

Strategy and Impact Deep Dive

For Hope and Healing International's fiscal year 2021 (July 2020-June 2021)

There are numbers people and there are story people. There are big picture people and nitty gritty detail people. This document is for nitty gritty numbers people who want to go deeper into our Hope and Healing International strategy and impact numbers.

First our Strategy Framework – *Choose Hope 2023*

2021 was the first full year of a shorter, flexible 3-year strategy called *Choose Hope 2023*. There was too much changing in the world and too many unknowns for us to finish out the last year of our *Impact 2021* 5-year strategy. The pandemic had shifted the ground from underneath our target assumptions.

As a result, we chose to wrap up *Impact 2021* after fiscal year 2020, one year early, and to celebrate the difference our strategy had made to the effectiveness of our work in the first four years.

Impact 2021 Achievements – the Highlights:

Improved Impact:

We defined what we mean by "Impact" in consultation with the children and families we serve.

We clarified our focus on children with disabilities in the poorest communities of the world.

We defined our Theory of Change and identified indicators to prove or disprove it.

Improved Client Satisfaction:

We conducted our first Country Planning Workshop with Child Clients and Caregivers as active participants.

We conducted a baseline qualitative study in Salima, Malawi, capturing the voices, the hopes, the challenges of children living in poverty with disability, through interviews and activities, in their own voices.

Increased Financial Accountability

85% of partners are quarterly reporting on time and in alignment with our impact standard, beating our 80% target.

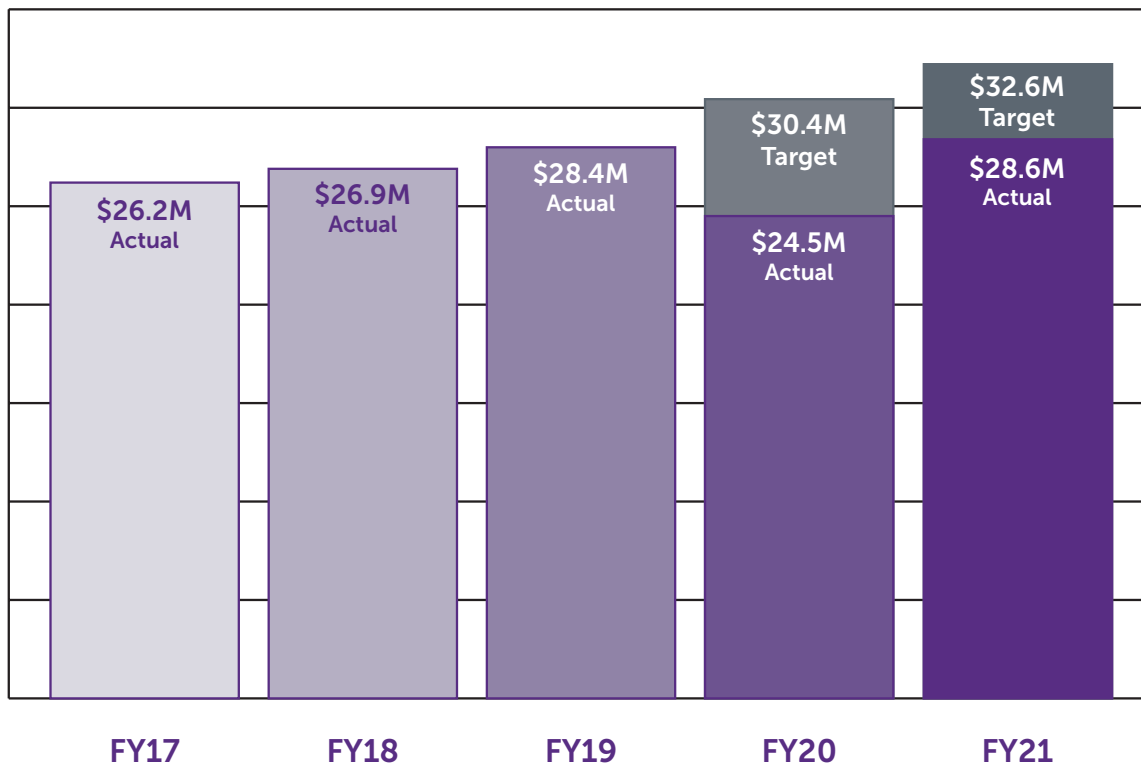
Improved Operations

100% of employees and partners are able to work effectively when not in the office, surpassing our 90% target.

100% of meeting participants can easily access and fully participate in virtual meetings hosted by Hope and Healing, surpassing our 90% target.

Increased Revenue

Pre-COVID, for the first 3 years of our strategy, we were tracking well toward our target of increasing revenue by 45% to \$32.6M in 2021. After a dip in 2020, revenue has re-bounded well, but behind Impact 2021 targets.



Choose Hope 2023: 3-year interim strategy

Our *Choose Hope 2023* Strategy leveraged the strategic direction from our 5-year *Impact 2021* Strategy, while responding to the global pandemic: its impact on our clients; the pressures it added to our front-line service delivery partners; the economic impact on our faithful supporters in Canada; and the added pressures COVID-19 put on our staff. With a reduced time horizon and the changing landscape, *Choose Hope 2023* focuses on just three Strategic Objectives.



Strategic Objective #1:

What does Managing COVID-19 look like?

- Keep donor base giving and growing – focus on number of people giving rather than increasing value of each gift cut in FY21
- Support strategic partners through the pandemic
- Address legacy revenue irregularity
- Keep staff healthy, engaged and productive
- Stay responsive and adaptable to the challenging and changing landscape
- Maintain business continuity

How will we Measure Success?

- Impact target – 750,000 children and families served by Hope and Healing and our partners
- Key strategic partner budgets back up to at least FY19 levels by FY22
- 6,000 new donors/year in FY21, FY22 and FY23
- Staff confidence in leadership during pandemic stays at benchmarked 90% (preparedness and communication).
- No more than 1% downtime across key businesses processes

Strategic Objective #2:

How will we Get Ready for our Next Strategy?


- Build a Theory of Change-aligned International Programs strategy and system – with children and ability at the heart
- Field test Impact Measurement Tool and system
- Develop and benchmark a Supporter Satisfaction Score
- Improve Non-cash Resource Systems
- Define Strategic Institutional Funding
- Establish a new workplace with a new culture
- Flesh out strategy development process and timelines

How will we Measure Success?

- 1 Multi-Year Plan co-designed with partners, with client design input and result feedback (to start FY23)
- Establish Impact baseline in 1 community/partner catchment area
- 100% staff participation in new strategy development
- Next strategy approved and published by January 2023


Defining Measurable Impact

Many organizations talk about “impact”. Not so many have defined exactly what they mean by impact. As we talked with our young clients and their caregivers and heard what quality of life means to them... as we researched peer organizations and partners and their understanding of impact... as we explored our own core values... we became convinced that healing bodies is ultimately in service to healing hearts.



Transformation = the change in the heart and mind when a child begins to believe that he or she is valued and valuable.

Impact = the positive change in the life of a child, family and community, as a result of transformation or leading to transformation.



The PROBLEM that we are trying to solve in the world is:

Too many children with disabilities living in the poorest families and communities are sick, dying, lonely, neglected, uneducated, abused, viewed as a burden and unemployable as adults.

The long-term CHANGE we’re trying to drive through everything that we do is:

More children with disabilities in the poorest communities are living healthier, happier, longer lives.

Our THEORY OF CHANGE is essentially the chain of results that will drive this long-term change:

-> Program Activities (e.g. surgery, wheelchairs distribution, nutrition training)

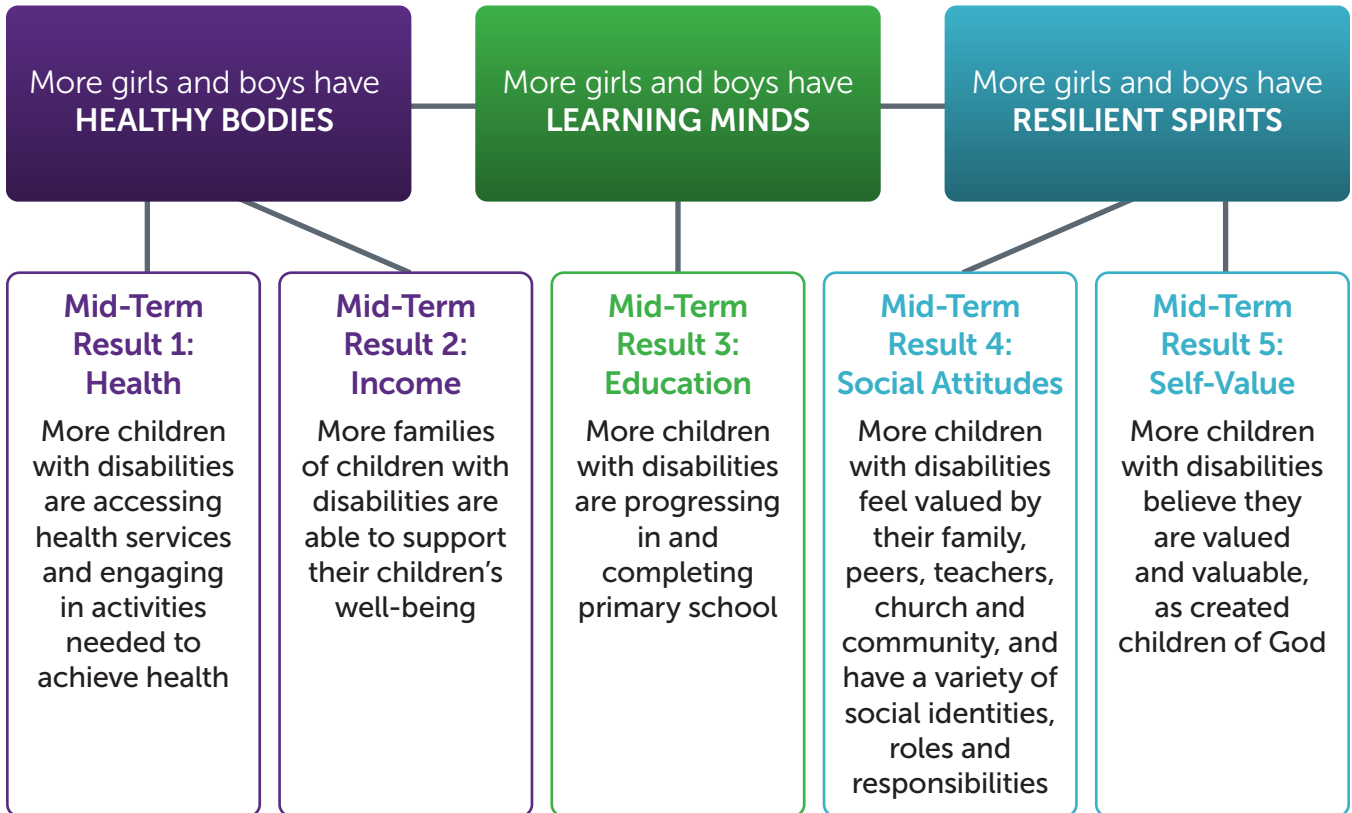
-> Short-term results

-> Medium-term results

-> Long-term results = Impact

Theory of Change

Desired Long-Term Change
 More children with disabilities in the poorest communities live healthier, happier, longer lives.



Problem
 Too many children with disabilities living in the poorest families and communities are sick, dying, lonely, neglected, uneducated, abused, viewed as a burden and unemployable as adults.



Historically, Hope and Healing has been very good at planning, counting and reporting on the activities and outputs of our programs. We have used anecdotal stories to demonstrate long-term quality of life improvements in the lives of children.

We have now developed a Performance Measurement Framework, to measure not only outputs, but short, mid and long-term outcomes:

- Are more babies born with disability surviving to age 5 and how does this compare with the national under 5 mortality rate?
- Are more children self-reporting that they are happy? (using validated satisfaction scores)
- Are more children with disabilities accessing medical and rehabilitative services?
- How does household income where at least one child lives with a disability compare to household incomes of surrounding households?

We are partnering with the University of Toronto’s International Centre for Disability and Rehabilitation (ICDR) and the University of Malawi to baseline a district in Malawi using our Theory of Change indicators. Then we will measure change driven by our programs over the next 3 years.

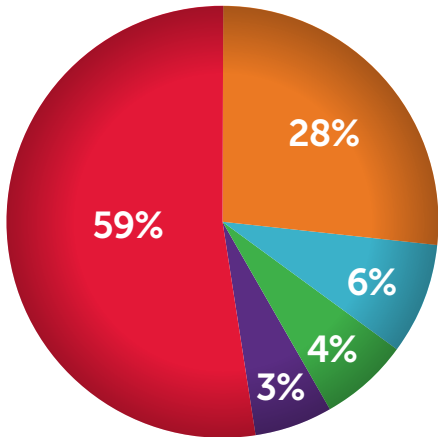
Meanwhile, we’re also restructuring our program planning, budgeting, reporting and evaluation templates to align with our Theory of Change.

We believe that sustained positive change for children requires that we address all five domains of care in our Theory of Change. We are piloting a child-centred accountable referral network in Malawi, that allows us to link partners and track services for children across partners.

Program Allocation across Domains

Program Investment by Domain FY 2021

- Child Health
- Family Well-Being
- Education
- Social Attitudes
- Self-Value



Our strength and most proven partnerships are in our Child Health domain. Child Health includes disability prevention efforts, hospital-based curative interventions and home-based rehabilitation, including physiotherapy, occupational therapy and assistive devices.

Our plan is to build more capacity and added value in the Self Value domain – piloting and rolling out a child-focused Resilience Curriculum and Training Tool that teaches kids the skills and internal protective factors they need to overcome adversity. This is a gap in Disability Inclusive Development. We believe our Christian values, specifically our commitment to valuing all children as Jesus values them, requires us to do more than medical care. It asks us to facilitate the healing of bodies and hearts.

Hope and Healing will continue to seek out and form strategic partnerships with other organizations, including the local church, that specialize in Education, Family Sustainability and Social Attitude Change. We see a vital role for us in securing, tracking and in many cases subsidizing these services for the children and families we serve. We will leverage the skills and expertise of other partner organizations in these fields.

Our Life-Changing Impact, Together with You

In 2021, more than 900,000 children and families received Hope and Healing thanks to generous donors across Canada. That's 300,000 more children given life-saving, life-changing care than in 2020.

928,135
children and families
given Hope and Healing
in **15** countries

\$28.6M
resources mobilized

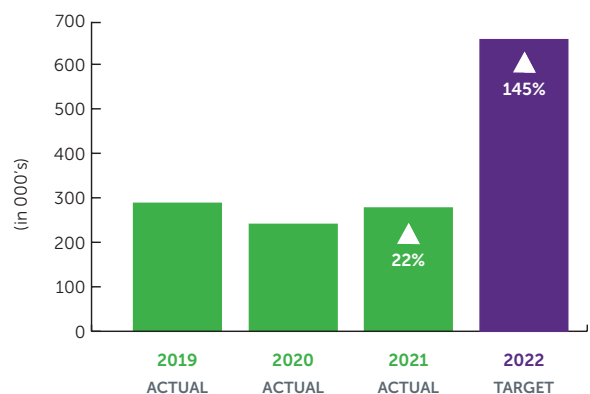
Here's how your donations became hope and healing for 928,135 children and families trapped in poverty and disability.

Child Health

Last year, you gave 277,882 children the gift of health through disability-preventing care, enabling medical treatment and rehabilitation plans.



Because of your support, children won't lose their sight to preventable eye infections, kids received life-changing surgery and healing medical care and even more children received physiotherapy to strengthen muscles and balance. More children can achieve their full potential!

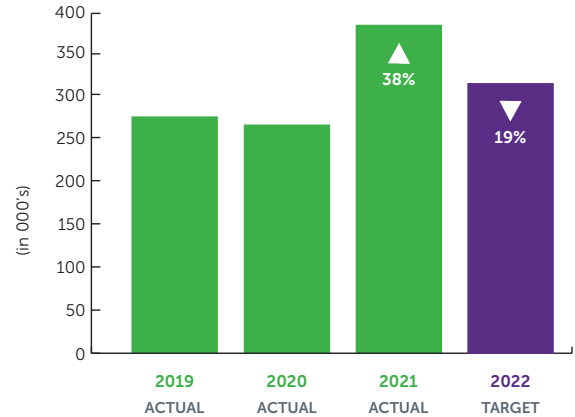


Family Well-being

Last year, you gave 360,128 moms, dads, grandparents the support they needed to give their kids a brighter future.



Because of your support, parents received medical care through life-changing surgeries, medical exams and consultations to improve their health so they could better provide for their kids. You gave caregivers livelihood support and training so they could put food on the table and send their children to school.

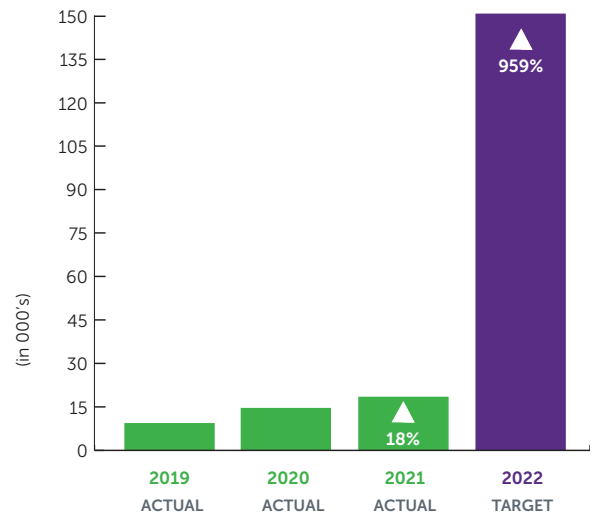


Child Education

Last year, you gave 13,799 children access to education. If we include access to learning through online media platforms, the estimated number of young clients impacted is 179,731.



Because of you, children with disabilities can attend accessible schools, and they received educational services so they can learn and grow alongside their peers. Through infrastructure improvements, you provided ramps and accessible latrines. Through school clubs, you taught kids the importance of good hygiene and how to prevent disabling infections.

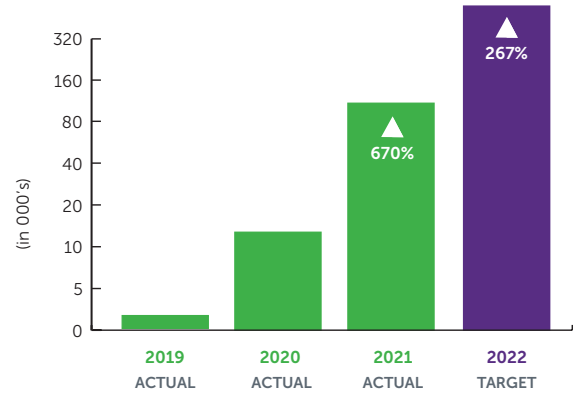


Social Attitudes

Last year, you gave 96,886 children and families knowledge and understanding, to fight the stigma of disability in communities.



Too often, disability is misunderstood, and children with disabilities are shunned and ignored. Because of your support friends, families and communities learned that disability isn't what defines a child. And they learned how to better advocate for kids with disabilities.

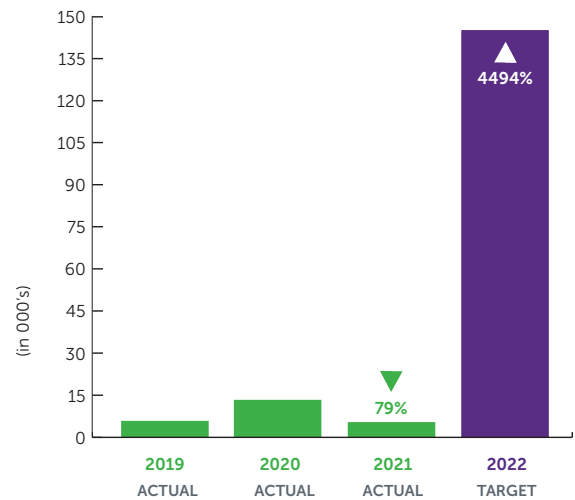


Self-Value

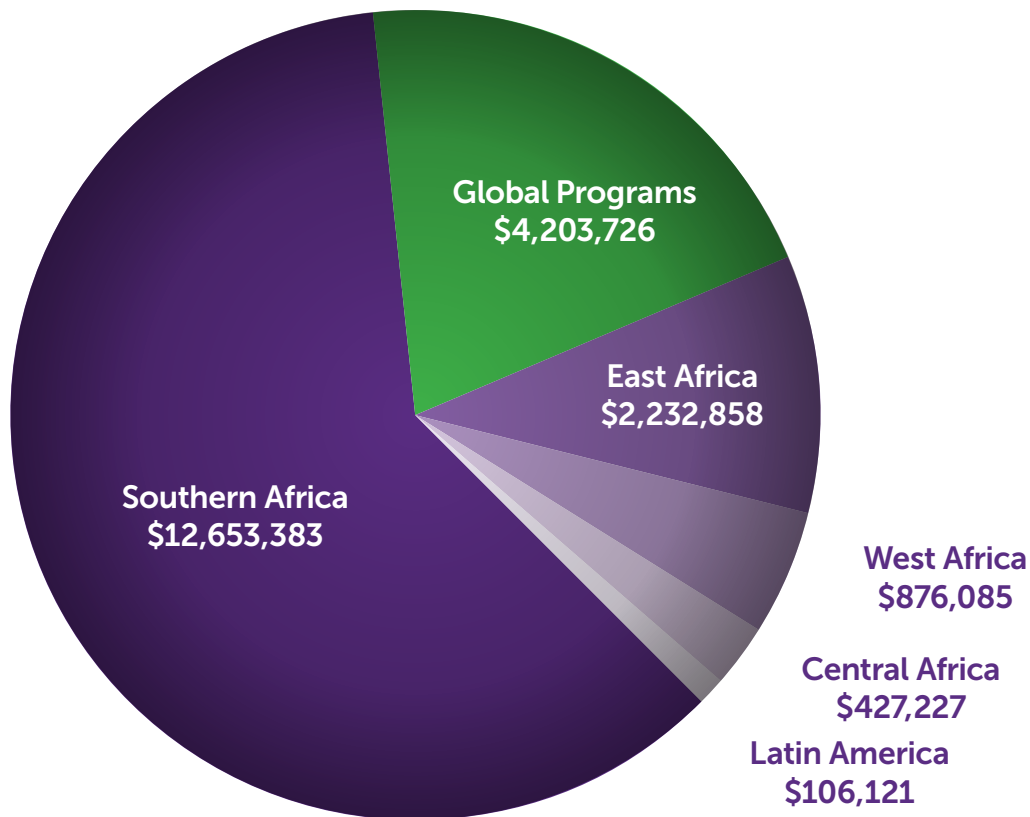
Last year, you gave 3,113 children access to heart-healing play and community activities. If you include online media programming to change limiting attitudes toward disability, the number stretches up to 143,000 children with disabilities directly impacted and over 28 million peers better educated about friends with disabilities!



You also helped us develop a curriculum for children with disabilities that builds resiliency skills, giving them the tools to overcome the adversity in their lives.



Program Allocation by Region



Hope and Healing International is committed to working to serve the most vulnerable children in the world – those living with disabilities in the poorest communities of the world. We aim to allocate 80% of our programs resource in countries that rank in the lowest third of the Multi-dimensional Poverty Index (MPI). The 20% margin allows us to support model programs in countries ranking in the middle third of the MPI and/or to support programs that target pockets of deep poverty in communities in mid-ranking countries.

Our geographic focus is in East and Southern Africa.

Countries

In 2021, Hope and Healing International supported local, community-based programming in 15 countries around the world.

Over the last 5 years, we have narrowed our geographic reach in order to accomplish long-term change in young clients' lives through more robust and holistic programming.

Last year we had partners in:

Burundi	Cameroon	Dem Rep of Congo
Eswatini	Ethiopia	Guatemala
Kenya	Malawi	Tanzania
Uganda	Zambia	Zimbabwe

Cash and Non-cash Resources

Hope and Healing International is committed to driving long-term health, happiness and survival for children with disabilities living in the world's poorest communities. We believe that we accomplish this impact through dedicated, skilled local partners that we equip with both cash and non-cash resources.

Hope and Healing chooses to use the term "Non-cash Resource" rather than Gift in Kind because we believe that these gifted medical items should be demand-driven (rather than supply-driven), and they need to be used and reported on just as accountably as cash. In 2021, supporters allowed us to ship a total of \$13.1 million of essential medical equipment and supplies to our trusted medical partners.

We sent over \$7.7 million worth of medication and vitamins and \$2.2 million worth of hospital beds, diagnostic equipment, surgical supplies and PPE (a total of 7.4 million face masks). We sent just under 3,000 orthopaedic, prosthetic and assistive devices like walkers, wheelchairs and crutches. And we provided our eyecare partners with more than 5,600 optical aids, such as eye shields and reading glasses.

LESSONS LEARNED:

- Values-aligned donors, who give out of a deep Christian faith, give faithfully and sacrificially in tough times.
- Having a broad base of donors and a diversified marketing strategy helps to recession-proof revenue. It also appears to be a good strategy to mitigate against the economic uncertainty of a pandemic.
- The opportunistic nature of non-cash donations allows us to respond more nimbly to emerging and urgent crises. We've been able to source and use non-cash resources to directly respond to pandemic challenges.

COVID-19 Specific Programming

When COVID-19 became a threat to our work in 2021 and 2022, we and our partners took immediate steps to meet the critical basic health needs of children living in poverty with disability. We know that children with disabilities are at greater risk in any crisis, and the pandemic is no exception.

Early on, one of the most pressing needs we heard from our client families was for food. With workplaces closed in many areas, families who were previously living on the edge of survival had no means to provide for their children.

Through the support of donors, 2,600 vulnerable families received beans, rice, oil, grains and greens in 2020. In 2021, we've sent an additional \$1 million worth of nutrition-packed, supplementary dried food to families in need.

With governments around the world focussing their healthcare resources on fighting the pandemic, we have struggled with our partners to get the PPE, medicines and equipment to

keep our life-saving, pain-stopping surgeries and medical services up and running. Thanks to supporters, in 2021, we were able to send \$7.7 million of medicines and vitamins to our trusted partners, and \$2.2 million of hospital equipment and supplies, including 7.4 million face masks for staff and patients.

With your support, over the past two years, our partners have educated more than 96,000 children and families in COVID-19 prevention and management.

LESSONS LEARNED:

- Our target population has been forced into even deeper poverty as a result of the pandemic and the economic fallout of the pandemic.
- Around the world, the most vulnerable are not prioritized, including children and parents with disabilities. This has to change.
- Teamwork and collaboration are essential to the success of emergency plans in pandemic-related situations.
- Community-based partners are best placed to reach children with disabilities in the context of crisis.
- Plans need to be in place before a pandemic strikes. This includes resource allocation, staff deployment and risk management plans.

Canadian Program, Education, Spiritual Growth, Advocacy

Hope and Healing commits approximately 10% of our program budget to changing hearts and minds here in Canada. We work to change government policy, striving to convince Global Affairs Canada that they need to add disability as a cross-cutting theme to all their funded development programs, whether through Hope and Healing or through other non-governmental organizations. Without disability as a cross-cutting theme, international development programs, including the government's Feminist International Assistance Program, will miss the poorest, most vulnerable and marginalized 20% of the target population.

We also believe that educating Canadians on the dignity, potential and rights of children with disability around the world is essential to changing how Canada and the world talks, behaves, shops and gives.

Changing attitudes towards disability is even more urgent as the pandemic has driven parents and communities to make desperate choices in the face of deepened poverty, as governments have prioritized pandemic health care over "non-essential" surgeries and rehabilitation. We need to keep disability on the agenda in international development.

We believe we are giving Canadians the opportunity to be part of God's miracles of hope and healing in the world through prayer, as well as through advocacy and giving. We increased prayer engagements with our supporters by 26% in 2021.

Innovations: what we're learning

3D Printing of Prosthetics and Orthotics

Approximately 30 million people living in resource-poor countries require mobility devices, but on average only 1 in 10 get access to them. The World Health Organization (WHO) estimates that there is a shortage of 40,000 trained orthopaedic clinicians in resource-poor countries and that it will take 50+ years to train additional clinicians at the current rate. Traditional manual methods of producing prosthetics and orthotics in orthopaedic workshops in low-income countries are time-consuming, taking a week or more for production and fitting a patient. Travel costs and lost income during the 1-2 weeks' of clinic stay is a significant barrier to parents bringing their children for prosthetics. Children requiring a prosthetic will need a new prosthetic socket every year or more often as they grow. Having to replace the prosthetic socket every year is beyond the reach of many families.

Our solution is to make the existing and up-and-coming orthopaedic technicians more efficient and able to produce high quality, better-fitting prosthetics more quickly using new engineering 3D PrintAbility (3DPA) software and hardware.

Hope and Healing International spun off a social enterprise called Nia Technologies to focus exclusively on developing 3D Printability (3DPA) – a digital toolchain to scan, rectify, print and fit the custom pieces of below the knee prosthetics and orthotics.

3DPA provides the clinician with a set of digital tools to help speed up the process of producing custom-fitting mobility devices from a digital picture of the limb. 3DPA mirrors the manual method of producing prosthetics and orthotics; however, efficient software and automated machines replace the labour-intensive and time-consuming aspects of traditional production methods.

In August 2017, Nia completed clinical studies of 3DPA in three countries (Uganda, Tanzania and Cambodia) and four sites (CoRSU, CCBRT, TATCOT and CSPO). In all, approximately 140 children were fitted with 3D printed devices (70 transtibial prosthetics and 70 ankle-foot orthoses).

CHALLENGES:

1. Despite wonderful donor support to fund proof of concept and clinical trials, we have not been able to land funding for our next early adopter phase, though we made it to the MacArthur 100&Change top 12 applicants.
2. Despite positive trials and pilots of the 3DPA technology, we've observed a resistance to change in most orthopaedic workshops, especially those serving the poorest populations.
3. The resource drain and travel restriction of the pandemic have delayed adoption and implementation of 3D PrintAbility solution.

NEXT STEPS:

1. We are currently in negotiations with a Canadian healthcare partner to form a for-profit company that will attract profit-minded investors. We believe this model will better fund the expensive Research & Development required to take the software to the next level. Our partner agreement will ensure the rights to use the software improvements in our programs.
2. We are also initiating a test with a Kenya-based 3D printing hub, to take the burden of manufacturing from the shoulders and budgets of our partners.

Resilience Curriculum

Resilience is the ability to successfully cope with adversity. It is the ability to stay strong, keep going and make the best out of whatever life throws at us. Children and teens who are resilient can use their strengths and talents to cope and recover in a positive way from problems and challenges. The good news is... resilience can be learned.

Research shows that resilience strongly relates to positive childhood development outcomes that are critical to flourishing in adulthood.

The problem is, too many children with disabilities living in low- and middle-income countries face adversity every day of their lives. Misunderstanding and wrong assumptions about disability result in these kids being excluded, neglected, teased, abused, bullied... Children with disabilities often internalize these negative attitudes, resulting in a lower self-image, reduced future aspirations, strained social relationships and ultimately a negative self-concept.

In 2018, Hope and Healing International conducted research with children with disabilities living in Tanzania, Ethiopia, Malawi and Guatemala to determine the main areas of adversity they encounter. The research concluded that children with disabilities struggle in particular with:

1. Their physical appearance and maintaining a positive body image
2. Envisioning a bright future
3. Developing meaningful friendships
4. Being able to actively participate in their families and in their communities

Over the last 2 years, we've taken the best of the research in early childhood development and child psychology, and we've adapted it to address the common heart pains we've heard from children caught in the cycle of poverty and disability. We've developed a 9-module curriculum that has been vetted by local educators and social work practitioners, ensuring culturally appropriate educational materials. Now we're ready to pilot in Uganda, with eager local partners who have seen the need for such a curriculum for years.

Our Resiliency Curriculum Framework:

Module 1: Introduction to Resiliency

Module 2: Cognitive Appraisal

Module 3: Positive Self-Talk and Self-Acceptance

Module 4: Emotional Regulation

Module 5: Meaning and Purpose of Life

Module 6: Giving Back to the World

Module 7: Relationships, Friendships, Social Support and Resources

Module 8: Dealing with Attitudinal Barriers, Abuse and Bullying

Module 9: Review and Sharing with Family/Community

We will pilot our curriculum in Uganda in March 2022, testing it with two of our partners there. We will couple it with the already amazing medical work our supporters are funding there – healing bodies and hearts.

WHAT WE'RE LEARNING:

1. Follow up with many of our young clients long-term has convinced us that medical and rehabilitative care, while vital, is not enough. Medical care without resiliency training too often means that children survive but don't thrive.
2. Many of our partners are working in vertical silos. While a child and their family may receive services from multiple organizations, there is a need to better network these organizations. We need to facilitate the building and coordination of district and country-wide networks that allow us to plan, implement and evaluate individual multi-year plans for children with disabilities and their families.

Identifying Structural Birth Defects at Birth

Hope and Healing believes there is a gap in perinatal services in the least developed countries, whereby millions of babies are not being screened for structural or external birth defects by birth attendants. These babies are not referred to treatment as early as they could be, resulting in early death or years, and even lifetimes, of preventable disability. Mothers and families are not adequately educated or connected to support services to allow them to adequately care for their child with special needs.

Hope and Healing has medical advisors – Dr. Norgrove Penny and Dr. Jean Chamberlain-Froese – with deep knowledge, experience and local networks in the areas of Children's Corrective Care and MNCH (Maternal, Newborn and Child Health), including structural birth defects.

A careful literature review, as well as conversations with actors in this field of structural birth defect identification and referral has highlighted a key gap in the area of post-identification referral and treatment. Within our next 5-year strategy, we will further define our role in this space.

Ubongo

Ubongo is Africa's leading edutainment company. They create fun, localized and multi-platform educational media that reaches millions of families through accessible technologies. Their programs significantly improve school readiness and learning outcomes for kids and also promote social and behavioural change for kids, caregivers and educators. Ubongo is reaching 24.6 M households in 41 countries on the continent of Africa.

Hope and Healing is partnering with Ubongo to develop a series of four shows for children aged 7-14 (Ubongo Kids). These shows will feature storylines and characters that foster a better understanding of disability and inclusive resiliency skills, as well as the rights and potential of children with different kinds of disability.

The first show aired on July 17, 2021. The second show is slated to air in March 2022, despite delayed production schedules caused by the pandemic.

Impact Numbers Drill Down

* Result significantly impacted by COVID-19

** Formula adjusted from 2020 for more accurate domain allocation

*** Not included in direct client count

		2019	2020	2021	2022 TARGET
TOTAL CLIENTS		579,834	635,299	928,135	1,617,097
CHILD HEALTH		298,536	227,482	277,882	680,647
Prevention for Children	# beneficiaries	146,392	82,096	114,844	533,264
	Children accessing clean water – through wells and capped springs	7,134	8,481	3,960	
*/**	Kids accessing safe, clean, accessible latrines	3,294	1,725	663	
*	Kids attending Eye Health School Clubs	0	330	6,617	
*	Children receiving health training/ disability sensitization	9,704	4,730	8,386	
	Children receiving medication to prevent River Blindness			40,983	
*	Children receiving trachoma-fighting SAFE strategy	126,260	66,830	54,235	

Medical care for Children		127,741	131,691	139,809	136,443
	Paediatric Medical Consultations	24,736	35,320	18,103	
	Children receiving in-patient care	1,722	7,529	5,391	
	Surgeries for children	2,940	3,003	2,367	
	Children receiving out-patient care	97,130	85,525	113,534	
	Doctors and medical professionals trained-translated into number of children served	1,213	314	414	
Rehabilitation for Children		24,403	13,695	23,229	10,940
*/**	Children receiving Physio/Occupational Therapy and Rehab Services	23,815	12,266	20,063	
	Assistive devices - mobility	481	1,265	3,000	
	Assistive devices – eyeglasses for kids	107	164	166	
CHILD EDUCATION		7,304	11,670	13,799	146,188
Accessible Infrastructure		3,294	3,233	4,877	2,500
**	Ramps/other improvements to schools - # of kids served	0	1,508	4,214	
	children served by safe, clean, accessible school latrines	3,294	1,725	663	
Learning Support		1,310	1,337	143,000	143,688
***	Children receiving education supports	1,310	1,337	143,000	
Teacher Training		2,700	7,100	8,922	0
**	Teachers trained in inclusive education - students served	2,700	7,100	8,922	

FAMILY WELL-BEING		264,437	260,875	360,128	291,915
Family Medical Services		248,198	204,264	275,620	219,052
*	Adults receiving full trachoma-preventing SAFE strategy	126,260	66,830	57,757	
*	Adults receiving medical consultations/ screening	20,128	47,239	24,706	
	Adult surgeries – eye	4,265	3,711	2,089	
	Adult surgeries – orthopaedic & plastics	415	1,558	3,051	
	Adult assistive devices	Not reported	959	2,004	
	Adult out-patient care	97,130	85,525	186,013	
Caregiver Services		9,506	14,789	56,384	66,077
**	Caregivers receiving home-based health & nutrition training	2,434	5,418	23,672	
	Families receiving a new house	30	38	167	
**	Caregivers receiving training in disability rights, inclusive development	7,042	9,333	32,712	
Livelihood Services		6,733	41,822	28,124	6,786
	Caregivers receiving agriculture support, training, inputs	1,907	4,281	3,074	
	Livestock – sheep, goats, poultry – training and inputs	85	308	1,026	
	Training/equipping – tailoring, bricklaying, retail, financial literacy, other	4,707	2,091	5,342	

	Caregivers receiving small business loans	34	2,285	2,377	
	Caregivers accessing government safety net programs	Not reported	30,202	10,716	
	Families participating in Village Economic and Social Associations (VESA)	No activity	2,655	5,589	
	SOCIAL ATTITUDES	2,672	12,585	96,886	355,347
	Community leaders trained in disability sensitization	631	1,198	263	
*	Children reporting inclusion in play, sports, cultural and spiritual activities	1,793	11,188	3,113	
	Children receiving disability sensitization and child safeguarding training	248	199	93,510	
***	Ubongo partnership: child inclusive edutainment programming	no activity	no activity	28,314,000	28,314,000
	SELF-VALUE	5,665	14,679	3,113	143,000
	Direct client disability sensitization	5,665	6,435	3,113	
***	Self-image/concept exploration and skill building	Not reported	8,244	143,000	143,000
	INCLUSIVE HUMANITARIAN ASSISTANCE	1,220	108,008	176,327	TBD
*/**	Life-saving emergency support	1,220	9,686	562	
*/***	*COVID-19 management training, equipment & supplies	N/A	98,322	175,765	

Current Partners

Hope and Healing chooses to work through local hospitals, schools and community programs. This collaboration makes our work better – bringing with it local expertise, cultural appropriateness and sustainability. Many of our partnerships are tried and tested for more than 10 years.

Cameroon Baptist Convention Health Services (CBCHS) – Cameroon

The Cameroon Baptist Convention (CBC) Health Services is a Non-profit, Faith-based Healthcare Organization that offers holistic care to all as an expression of Christian love. Their team of close to 5,000 employees – Specialists, Doctors, Nurses, Administrators, Social Workers and other Support Staff – respond to the health needs of people in both urban and rural underserved communities daily. Their services cover the entire country, with facilities in 8 of the 10 Regions of Cameroon, open 24/7 to provide holistic care to all. They maintain partnerships with National and International Organizations in providing care.

Programme National de Réadaptation à Base Communautaire (PNRBC) – Dem Rep of Congo

A Community-Based Inclusive Development program in the Democratic Republic of Congo, with a focus on clubfoot identification and treatment, provision of assistive devices and early identification and intervention for childhood disability, specifically physical impairments.

Good Shepherd Hospital – Eswatini

Located near the eastern border of Eswatini in Siteki, Good Shepherd Hospital is a 201-bed rural hospital run by the Catholic Diocese in partnership with the Government. Founded in 1949, GSH is the sole hospital responsible for the health care of the Lubombo Region, making up around 1/4 of the land area of Eswatini. This catchment area is comprised of 250,000 people, predominantly from rural communities. The hospital also oversees the running of 20 rural clinics. English is the most common language spoken in the hospital.

Services include: Eye Clinic/Theatre, Adult and Paediatric, Laboratory, X-ray, Pharmacy, Nursing, Dietary, Community Services, Home Base Care/Palliative Care, TB treatment, College of Nursing

The Luke Commission (TLC) – Eswatini

TLC provides 40 medical services at mobile hospital outreaches as part of a comprehensive healthcare platform. This patient-centred model seeks to destigmatize delivery of HIV/AIDS care. In addition to prevention and treatment of HIV/AIDS, other services include TB treatment, cancer screening, vision care and eyeglasses, hearing screening, voluntary medical male circumcision and other services. At the fixed site Miracle Campus, TLC provides all outreach services plus emergency care.

Organization for Rehabilitation and Development in Amhara (ORDA) – Ethiopia

ORDA is a non-profit and non-government organization working to empower communities and Ethiopian institutions to achieve food security, livelihoods and environmental security in Ethiopia, through integrated development programs.

1. Environment and Forest: the major sub-sectors are plantation forestry, integrated watershed, biodiversity conservation and protection, and promotion of alternative energy technologies
2. WASH and Irrigation: water supply, hygiene and sanitation (trachoma control is under this component), irrigation construction and construction of other infrastructures like bridges, culverts, health post, vet post, schools, warehouses for stocking food commodity, etc.
3. Agriculture and Disaster Risk Management: introduction and scaling up of improved technologies and inputs, livestock development, value chain, income-generating activities – which all of these focused to improved livelihoods and income of poor and vulnerable populations – nutrition and disaster risk management like early warning capacity building
4. Youth enterprise and private sector development: Youth employment creation

Association of Parents and Friends of People with Disabilities (ADISA) – Guatemala

ADISA is a non-profit, nongovernmental organization working to assist, defend and further the rights of people with disabilities in Guatemala. Their programs include:

Health care: Engaged especially in clubfoot surgical training and treatment. ADISA Ponseti Project works most closely with the orthopaedic surgery service at the national hospital in the covered departments and are supported by physical therapists.

Livelihood: Creates opportunities for families of people with disabilities living in rural communities with limited access to employment to earn a living wage and cover basic needs.

Education: Inclusive Education in regular schools and alternative educational settings at the pre-primary, primary and secondary levels.

Empowerment and Advocacy: ADISA participates in different decision-making spaces, advocating for the transversalization of the topic of disability.

Habitat for Humanity – Guatemala

Hope and Healing partners with Habitat for Humanity Canada and Guatemala to deliver safe, disaster-resistant, accessible homes to families of children with disabilities in one of the poorest regions of Guatemala. Families receive homes and livelihood support, as well as medical and rehabilitation services through this partnership.

CURE Kenya – Kenya

CURE Kenya is a 30-bed hospital, located in the Rift Valley, providing care for children suffering from a wide range of orthopaedic conditions, such as clubfoot, burn contractures, osteomyelitis, and congenital abnormalities. The hospital conducts mobile clinics to identify children in remote areas who can be treated at the hospital, and to provide follow-up care for those who have received surgery. Through the training of surgeons, nurses and healthcare professionals, CURE Kenya aims to improve the country's overall capacity to treat children born and living with disabling conditions. Their programs include:

Pediatric Orthopaedic Surgery; Surgeons' Training Program; Assistive Devices (Wheelchairs, Prosthetics and Orthotics); Physio and Occupational Therapy; Medical and Spiritual Community Outreach Programs; Disability Awareness and Advocacy.

Malawi Council for the Handicapped (MACOHA) – Malawi

MACOHA was established to ensure the inclusion of persons with disabilities in society. Their goal is that persons with disabilities understand and claim their rights to equal opportunities.

MACOHA operates in the five components of Community Based Inclusive Development, which include health, education, livelihood, social inclusion and empowerment.

Nkhoma Mission Hospital – Malawi

Nkhoma Hospital functions as a District Hospital with responsibilities for the preventive and curative health care of a defined catchment population. The 250-bed hospital provides broad outpatient and inpatient services in surgery, obstetrics, pediatrics and adult medicine. The hospital gets referrals from 9 health centres within the catchment area. Nkhoma Hospital also oversees 11 health centres beyond the catchment area.

Nkhoma Hospital Departments: Surgery (Including Endoscopy and Cystoscopy), Obstetrics & Gynaecology (including Paediatrics and Neonatal Intensive care – MNCH) Eye, Medical Education, Nursing, Community Health, Cervical Cancer Screening and Treatment, Tuberculosis and HIV care, Mental Health, Palliative Care.

Habitat for Humanity – Malawi

Hope and Healing partners with Habitat for Humanity Canada and Malawi to deliver safe, disaster-resistant, accessible homes to families of children with disabilities in two of the poorest regions of Malawi. Families receive homes and livelihood support, as well as medical and rehabilitation services through this partnership.

Comprehensive Community-Based Rehabilitation in Tanzania (CCBRT)

From its roots in small-scale community-based rehabilitation for people with disabilities, CCBRT has grown to become Tanzania's largest provider of disability and rehabilitation services. Through advocacy, training and clinical service, CCBRT strives to empower people with disabilities and their families, improve their quality of life and ensure access to medical and rehabilitative treatment. CCBRT is divided into four primary clinical service areas: 1. Ophthalmology 2. Orthopaedics & Physical Rehabilitation 3. Plastics & Reconstruction 4. Maternal & Child Health (including obstetric fistula).

In addition to these in-house clinical services, CCBRT also specialises in community-based rehabilitation and outreach and operates the CCBRT Training Academy to contribute to the capacity building of medical professionals in the country.

Ubongo – Tanzania

As Africa's leading edutainment company, Ubongo creates fun, localized and multi-platform educational media that reaches millions of families through accessible technologies. Ubongo's programs significantly improve school readiness and learning outcomes for kids, and also promote social and behavioural change for kids, caregivers and educators. Through partnership with Hope and Healing, Ubongo is producing programming that reflects disability understanding and rights, and the value of including kids with disabilities in learning and play.

Adina Foundation – Uganda

Located in Lira, Adina is Hope and Healing's newest partner that will help us implement our Resiliency Curriculum, alongside our long-time partner, CoRSU Hospital. Capitalizing on the existing referral system between these two organizations, children with disabilities will be able to benefit from both the medical and 'resilience' care that they need. Aside from providing rehabilitation services and catch-up classes, Adina Foundation also provides disability advocacy works, including the creation of parent support groups.

Comprehensive Rehabilitation Services for People with Disability in Uganda (CoRSU) – Uganda

CoRSU is a private local non-governmental organization founded in 2006 and officially opened in 2009, with a mandate to prevent disability and to restore ability.

CoRSU's services include: Orthopaedic surgery; Plastic and reconstructive surgery; Medical rehabilitation services (such as physiotherapy, speech and language therapy, occupational therapy, cerebral palsy clinics, sport medicine, play therapy); Prosthesis and orthosis services for the production of assistive devices; Clubfoot clinic; Nutrition therapy; Vesico-Vaginal Fistula (VVF) Clinic; Psychosocial services; Psychosocial support and counselling; Community-Based Inclusive Development (CBID), which includes (but is not limited to) identification, screening and referral of cases, awareness activities, re-integration, home-based interventions and follow up of cases.

Chipata Central Hospital – Zambia

Chipata Central Hospital is a 120-bed facility providing medical care to 1.5 million people in Zambia.

This general hospital has a diverse combination of disciplines, including: Ophthalmology; Dental; Physiotherapy; Public Health; Surgery; Biomedical/Laboratory; Obstetrics and Gynecology; Radiology imaging; Paediatrics and child health; Mental Health Unit; Gender-Based Violence; HIV services (Diagnostic, treatment, care and support); Renal Dialysis/ Replacement Services; Outreach services (Cervical cancer screening, Gender-Based Violence, Community Rehabilitation, Dental, Eye and Mental Health).

Churches Health Association of Zambia (CHAZ) – Zambia

CHAZ is the largest non-government health provider in Zambia, with 151 member health institutions from both Catholic and Protestant denominations. The majority of these health institutions are based in rural areas. Together, these members account for over 50% of formal healthcare in rural areas and roughly 35% of healthcare nationally.

CHAZ member health facilities consist of 36 hospitals (11 of which have training schools), 89 Rural Health Centres and 32 Community-based organizations (CBO's). Health facilities offer a range of services from general to specialized health services.

These include MCH, ART clinics, Orthopaedic services, Physiotherapy, Dentistry, Eye care services, Surgery, ENT services, Rehabilitation services, Inpatient and Out-patient, Malaria, and TB services.

Community-Based organizations offer Public Health Interventions.

St. Francis Mission Hospital – Zambia

Found in 1948 as an Anglican hospital, St. Francis Mission Hospital has been jointly managed by the Anglican and the Catholic Churches since the mid 80s. St. Francis is a second level hospital and acts as a referral centre for much of the Eastern Province (1.6M population), particularly for surgical, orthopaedic, gynecological, obstetric and ophthalmic services.

The hospital has four main departments namely Obstetrics and Gynaecology, Internal Medicine, Surgery and Paediatrics. The hospital also offers a full range of services like Laboratory, Dental, Radiology, Physiotherapy, Eye and Cervical Cancer screening, Gender-Based Violence Support Services and HIV/AIDS and ART services.

Jairos Jiri Association (JJA) – Zimbabwe

Jairos Jiri is a humanitarian and development agency catalyzing transformation in the lives of people with disabilities in Zimbabwe. Their goal is to enhance the independence, dignity and self-confidence of people with disabilities through JJA programming.

Jairos Jiri Association's services include: Health, Education, Livelihood, Social, Empowerment, Advocacy, Rehabilitation, Emergency Response. In addition, JJA also has inclusive schools, Income-Generating Units as well as Home Rehabilitation.



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