

Strategy and Impact Deep Dive

For Hope and Healing International's Fiscal Year 2023 (July 2022–June 2023)

There are story people, and there are numbers 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. The rest of our website is packed with pictures, quotes, stories and top line statistics about the children whose lives we and supporters from across Canada are transforming with hope and healing.

First, our Strategy Framework – *Choose Hope 2023*

Fiscal Year 2023 was the last year of our 3-year strategy called ***Choose Hope 2023***. ***Choose Hope 2023*** was developed in response to the pressures of the COVID-19 pandemic. These pressures affected every aspect of our work: the children we serve and their families, who are among the very poorest families on the planet; our donors and their ability to support the work of Hope and Healing International; our frontline partners, who had to cope with less money, more need and more health protocols; and finally, our staff, who had to pivot to remote work, new systems and new protocols in a very short time.

Together, we made a conscious decision to choose hope not fear – to lean into God's faithfulness and to take inspiration and resolve from the courage and grit of the children and families we serve.

Choose Hope Achievements in FY 2023 – the Highlights:

More Impact:

Throughout our Choose Hope 2023 Strategy, we audaciously set ourselves a goal to drive more impact for more children caught in the cycle of poverty and disability, despite the financial uncertainties during and following the COVID-19 pandemic.

In FY23, we served a total of 8 million vulnerable children – 58% more than our annual target – largely thanks to smart, efficient activities by local partners that reached a large population of children and parents with disability-preventing, disability-sensitizing broadcast messages and mass distributions of sight-saving medicines.

Manage the Pandemic (and the aftermath):

We made the decision to temporarily reduce funding for partners when COVID-19 first hit, bracing ourselves for reduced revenues and managing expectations and budgets with our partners. By Q4 of FY22, 100% of our strategy-aligned frontline partners were back to their pre-pandemic levels of funding. And by FY23, our total program funding was up 22% from pre-pandemic levels.

Our amazing donors continued to give faithfully in FY23, with a spirit of generosity and sacrifice that never ceases to humble us. In FY23, our number of new donors was above strategy targets by 8.6%, and our revenue ended the year 18% above target – a total of \$33.9 million.

We beat our aggressive 99% uptime target for core business processes, pivoting successfully to a remote and, in the longer term, a hybrid workplace that accommodated both individual and collaborative work and allowed our processes to be up 100% of the time. And we maintained a strong staff confidence score in leadership planning and decision-making throughout FY23.

Get Ready for our Next Strategy:

In FY23, we completed our impact study in Malawi (baseline and endline data), listening carefully and deeply to the voices of the children we serve and their moms/primary caregivers. We are using the data to improve how we plan, implement and evaluate our programs, and how we network with other government and non-government organizations.

In FY23, we completed a 2nd pilot of our resilience skills program, aimed at kids between the ages of 8-17 with a disability. And we did a 12-month follow-up evaluation of our first pilot. We were deeply gratified to see how well the resilience skills and changed self-perception of kids stuck, even after a year.

We completed our next Strategy development process by the end of November, 2022, in time to plan projects, activities and budgets for year one of our **Child Hope 2026** strategy in FY24.

Lessons learned:

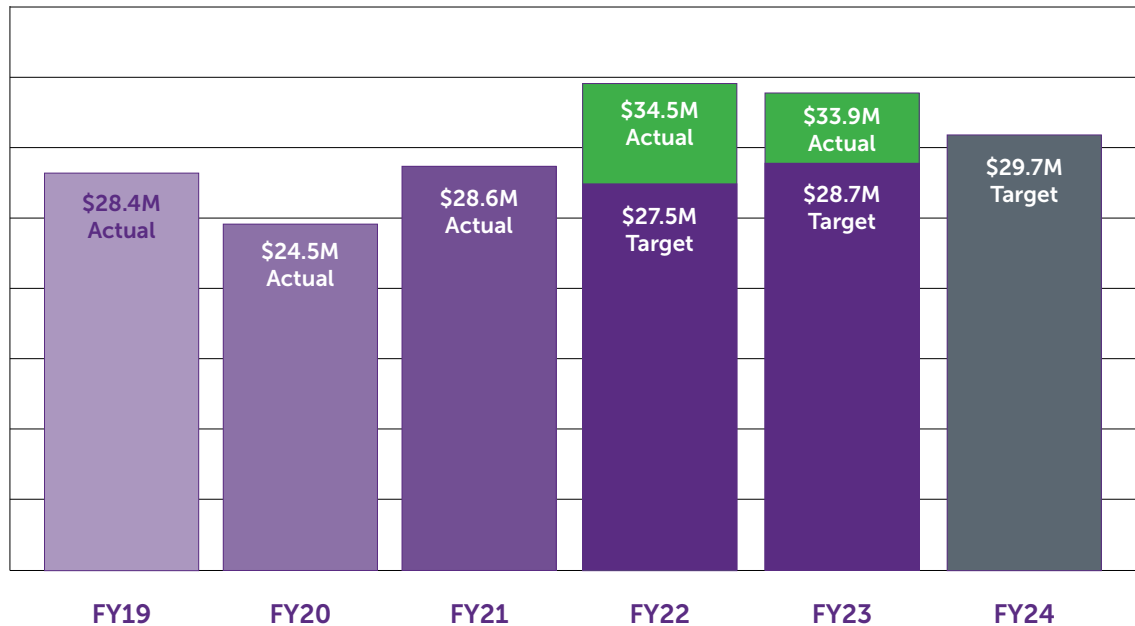
- Remote work and connections can be very effective in the short term. In the longer term, we need a balance of remote and in-person collaboration with our office team, with clients and with partners. So we have normalized a 3-day office, 2-day work from home policy for most of our staff members. And we have re-engaged in a hybrid online and in-person communication with our international partners.
- The broader the strategy consultation with staff, the deeper the buy-in to the strategic priorities. So we engaged 100% of staff in the development of our Child Hope 2026 strategy. We have an objective over the next 3 years to connect all staff members to Child Hope 2026 through personal goals and key performance

indicators.

- The challenges of delivering public health and disability sensitization education in home-based and face-to-face settings throughout the pandemic led to using more broadcast channels that increased our reach. We are evaluating the effectiveness of these broadcast channels for FY25 program plans.

As we balance efforts to raise cash and non-cash revenues and as we analyze COVID-19's effect on our donors and fundraising environment, we are setting targets that we believe are a realistic stretch for FY24.

5-YEAR REVENUE TRENDING



Our Theory of Change

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

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

The ultimate 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 ultimate change:

- > Program Activities (e.g. surgery, physiotherapy, distribution of assistive devices like wheelchairs)
 - > Immediate outcome (e.g. restored sight, improved mobility)
 - > Intermediate outcome (e.g. access to medical care, access to school, access to play)
 - > Ultimate outcome = Impact (self-reported improved health and happiness)

DESIRED ULTIMATE CHANGE

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

More girls and boys have
HEALTHY BODIES

More girls and boys have
LEARNING MINDS

More girls and boys have
RESILIENT SPIRITS

Intermediate Outcome Result 1: Child Health

More children with disabilities are accessing health services and engaging in activities needed to achieve health

Intermediate Outcome Result 2: Family Livelihood

More families of children with disabilities are able to support their children's well-being

Intermediate Outcome Result 3: Education

More children with disabilities are progressing in and completing primary school

Intermediate Outcome Result 4: Social Attitudes

More children with disabilities feel valued by their family, peers, teachers, church and community, and have a variety of social identities, roles and responsibilities

Intermediate Outcome Result 5: Self Value

More children with disabilities believe they are valued and valuable,

Context-specific, short-term outcomes developed collaboratively with each partner leading to mid and long-term outcomes.

e.g.
Lowered incidence of trachoma, good surgical outcome, improved mobility

e.g.
Increased income of caregivers to support medical need, school, food

e.g.
Increased attendance in primary school by children with disabilities

e.g.
Improved understanding of disability causes, child's potential and rights

e.g.
Increased resilience score, workshop feedback

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.

Lack of Medical Care

Lack of Rehabilitation

Poverty

Lack of Education

Lack of Info and Gender Equality

Social Attitudes

Poor Self Image

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

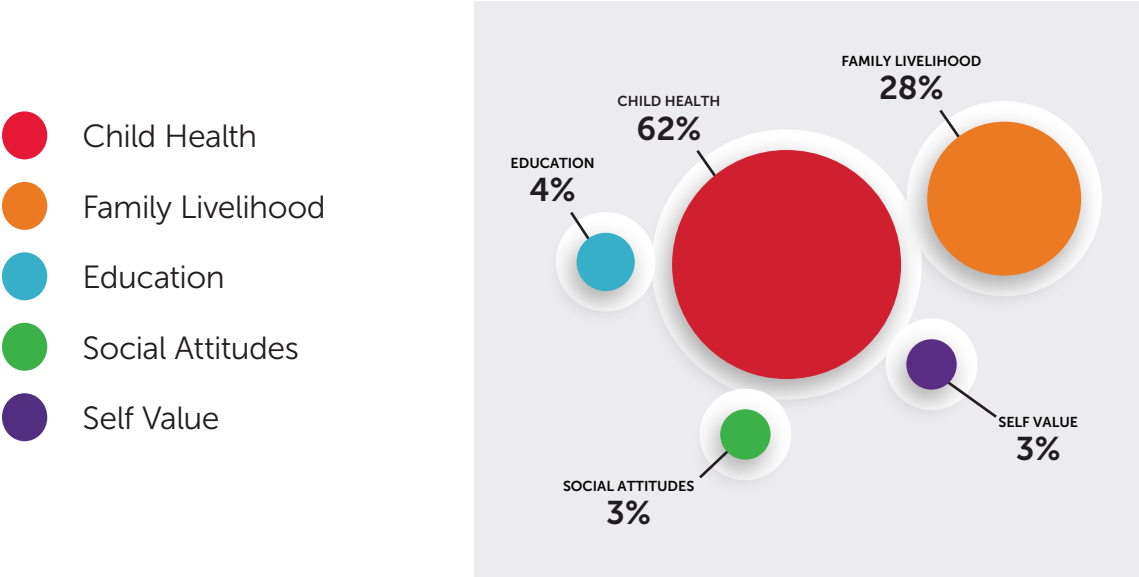
We are now working to put consistent and validated numbers around the story narratives, to measure not only outputs, but immediate, intermediate and ultimate outcomes; for example:

- Are more children self-reporting that they are happy? (using validated satisfaction scores)
- Are more children participating in play and sport and homework with their peers?
- How does household income where at least one child lives with a disability compare to household income of surrounding households?
- Are more children progressing in school?

Over the course of Choose Hope 2023, we partnered with University of Toronto’s International Centre for Disability and Rehabilitation (ICDR) and the University of Malawi to ask children with disabilities what drives health and happiness for them. The evidence we’re gathering validates our Theory of Change, that sustained positive change for children requires that we address Child Health, Family Livelihood, Education, Social Attitudes and Self Value.

So, over our next 3-year strategy, we will refine our program planning, budgeting, reporting and evaluation to gather ongoing and better data that refines our Theory of Change.

Program Allocation across Domains FY23



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.

We are working with partners to build more knowledge and personnel capacity in the Self Value domain. Hope and Healing has developed, piloted and evaluated a Resilience Program and Training Tool designed specifically to give children with disabilities the skills they need to overcome - to "bounce back from" - the challenges and stigma that too often surrounds them. We believe our Christian values, specifically our commitment to valuing all children as Jesus does, 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 local churches, hospitals, schools, other non-governmental and governmental organizations, that specialize in Education, Family Livelihood 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

This past year, Sub-Saharan Africa has been reeling under double-digit inflation, leaving the families we serve struggling to put food on the table. Food insecurity, coupled with climate-related natural disasters, means that children with disabilities need our support more than ever.

Thanks to donors across Canada, we were able to reach 8,024,693 million children with hope and healing.

8,024,693
children and families
reached with hope and
healing

15
local partners
supported

\$33.9M
life-changing
resources
mobilized

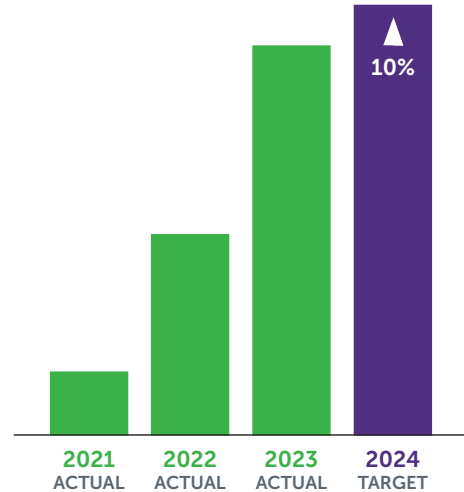
Here's how your donations became hope and healing for 8.0 million children and their families, trapped in poverty and disability.

Child Health



Last year, you gave 3,152,073 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 medical care and even more children received physiotherapy to strengthen muscles and balance. More children can achieve their full potential!



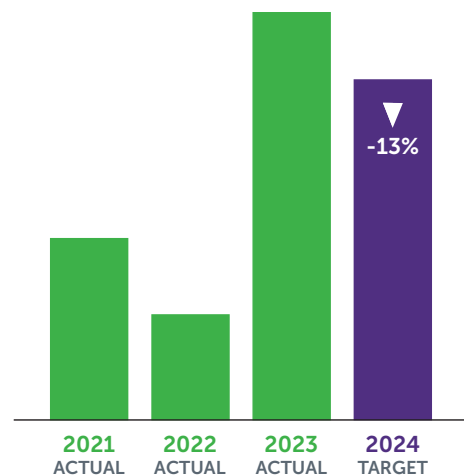
We have program plans to reach 3.5 million children with health care in FY24.

Family Livelihood



Last year, you gave 399,621 children a brighter future through your support of their moms, dads, grandparents.

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 made sure they received vocational support and training so they could put food on the table and send their children to school – helping their kids reach their full potential.



We have program plans to provide family support that will benefit 349,468 children with

disability and at risk of disability. The lower target in FY24 is primarily due to less medical efforts directed toward parents – more directed to children with disabling conditions.

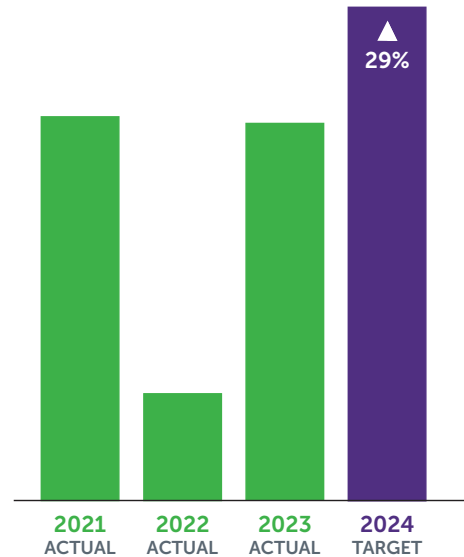
Child Education



Last year, you gave 105,886 children access to education to reach their full potential!

Because of you, children with disabilities can attend schools, and they received educational services so they can learn and grow alongside their peers. Through school clubs that you made possible, kids also learned more about hygiene and how to prevent infections like blinding trachoma.

Our target in FY24 is to provide education support to 136,628 kids.



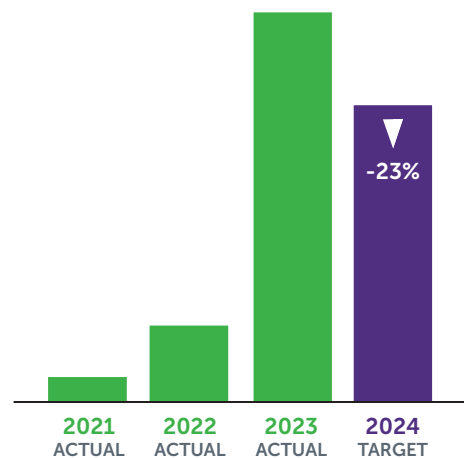
Social Attitudes



Last year, you gave 4,249,015 children and families knowledge and understanding to fight disability stigma in their 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.

Our programs in FY24 aim to change negative attitudes about disability for 3,260,645 million kids and families, mainly through family and community training around disability sensitization through mass media.



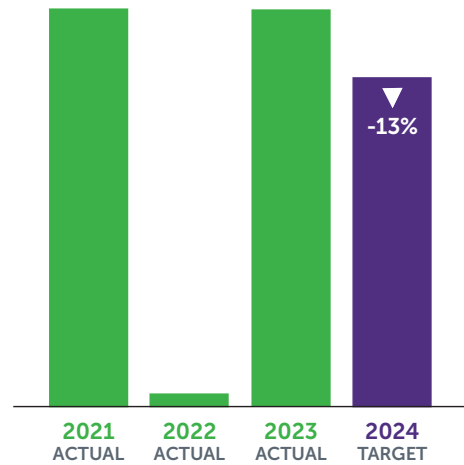
Self Value



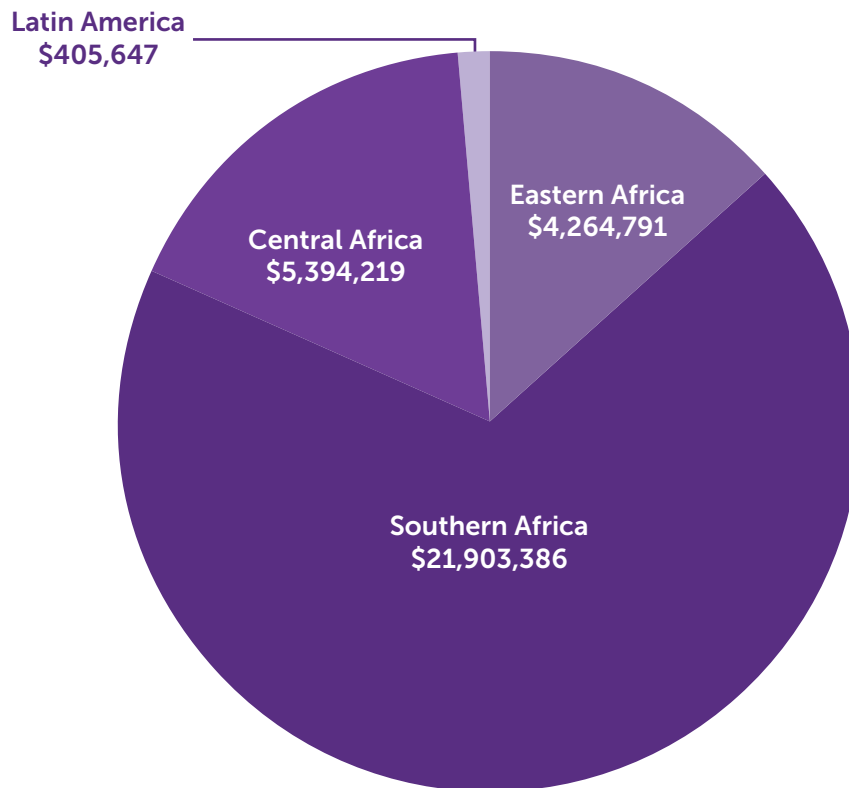
Last year, you gave 94,542 children access to heart-healing play and resilience skills.

Because of your generosity and support, children with disabilities are gaining confidence, forming friendships and playing with their peers. And thanks to you, more children are learning how to overcome the stigma and prejudice that too often surrounds them in their homes and communities. They are learning how to see themselves as God sees them.

We aim to grow self-value in the lives of 82,506 children with disability in FY24.



Program Allocation by Region FY23



Hope and Healing International is committed to serving the most vulnerable children in the world – those living with disabilities in the poorest communities. We aim to allocate 80% of our program resources in countries that rank in the lowest third of the Multi-dimensional Poverty Index (MPI). The remaining 20% 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 sub-Saharan Africa.

Countries

In FY23, Hope and Healing International supported local, community-based programming in 9 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:

Cameroon	Guatemala	Tanzania
Eswatini	Kenya	Uganda
Ethiopia	Malawi	Zambia

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.

Supporters from coast-to-coast support us with cash donations in a variety of ways – through pledged monthly gifts, single (one at a time) gifts, multi-year investments and legacy gifts.

Hope and Healing chooses to use the term “Non-Cash Resource” rather than “Gift in Kind” because we believe that these donated medical items should be demand-driven (rather than supply-driven). That is to say, we need to source the medical equipment and supplies requested by our front-line partners. These goods need to be used and reported on just as accountably as cash.

In FY23, supporters allowed us to ship a total of \$21 million of essential medical equipment and supplies to our trusted medical partners in Cameroon, Eswatini, Malawi and Zambia.

We sent over \$11.2 million worth of medication and vitamins; \$3.6 million of medical consumables like PPE, needles/syringes, gloves, gowns, filters; hospital beds, bassinets, surgical supplies.

We sent 2,473 orthopaedic, prosthetic and assistive devices like walkers, wheelchairs and crutches. And we provided our eyecare partners with more than 5,603 optical aids, such as eye shields and reading glasses.

89% of the non-cash medical and nutritional goods sourced by our Partnership Development Team and sent to partners in FY23 were new and direct from the manufacturer. The majority of these fall into the following categories:

- Medications
- Food
- Medical Consumables (Face Shields, Masks, Isolation Gowns, Vacuum Drainage Bottles, etc.)
- Orthotic Devices and Eyeglasses

The 11% of gently used items include specialized equipment like ventilators and surgical equipment. These goods are high value and in great demand by our partners.

LESSONS LEARNED IN PANDEMIC AND POST-PANDEMIC FUNDRAISING:

- Assuming donors can't give, and pulling back on fundraising activities is a self-fulfilling prophecy. Asking respectfully, even in tough times, gives donors a chance to choose hope.

- Having a broad base of donors and a diversified marketing strategy helps to make revenue more recession-resilient. It is also 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. (e.g. PPE and hospital beds, supplementary food)
- We've learned that we tend to be optimistic budgeters. We are making a concerted effort to back out unexpected, unrepeatable, outlier donations from our trending and projections.

"I would like to thank Jill, Meagan, Mark and the rest of the Hope and Healing team who helped make this incredible trip to Zambia a reality. It allowed my colleague and I to not only witness first-handedly the heart-breaking medical conditions endured by the people living in remote communities in Africa but also to be inspired by the remarkable efforts and dedication showcased by the local health practitioners and the staff of the partner organization CHAZ. There was no better way to demonstrate the tremendous impact made by your wonderful organization. This trip solidified our desire to continue supporting Hope and Healing International in delivering your mission for years to come."

– Anthony Zhao, President of CANADAMASQ

CANADAMASQ donated more than \$5 million worth of PPE to Hope and Healing frontline partners.

COVID-19 Related Programming

When COVID-19 became a threat to our work in 2020 and 2021, 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 was 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 sent an additional \$1 million worth of nutrition-packed, supplementary dried food to families in need. In FY22, we sent \$2.3 million of

supplementary food. In FY23, we sent \$1.7 million of supplementary food.

With governments around the world focusing 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 2023, we were able to send \$11.2 million of medicines and vitamins to our trusted partners, and \$3.6 million of hospital consumables.

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

LESSONS LEARNED IN THE PANDEMIC:

- 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. We need to continue to raise awareness around this need, with governments and other non-governmental organizations.
- Plans need to be in place before a crisis strikes. This includes resource allocation, staff deployment and risk management plans. We are developing a clear emergency program plan that works with experts in food distribution and ensure children with disabilities aren't left out.
- Strong donor response - cash and non-cash over the course of the pandemic gave us non-repeatable surplus revenue that we used to fill critical infrastructure gaps for our frontline partners.

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 all children with disability is essential to changing how people in Canada and around the world talk, behave, shop and give.

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 the types of surgeries and rehabilitation desperately needed to stop pain and prevent long-term disability.

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. In FY23, we invited supporters to pray with us and saw a 15% increase in prayer engagements.

Innovations: Real Needs, Real Solutions

Hope and Healing's Resilience Program

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.

In FY23, we undertook a second round of our resilience program with kids in Uganda. We also conducted a 12-month follow-up study of our first pilot, to see how "sticky" the resilience skills were in the lives of children who received the training in FY22. Initial and follow-up results are extremely encouraging and promising.

Questions	Baseline % Yes	Endpoint % Yes	1-Year	% change from Baseline to 1 Year
I know what to do if someone is bullying or teasing me because of my disability.	52%	71%	97%	+16%
I do not find it difficult to make friends.	55%	81%	94%	+13%
I do not believe that my disability makes me cursed.	58%	90%	100%	+10%
When life is hard, I remain hopeful that things will get better.	50%	90%	100%	+10%
I feel comfortable asking for help whenever I need it.	45%	84%	90%	+6%
I believe that my disability does not make me any less capable than people without disabilities.	45%	97%	100%	+3%
I know that I have a lot to contribute to my family and my community.	68%	94%	97%	+3%
I want to give back and help my family and community.	81%	94%	97%	+3%
I know that I can do anything if I try hard enough.	71%	94%	97%	+3%
I recognize that I have many talents and abilities.	43%	97%	97%	0%
I feel comfortable spending time with others.	61%	94%	94%	0%
I know what I want to be when I grow up.	55%	100%	97%	-3%
I am hopeful and excited to see what the future holds.	55%	97%	94%	-3%
I know that I am valuable and special.	55%	100%	97%	-3%
I am proud of who I am.	48%	97%	94%	-3%
I know that my ideas and opinions are important.	55%	100%	97%	-3%

I feel positively about my body.	39%	94%	84%	-10%
Total Combined Score	55%	93%	95%	+2%

WHAT WE'RE LEARNING:

1. The mental health damage done by years of stigma and exclusion leaves too many kids unable to advocate for themselves at home, in the community, at school, at church.
2. A 2-month program is difficult to fit into existing systems. We need to balance a highly effective course with the cost and system constraints of partners. We are currently creating a more flexible and modular approach to our Resilience Program, that more of our partners can use with more of the children they serve.

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 32 million households in 41 countries on the continent of Africa.

Hope and Healing has partnered with Ubongo to develop a series of four "Ubongo Kids" shows for children aged 7-14. These shows feature story lines and characters that foster a better understanding of disability and inclusive resilience skills. Through fun, likable characters, the shows model the rights and potential of children with different kinds of abilities - showing that disability is not inability.

These shows continue to air on broadcast TV, radio and online. We are working with Ubongo to ensure the poorest households also have community and/or school-based access to the shows.

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' 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 prosthetics and orthotics. We're working with a number of partners in both the highly custom prosthetic space, and in the mass production of less customized orthotics.

LESSONS LEARNED:

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.
2. Despite positive trials and pilots of the 3D Technology, we've observed a resistance to change in most orthopaedic workshops, especially those serving the poorest populations.
3. Software development is extremely expensive. We need to offload this to a for-profit company.
4. If we create a wonderful product, but our partners don't want to use it, the product doesn't reach our end client - children with disabilities.
5. We need to determine how much time, effort and dollars we can afford to invest in research and development and put clear guardrails around innovation projects.

Impact Numbers

– Children whose lives were improved in FY 2023

⚠ Result was significantly impacted by COVID-19
 ** Formula adjusted for more accurate client counting
 *** Not included in Direct Client Count

		2021	2022	2023 TARGET	2023 ACTUAL	2024 TARGET
TOTAL CLIENTS		1,087,208	1,832,495	5,089,391	8,024,693	7,296,636
CHILD HEALTH	Children whose quality of life improved through health care	318,865	973,636	1,897,821	3,152,073	3,467,389
Prevention for Children	Children receiving blindness- and disability-preventing services	155,827	930,739	1,705,738	3,036,289	3,385,002
	Additional children this year able to wash eyes, hands & faces with clean water	3,960	32,968	20,621	14,276	6,345
⚠	Additional kids this year using safe, clean, accessible, school-based latrines	663	6,400	1,200	1,200	1,600
⚠	Additional kids this year learning about sight-saving, trachoma-fighting Eye Health	6,617	14,800	5,200	10,400	15,200

☼	Children experiencing better health, nutrition and community participation due to parents receiving training	49,369	746,126	1,297,775	2,645,681	3,063,100
**	Children receiving other disability prevention services	40,983	42,891	364,452	277,178	211,203
☼	Children receiving sight-saving SAFE strategy (Subset of total population receiving trachoma-fighting SAFE)	54,235	87,554	16,490	87,554	87,554
Medical care for Children	Children whose lives were improved through medical & surgical treatment	139,809	38,334	186,923	109,856	75,963
	Children receiving life-improving medical treatment, in-patient care	23,494	4,636	5,615	10,974	8,180

	Children with life-changing, ability-restoring positive surgical outcomes	2,367	2,338	2,258	2,479	2,251
**	Children receiving disability-correcting treatment, out-patient care	113,948	31,360	179,050	96,403	65,532
Rehabilitation for Children	Children whose lives were improved through rehabilitative services	23,229	4,563	5,159	5,928	6,425
☼	Children with increased functionality as a result of Physiotherapy, Occupational Therapy and other Rehabilitation services	20,063	3,026	3,704	3,544	4,535
	Children with increased functionality & mobility due to assistive devices	3,000	1,089	1,005	2,192	1,265
	Children with improved vision due to eyeglasses and other optical assistive devices	166	448	450	192	625

CHILD EDUCATION	Children whose quality of life improved through education supports	94,985	26,918	92,960	105,886	136,628
Accessible Infrastructure	Children whose education improved through access to school buildings and facilities	5,063	7,089	2,800	1,498	1,893
	Children who were able to access school because of accessibility improvements	4,400	689	0	298	293
	Children able to attend school because they were able to access safe, clean, accessible school latrines	663	6,400	2,800	1,200	1,600
Learning Support	Children whose lives were improved through inclusive learning support	81,00	18,219	89,560	101,848	130,935

**	Children receiving individual learning plans & home-based educational programming	78,656	17,953	89,560	96,947	129,000
**	Children receiving formal education at schools	2,344	266		4,901	1,935
Teacher Training	Children whose lives were improved through more supportive teachers	8,922	1,610	600	2,540	3,800
	Children receiving disability inclusive education through trained teachers	8,922	1,610	600	2,540	3,800
FAMILY LIVELIHOOD	Children whose lives were improved through increased household income	360,128	207,515	824,751	399,621	349,468
Family Medical Services	Kids who benefitted from a caregiver's medical treatment	275,620	124,385	218,131	373,224	320,387

☼	Children whose parents received full trachoma-preventing SAFE strategy	57,757	29,185	14,510	29,185	29,185
☼ / **	Children whose parents received disability-preventing screening	60,189	47,294	21,034	249,094	240,000
	Children whose parents were given access to clean water	5,500	10,722	0	4,759	2,115
	Children whose parents received sight-restoring surgery	2,089	2,210	1,125	1,359	0
	Children whose parents received mobility & function-restoring surgery	3,051	20	65	0	11
**	Children whose parents received non-surgical medical care	145,030	32,746	179,777	86,130	49,076
	Children whose parents received assistive devices to improve functionality & mobility	2,004	2,209	1,620	2,698	0

Caregiver Services	Kids who were surrounded by life improving supports at home	56,384	47,820	568,290	3,665	13,108
	Children experiencing better health and happiness as a result of parents receiving nutrition, health and disability rights training	56,384	47,820	568,290	3,665	13,108
	Children of families receiving a safe, dry, disaster-resistant house	167	80		52	56
Vocational Support	Children whose parents can better provide food, medical care and education	28,124	35,230	38,329	22,680	15,917
	Children whose household income increased through agriculture support, training, inputs	3,074	609	6,072	6,843	71

	Children whose household income increased through livestock – sheep, goats, poultry – and training	1,026	1,644	1,551	3,967	1,513
	Children whose household income increased by vocational training & equipping for tailoring, bricklaying, retail, as well as financial literacy	5,342	805	438	508	1,294
	Children whose household income increased through small business loans	2,377	1,880	1,880	1,692	71
	Children whose household income increased by support to access government safety net programs	10,716	11,299	9,494	5,946	9,494

	Children whose families participated in Village Economic and Social Associations (VESA)	5,589	18,993	18,894	3,725	3,475
SOCIAL ATTITUDES	Children whose quality of life improved through community understanding and inclusion	96,886	412,451	2,192,780	4,249,015	3,260,645
	Children with disabilities experiencing more community inclusion due to disability sensitization	93,773	409,937	1,123,465	4,243,301	3,257,435
***	Children who better understand disability and are more willing to play with children with disabilities due to "Ubongo kids" disability inclusive educational programming	16,200,000	Not reported	1,058,675	18,900,000	16,200,000
	Children reporting inclusion in play, sports, cultural and spiritual activities	3,113	2,514	3,265	5,714	3,210

SELF-VALUE	Children who better understand their intrinsic value and potential	81,562	141	81,080	94,542	82,506
⚙️ / **	Kids inclusive education programming	81,562	141	81,080	94,542	82,506
INCLUSIVE HUMANITARIAN ASSISTANCE	Children and caregivers who received life-saving, disability-preventing aid	134,782	211,834		23,557	TBD-FY24 crisis specific response
⚙️	Children whose families received life-saving emergency support	134,782				
⚙️	Children and caregivers protected from COVID-19 through training, equipment & supplies from Hope and Healing		211,834			
	Children whose families received food and hygiene packages during a time of conflict				23,557	

Program Outputs

– Leading to short, mid and long-term impact

✳ Result was significantly impacted by COVID-19

		2021	2022	2023 ACTUAL	2024 TARGET
CHILD HEALTH	Children whose quality of life improved through health care	318,865	973,636	3,152,073	3,467,380
Prevention for Children	Children receiving blindness- and disability-preventing services	155,827	930,739	3,036,289	3,385,002
	Wells constructed	8	15	10	6
	Springs capped	1	6	3	0
	Rural Pipeline System	0	1	0	1
✳	Latrines built	1	16	3	4
✳	School Clubs established	25	37	13	19
✳	Primary Health and Nutrition Training Sessions for Parents and Community Members	210	9,326	770	1,331
	Health Broadcast Campaigns	2	440	446	454
	Mass drug administered to children	40,983	26,420	248,817	160,000
✳	Communities (Kebeles) receiving SAFE (Surgery, Antibiotics, Face-washing, Environmental Change) strategy from Hope and Healing & referral network	15	15	15	15
Medical care for Children	Children whose lives were improved through medical & surgical treatment	139,809	38,334	109,856	75,963
✳	Child Surgeries	2,367	2,338	2,712	4,051
	Eye	101	217	143	575
	Orthopaedics & Plastics	2,266	2,121	2,569	3,476
	Number of paediatric consultations	116,644	93,613	121,094	76,900
	Doctors, medical professionals, community rehabilitation workers, religious leaders and social workers trained	380	931	870	1,063

Rehabilitation for Children	Children whose lives were improved through rehabilitative services	23,229	4,563	5,928	6,425
⚙️	# of Physio sessions/clinics	24,414	9,078	11,618	13,605
	Assistive devices – mobility	817	1,089	3,653	1,265
	Assistive devices – eyeglasses for kids	68	448	192	625
CHILD EDUCATION	Children whose quality of life improved through education supports	94,985	26,918	105,886	136,628
Accessible Infrastructure	Children whose education improved through access to school buildings and facilities	5,063	7,089	1,498	1,893
	Ramps/other improvements to schools	161	106	46	45
	Safe, clean, accessible school latrines	1	16	3	0
Learning Support	Children whose lives were improved through inclusive learning support	81,000	18,219	101,848	130,935
	Custom education plans and grants for tuition/material support	2,344	1,055	3,577	2,780
	"Ubongo Kids" broadcasts of disability inclusive episodes	1	No Activity	4	3
Teacher Training	Children whose lives were improved through more supportive teachers	8,922	1,610	2,540	3,800
	Teachers trained in inclusive education - students served	315	161	254	205
FAMILY LIVELIHOOD	Children whose lives were improved through increased household income	360,128	207,515	399,621	349,468
Family Medical Services	Kids who benefitted from a caregivers medical treatment	275,620	124,385	373,224	320,387
⚙️	Communities (kebeles) receiving SAFE strategy and access to clean water	15	15	15	15
	Adult surgeries	5,140	2,230	2,350	0
	Adult assistive devices distributed	2,004	2,209	2,698	0
⚙️	Adult medical consultations	162,620	80,039	92,489	49,156
	Mass drug administered to adults	40,983	26,420	248,817	240,000

	Number of containers of medical goods shipped to partners	32	39	28	15
Caregiver Services	Kids who were surrounded by life improving supports at home	56,384	47,900	3,717	13,164
☼	Home-based health & nutrition trainings conducted	783	1,540	159	295
	New houses built/ refurbished	36	17	11	12
☼	Training sessions in disability rights, inclusive development conducted	545	68	19	57
Vocational Support	Children whose parents can better provide food, medical care and education	28,124	35,230	22,680	15,917
	Agriculture Training sessions + equipment distributions	3,074	609	236	15
	Livestock – sheep, goats, poultry – distributed	3,618	4,935	2,532	1,161
	Training/equipping sessions – tailoring, bricklaying, retail, financial literacy, other	5,342	805	1,118	860
	Small business loans granted	2,377	100	1,298	100
	# of government safety net program applications	10,716	2,404	1,265	2,020
☼	Village Economic and Social Associations (VESA) established	159	299	199	187
SOCIAL ATTITUDES	Children whose quality of life improved through community understanding & inclusion	96,886	412,451	4,249,015	3,260,645
	Community leaders trained in disability sensitization	263	636	677	153
☼	# of children attending inclusive play, sports, cultural and spiritual activities	3,113	50,280	5,714	3,200
☼	Disability sensitization and child safeguarding training sessions	577	299	442	135
	Health Broadcast Campaigns	2	440	446	454

☼	"Ubongo Kids" show viewership per aired program: child inclusive edutainment programming	Pre and Post Production activity only	16.2M	18.9M	16.2M
SELF VALUE	Children who better understand their intrinsic value and potential	81,562	141	94,542	82,506
☼	Number of "Ubongo Kids" show in broadcast circulation	Pre and Post Production activity only	1	4	3
	Number of Resilience and other psycho social workshops for kids with disabilities	115	48	99	115
INCLUSIVE HUMANITARIAN ASSISTANCE	Children and caregivers who received life-saving, disability-preventing aid	134,782	211,834	23,557	
☼	Life-saving emergency food/hygiene packages distributed	562	4,020,840	3,601,457	
	Medical treatments			12	
	Assistive devices distributed			5	
	Staff trained	187	N/A	39	
☼	Equipment and supplies to manage COVID-19 within medical partners	91,926	4,255,831		
	Hospital Beds	466	681		
	Ventilators	2	10		
	Face masks	86,458	4,254,300		
	Curve respirators/filters	5,000	840		

Partners Funded in FY 2023

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 – Cameroon

Cameroon Baptist Convention Health Services (CBHS) 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.

Presbyterian Eye Services – Cameroon

Presbyterian Eye Services is an organization of the Presbyterian Church in Cameroon under the Health Department of the Church. It is one of the leading eye care service providers in Cameroon and in the Central African sub-region. They operate 4 Eye Hospitals and 4 Eye Clinics in 5 main regions of the country, which serves a greater part of the population (about 10 million people) in those 5 regions.

Good Shepherd Hospital – Eswatini

Located near the eastern border of Eswatini in Siteki, Good Shepherd Hospital (GSH) 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.

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 – Eswatini

The Luke Commission (TLC) provides 40 medical services at mobile hospital outreaches as part of a comprehensive healthcare platform. This patient-centred model seeks to destigmatize the delivery of HIV/ AIDS care. In addition to prevention and treatment of HIV/AIDS, other services include tuberculosis treatment, cancer screening, vision care and

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 – all designed to improve income for the poorest, most 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 – Guatemala

Association of Parents and Friends of People with Disabilities (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 Guatemala through our partnership with Habitat for Humanity Canada 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.

AIC CURE Children's Hospital – 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,

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 – Malawi

Malawi Council for the Handicapped (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 Mission Hospital functions as a District Hospital with responsibilities for the preventive and curative health care of a defined catchment population. The paediatric eye clinic provides specialized eye care to children including diagnosis, treatment, surgery and follow up. The hospital gets referrals from 9 health centres within the catchment area. Nkhoma Mission Hospital also oversees 11 health centres beyond the catchment area.

Christian Health Association of Malawi – Malawi

Christian Health Association of Malawi (CHAM) is the largest non-governmental healthcare provider and the largest trainer of healthcare practitioners in Malawi. CHAM provides 37% of Malawi's healthcare services and trains up to 80% of Malawi's healthcare providers.

CHAM is a network of church-owned health facilities, hospitals and training colleges. Through its network of over 184 healthcare facilities and 11 training hospitals, CHAM has a substantial impact on the health of individuals and communities in Malawi.

Comprehensive Community-Based Rehabilitation in Tanzania – Tanzania

From its roots in small-scale community-based rehabilitation for people with disabilities, Comprehensive Community-Based Rehabilitation in Tanzania (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).

Recognizing the need for health services in rural parts of Tanzania, CCBRT opened a rehabilitation centre in Moshi in 1996. This rehabilitation centre – known as the 'House of

Hope' – serves thousands of clients every year, including families of children with disabilities such as cerebral palsy, spina bifida and hydrocephalus (SBH), congenital clubfoot, and individuals with limited mobility due to a physical impairment or conditions such as polio, rickets, neglected clubfoot, and accidental trauma.

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 reaching more children with programming that encourages disability understanding and rights. Together we've produced 4 "Ubongo Kids" episodes that demonstrate the value of including kids with disabilities in learning and play.

Comprehensive Rehabilitation Service of Uganda – Uganda

Comprehensive Rehabilitation Service of Uganda (CoRSU) is a private local non-governmental organization with a mandate to prevent disability and 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, sports 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.

Churches Health Association of Zambia – Zambia

Churches Health Association of 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 MNH, Antiretroviral Therapy clinics, Orthopaedic services, Physiotherapy, Dentistry, Eye care services, Surgery, Ear, Nose and Throat services, Rehabilitation services, Inpatient and Out-patient, Malaria, and TB services.

Community-based organizations offer Public Health Interventions.



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