

# Child Family Health International

Annual Report 2008

Advancing Quality Healthcare for All

# CFHI



*Woman in Market, Puyo, Ecuador*  
- C. Latanich



# Child Family Health International

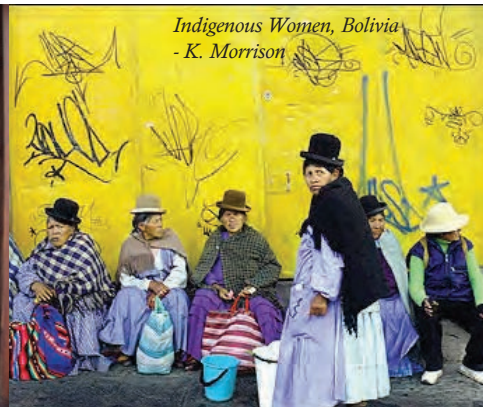
## Advancing Quality Healthcare For All

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# 2008





# 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 E. Schmidbauer*

Dear Friends,

Today, issues of Global Health are consistently in the news and healthcare will continue to be a major issue for the future. In the United States, it seems clear that our model of healthcare is not sustainable and some changes, whatever they might be, will be necessary. We clearly will have to think outside the box to find creative solutions. Giving the medical professionals of tomorrow a broader perspective, a transformative experience of different ways to approach healthcare, can only help plant the seeds that will yield solutions we cannot imagine today.

CFHI has had more than 5,000 students of the health sciences participate in our Global Health Education Programs. We also call them Global Health Immersion Programs because students are immersed into the language, culture, and healthcare system of a country. This triple immersion leads to transformative experiences that impact students at a formative point in their careers.

The transformation students experience on a CFHI program is often tied to a first-hand experience of poverty at a level they have never seen before or the eye-opening experience of living immersed in a very different culture. Equally important, CFHI has always maintained, is witnessing the commitment and skill of the local experts – health professionals dedicated to serving their own community, despite the challenges of resource-poor settings, and doing great things every day.

We are grateful to all supporters of CFHI who see their collaboration not only as a way to champion and help underserved communities in developing countries, but also as an investment in the future by impacting minds and hearts today.

Thank you for being a part of the CFHI global family.

Sincerely,

*Evaleen Jones MD*

Evaleen Jones, MD,  
President, Founder &  
Medical Director

*Gunjan*

Gunjan Sinha,  
Chair of the Board of Directors

Dear CFHI Family,

What a year! As we look back on 2008, it seems like such a topsy-turvy time. The year began with much promise and ended chaotically with the economic downturn. It was difficult, certainly a test for all of us, and especially for nonprofit organizations. There were, however, two great achievements CFHI made during this challenging year.

In late 2008, CFHI was granted consultative status with the Economic and Social Council of the United Nations. (See article about CFHI and the UN.) This is a great accomplishment for us as only a small number of organizations throughout the world are awarded this status. It is tangible recognition of the strength of our small but unique CFHI global family. From the Amazon to the Himalayas, from the southern point of Africa to the mountains of Mexico, we span so many differences and divisions, yet there are also excellent qualities that serve to unify us and make us a strong and productive family. Starting with Evaleen's vision almost 20 years ago, what has grown to become the CFHI global family today is seen as an authentic, significant, grassroots network worthy of recognition.

CFHI's second big achievement from 2008 is the resilience of this global family. Like almost every organization, CFHI had to streamline, become more efficient, and cut back where we could in order to survive. Our international partners set the example. Underserved communities know how to prioritize, to make the most with less, to stretch a dollar, or, shall I say, a rupee, peso, rand, and boliviano beyond imagination. They must do it every day. They are resilient by nature, and they all offered that spirit and expertise back to us.

"CFHI has given us so much over the years, now it is our turn to share what we can," one of our South American partners told me. It is consistent with CFHI's philosophy that our partners are local experts. Together with their advice and recommendations, we found new efficiencies to compliment those that we were already developing, and we have achieved them while at the same time maintaining quality.

The commitment and loyalty of CFHI donors have also been humbling to us. Even in these difficult times, you find ways to be generous and support our grassroots efforts. We appreciate your important support and as you can see, the CFHI global family is moving forward and working hard to make every donation count.

Warm Regards,

*Steve Schmidbauer*

Steven E. Schmidbauer  
Executive Director



*Student with Patient, Ecuador  
- E. Rodriguez*



# Legacy Gift Highlights CFHI Entrepreneurship and Efficiency

Rudy Futer was an inventor and had a strong entrepreneurial spirit. He was an engaging man, always asking insightful questions to get to the heart of the matter. In the later years of his life, Rudy established a special fund with the Community Foundation of Monterey County in California to support nonprofits. Rudy diligently researched these organizations looking for a model that showed innovation and entrepreneurship with a commitment to maintaining low overhead costs. “He said he was looking for diamonds in the rough,” Dr. Evaleen Jones, CFHI Founder and President, recalled, thinking back on her initial meetings with Rudy.

Rudy chose Child Family Health International as a beneficiary of his fund for what he initially called “seed money” to help solidify and grow the model that CFHI has developed. “The level of partnership at the local level in underserved communities is one area he used to ask about,” said Steven Schmidbauer, CFHI’s Executive Director; “He liked the way we engage our international partners, setting them up as the experts of their own situation and helping them create a powerful learning environment to attract students and support local communities in a sustainable manner.”

By all accounts, Rudy was not a healthcare expert but a savvy businessman with an ear for good ideas. He continued to support CFHI over recent years as he saw improvements in quality achieved even in the face of the demands of the significant growth that was occurring. “He continued to ask challenging questions and stretched our thinking,” Dr. Jones said; “When I met him, he didn’t just want to know how many of this or how many of that, he

also wanted to know about the management, the outreach, the broader aspects of the organization.” While his questions were perceptive and to the point, Rudy was a quiet, unassuming man who did not even want a thank you letter for his donation. Rudy’s recent death at 84 years of age was expected due to the illness he was experiencing, but his spirit lives on in the vibrancy of his ideas. With the word of Rudy’s recent passing also came news that CFHI had been selected by Rudy, along with several other innovative nonprofits, to continue to receive annual gifts from the fund he created.

In response to this award, Steven Schmidbauer noted “CFHI is extremely grateful to Rudy, his family, and the Community Foundation of Monterey County. We welcomed Rudy’s support as well as his advice while he was alive. We are honored to be chosen by him for this lasting gift because we know it reflects his ongoing commitment to CFHI. We will miss his advice, and we will continue in our work and our vision to live up to the honor he has imparted.”



*Village Girl, Rural India  
- J. Dardine*



*Students On-Site in Mumbai, India  
- JS. Brennan*

# CFHI and the United Nations

## International Agency Recognizes CFHI

In 2008, after a rigorous application and review process, Child Family Health International was granted Consultative Status with the Economic and Social Council of the United Nations.



CFHI is now among the approximately 3,000 NGOs (nongovernmental organizations) worldwide that have been granted this status. This means that CFHI can participate in meetings and conferences sponsored by the UN, and we can consult with UN agencies and other NGOs who share our status. Global public health is a growing priority within the UN, and is taking its place alongside other issues like the role of women and the health and welfare of children, as part of various initiatives currently being addressed by UN agencies. While CFHI is not a very large organization, the UN recognized our unique model and that we are an organization that is trustworthy, reliable, and accountable. The UN sees our global family as a strong network of long-standing relationships at the

front lines of the delivery of healthcare in some of the world's most challenging environments. We can use our network to get information to the grassroots level, and we can report back on successes and barriers to implementation of new strategies.

One particular initiative of the UN is to build successes. CFHI and other organizations in consultative status are invited to submit descriptions and stories of best practices in the field. These are to be collected in a new website developed by the UN and thereby will be made available globally. We are honored as an organization to be chosen for consultative status and we look forward to exercising our new role and bringing the voices of our international partners to the world.



*Dr. Zhendi with Students, Durban, South Africa  
- B. Hadden*



*CFHI South Africa Staff with Student  
- J. Abraham*





Family Visiting Clinic in Dehra Dun, India  
- M. VanderMay



# 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 WITH 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 these 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 at the same time building self-esteem, and 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](http://www.globalhealthimmersionprograms.org) to learn more.



# From Cleveland to La Paz

## CFHI Program Highlights Emotional Intelligence in Healthcare

Yvonne Chasser participated in the CFHI Pediatric Healthcare Program in La Paz, Bolivia in the Summer of 2008 as a pre-medical student at Princeton University. Yvonne is now a medical student at Case Western in Cleveland, Ohio. She authored an article about her CFHI experience and is now a student leader in the Applied Medical Spanish Program at Case Western that serves a local Spanish-speaking community. Yvonne was kind enough to share her story with CFHI and how the program continues to affect her as a medical student and future physician. We are happy to share part of our conversation here.

**CFHI:** Was there a particular reason why you chose the Bolivia program?

**Yvonne Chasser (YC):** I wanted something that was going to be really different from a cultural point of view. I think the way that CFHI organizes the program really lends itself to having a full cultural experience because you have the homestay. You go to clinics in the morning, and then you go to volunteer in the afternoon, and then you come home and you're still using Spanish and learning because you're with the homestay. [The homestay] really did shape a lot of the feel of the experience - feeling welcome, feeling like somebody really cared about you being there and wanting you to learn the language and eat the food and just learn about the culture. I wanted somewhere where I would be exposed to an indigenous culture. It's very eye-opening and I would definitely recommend going somewhere like that versus a place that might be more comfortable for an American to travel to, but not necessarily as enriching. Also I think that Bolivia has a lot to offer. The people are just so incredibly welcoming; I actually felt safer there than I do sometimes walking in my hometown in Cleveland at night.

**CFHI:** So, in choosing a program, you felt that the more you were taken out of your element, the more enriching the experience would be?

**YC:** Absolutely, absolutely. I guess I can't emphasize that enough. When I came back [home], I just wanted to go back to Bolivia because I was so enamored with the culture and how different everything felt there - their way of life, the culture, their family-oriented values - which I really admire.

I have traveled abroad before to other programs, and I think there are a lot of differences that set CFHI above other programs that I have been a part of. The type of students that do the CFHI program do it because they want to experience another culture and because they want to learn from another culture, and because they also want to help. You're there because you want to use what skills you do have to gain experience in the clinic and, like in my case, my friends and I volunteered in the afternoons at an orphanage. I think just being in a program with other people who have similar goals and similar values regarding what they wanted out of the experience was a huge difference. CFHI also really encouraged us to use the afternoons, not to just take Spanish classes and go home.

**CFHI:** We talked about the culture, did the experience give you an understanding of the Bolivian healthcare system?

**YC:** Yes, having the lectures on a weekly basis [during the program] really put into context what I was seeing in the clinics, so it was very interesting to me to sit up close and to be learning about it as I was seeing it. In the lecture, we'd learn about something and I would see it later, and I would think, 'Oh, I get that now.' For example, at the Children's Hospital, they would give mothers a gallon of milk for getting their children vaccinated and I didn't understand what it was then, but when we talked about it in lecture...that's something they do to encourage the mothers because milk is very expensive and not a lot of mothers can afford it. Little things like that were very interesting. I think we can learn a lot from them.

**CFHI:** You wrote a wonderful article for the American Medical Student Association's Journal, Global Pulse, on your CFHI experience. I thought it was a lovely reflection about trying to incorporate the experience you had abroad with your experience here [in the US] and from that context of emotional intelligence and cultural competence. Can you just start by saying what you understand emotional intelligence and cultural competence to be?

**YC:** As a medical student, I'm seeing even more up close; I was just getting the tip of the iceberg before. I feel like there are definitely two cultures that interplay whenever a patient comes to see a doctor - the culture of the patient and the culture of the doctor, and oftentimes in the United States, those cultures have very little overlap.



Yvonne Chasser and Bolivian child  
- Y. Chasser

## CFHI ALUMNI PERSPECTIVE: From Cleveland to La Paz

### YC (continued):

When I was in Bolivia, the situation is different - the culture of the doctor and the culture of the patient are much more similar. When you are dealing with immigrants here in the United States, it's very important to keep in mind the cultural differences that can sometimes cause misunderstandings between patients and doctors. Going to a different country, in my case, and being completely immersed - in somebody else's framework; someone else's rules; how they view medicine, treatment, and the human body - it all helped me understand better why somebody would be reluctant to take a pill or would look at an illness in a completely different way than a Westerner would.

**CFHI:** During the CFHI program in Bolivia, you were there as doctors were relating to patients on a very personal level, giving emotional support as they were treating them. From your article, you certainly felt that giving emotional support didn't take away from the clinical side of treatment, was that new for you to see?

**YC:** It was shocking to see that maybe I had these preconceived notions that there was supposed to be a sort of professional line kept between doctors and patients. In Bolivia I saw, that upon delivering bad news, the doctor

would sometimes hug the patient if she started to cry, I felt like little things like that were very beneficial to the patient. [The Bolivian physicians] were definitely sensitive to the emotional cues of the patient. A patient came in with her husband and her baby, for example, and the father was doing all of the talking. One of the things Dra. Gutierrez, the physician I was working with, would always notice was if the mother was more submissive. [Dra. Gutierrez] would address the health concerns they had about their baby, but then she would turn and talk to the husband and say 'why are you doing all of the talking?' [The doctor] was aware of the cultural and social dynamic where the man is more head of the household. It was very interesting to see that it was all lumped together. I wasn't just treating the flu or a cold, but the whole person, the whole healing process, was a lot more comprehensive; I would like to see a lot more of that here.

**CFHI:** How are you reconciling what you learned abroad with the realities of the US system, especially now that you are in medical school?

**YC:** I definitely feel like I'm always searching out the healer's role, more of the human side of the doctor-

patient interaction. I think it is equally important to emphasize that as the scientific part of treating a person - you are treating the body, but a person is more than just that. I am involved as a volunteer with the Hispanic community here at my medical school, [Case Western, called the Applied Medical Spanish Program]. I became involved because I am interested in helping my fellow classmates help our community, right here in Cleveland. You don't have to travel to the other end of the world to get involved. It is actually a dramatic message that you can have the experience in your own backyard. It is very gratifying to see students improve their [Spanish] language skills while serving the [needs of the] community.

**CFHI:** Thanks very much for your time and insight; we appreciate your taking the time to speak with us.

**YC:** You're absolutely welcome, I just want to add that I think that CFHI has such a well-organized program, and it really emphasizes the right values. I will remember it for the rest of my life. I'm just grateful to CFHI and everybody that I met in Bolivia for making my experience so powerful.



*Bolivian mother and child  
- Y. Chasser*



*Yvonne Chasser and Bolivian child  
- Y. Chasser*



# Community Health Projects 2008

Below are brief descriptions of the 11 ongoing Community Health Projects CFHI is supporting in 2008. 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](http://www.cfhi.org).



## **“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 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.

## **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 transforms a dilapidated building into a fully-functioning clinic. Once renovation is completed, the Department of Health, staff from the University of Stellenbosch and the local townspeople will partner to maintain it.

## **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.

## **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.

## **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.

## **“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 begun 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.

## **Healthcare for Remote Jungle Communities The Amazon, Ecuador**

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

## **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.

## **Stemming the Rise of Type 2 Diabetes The Amazon, Ecuador**

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

## **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.

## **Health Promoter Trainings Than Gaon, India**

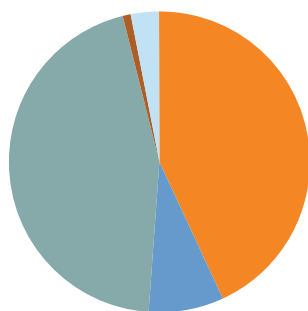
Trains nine women elected by their peers from neighboring villages to deal with a variety of healthcare issues, especially in the area of mother and child. This project is now in its eleventh year and uses the “train-the-trainer” philosophy to provide sustainable grassroots solutions.

# 2008 FINANCES

**January 1 - December 31, 2008**

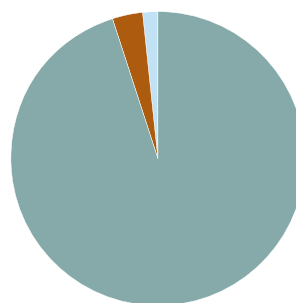
This report is based on an independent financial audit.

CFHI's overhead for 2008 is 4.3%. 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.



## SUPPORT & REVENUE

Program Fees:	43.44%
Contributions & Grants:	8.25%
In-Kind Donations:	45.32%
Contract Fees:	2.96%
Interest & Other:	0.03%



## EXPENSES

Total Programs:	95.74%
General & Admin:	2.61%
Fundraising:	1.65%

## SUPPORT & REVENUE

Program Fees	\$ 1546,532
Contributions & Grants	\$ 293,556
In-Kind Donations	\$ 1,614,075
Contract Fees	\$ 105,396
Interest & Other	\$ 1,355

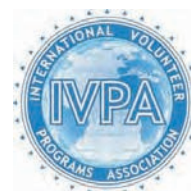
**TOTAL REVENUE \$ 3,560,914**

## EXPENSES

Program Activities	\$ 3,650,359
Recover Medical Supply Program	\$ 1,625,821
Global Health Education Programs	\$ 1,988,423
Community Initiatives	\$ 36,115
General & Admin	\$ 99,338
Fundraising	\$ 62,937

**TOTAL EXPENSES \$ 3,812,634**

Change in Net Assets	\$ (251,720)
Net Assets, Beginning	\$ 213,690
Net Assets, End	\$ 38,030





*Girls at Juhu Beach, Mumbai, India*  
- G. Verzino



# ACKNOWLEDGMENTS

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### Urban/Rural Comparative Health in Ecuador

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Alexandria Taylor  
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*Man on street, Puyo, Ecuador  
- C. Latanich*

# Child Family Health International [www.cfhi.org](http://www.cfhi.org)

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