career to kind of keep a toe in the water, if you will, global health things. I understand you were in Haiti after the earthquake, so you're keeping involved?

Dominic: I am, I am. It's a big interest of mine. I, you know I love practicing medicine in Canada, but I find that this is a must in my own life to be able to work elsewhere and to experience other cultures, other cultural systems [...] it's always a humbling experience. Leaving in January [for Haiti] was a very different type of experience, a major disaster setting like that, but a very good experience for me. I try to keep up here in Canada with the global health program that we have for the medical students and residents at the hospital and at the University of Alberta, combining that with several projects a year in different parts of the world as much as possible. If you are interested in international health and

CFHI ALUMNI PERSPECTIVE: Canadian Doctor Reflects on Experience in Ecuador

(continued) working with indigenous communities, there are a lot of ways to do it; there are ways to do it within our own country, the global health within your own city, and in Canada we have a lot of needs with the indigenous population, lots of migrant workers, Mexican workers. There's a lot of opportunities for medical students, for example, to get involved at that level, and then on the international level.

Global Health is a hot topic and that's a very good thing, there's a lot of interest, things are developing. We see it with the medical student and residency interviews, I'm involved in interviewing candidates and I think more and more you hear that [students] have had experience overseas and they have a strong interest in Global Health and in working in indigenous communities in Canada for one. I think that's really neat to see, something that is changing, it's becoming more and more popular.

Steve: With all these experiences, do you feel that they have an impact on the care that you are providing in Canada and the interaction that you have with patients, how does it inform your thinking, how would you describe it?

Dominic: It definitely does, when you work in other parts of the world, you just realize how lucky we are in Canada and the US and how much we have available in terms of health care; in Canada with the healthcare system that people don't pay directly for their healthcare. And so many other countries, these poor families with very limited means have to pay for every single procedure, every single exam that is being done, its quite eye opening. So it definitely changes you when you come back and it also opens your eyes to poverty and to poverty that exists within your own city. I think you see it in a different light, whether the family that you see at 3 in the morning in the emergency department from a rougher part of town; you know they are struggling and having worked overseas you see from a different eye. Also I think the indigenous group that you see in northern Alberta has a very large number of patients that are aboriginal and they have needs and experiences that are different, as [native populations] in the United States. I think having seen that elsewhere, especially in Latin America, and the realities of indigenous groups, and the struggles that they face made me come back home and realize a lot of similar themes.

We sometimes forget about that, especially people in the medical field, we get taught a certain way; we go through medical school, so for students to have the opportunity to experience a different setting, a different medicine, a different

belief is really important. It does affect you and does change the way you see a patient and the way you practice medicine when you're back home.

Steve: Is there anything that you feel like you carry with you from your CFHI experience or other global experiences that you feel has really impacted you or stays with you?

Dominic: Well I think another shift is realizing that the participants in CFHI, both the alumni and also the staff working all share a sort of similar goals and values and that's really neat to find that. I remember the first time I looked up the website and looking at the projects and so on, I just realized that this is a group that I can really identify with, these are people that must share a lot of the same goals and principles. The students of CFHI want to follow the similar paths in their careers so I think that was a real neat experience to become involved with the group and share stories and so on. I think as alumni it's neat to be able to remain involved-- I do follow the blog and the news of the new programs and I find it very exciting to be part of that community. I think my experiences in Ecuador quickly changed my way of seeing things in terms of motivating me to continue work in Global Health and maintaining contact with people from CFHI and sharing our experiences and goals and so on.

Steve: Ok, well great. Thanks, Dominic, for your time.

Dominic. Thanks, Steve.



Community Health Projects 2009

Below are thumbnail descriptions of the 11 **Community Health Projects** CFHI supported in 2008-2009. These projects are hugely successful as a result of generous contributions by our loyal base of individual donors and enterprising foundations. You can learn more about these locally-devised, strengths-based projects at www.cfhi.org.



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.

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. This early identification of developmental delays allows for timely and focused intervention. After a successful pilot sponsored by CFHI, 2009 marks a transition of this program continuing on its own with student interns from the University of Cape Town.

The Avian Park Clinic Renovation (Avian Park, South Africa)

Poor living conditions here contribute to high risk for TB and other infectious diseases, with an average of 6 people occupying a single tiny shack. This project transformed a dilapidated building into a fully functioning clinic. After renovation, the Department of Health, staff from the University of Stellenbosch and local townspeople partnered to maintain it. Responding to significant challenges, the multidisciplinary effort by faculty and students from the University of Stellenbosch resulted in the clinic's establishment in 2009 – a bit behind schedule but with much greater community participation.

“Catch Them Young” (Pawananagar, India)

Offers sex education, substance abuse trainings and workshops to about 2,000 adolescents, aged between 12 and 20. Funding goes 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.

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.

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” to provide sustainable grassroots solutions.

2009 FINANCES

January 1- December 31, 2009

This report is based on an independent financial audit. CFHI's overhead for 2009 is 7%. This means 93 cents of every dollar contributed to CFHI goes to support the development of our host communities and global health education programs.



SUPPORT & REVENUE

Program Fees	75.60%
Contributions & Grants	10.30%
In-Kind Donations	8.80%
Contract Fees	5.30%
Interest & Other	0%
Total	100.00%

SUPPORT & REVENUE

Program Fees	\$1,336,336.00
Contribution & Grants	\$181,729.00
In-Kind Donations	\$155,639.00
Contract Fees	\$93,243.00
Interest & Other	\$846.00
Total	\$1,767,793.00

EXPENSES

Total Programs	93.10%
General & Admin	5.90%
Fundraising	1%

EXPENSES

Program Activities	\$1,410,394
General and Administrative	\$89,641
Fundraising	\$15,442
Total Expenses	\$1,515,477
Change in Net Assets	\$252,316
Net Assets, Beginning	(\$38,030)
Net Assets, End	\$214,286





ACKNOWLEDGMENTS

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(Medical Director)
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