

2025 Impact and Strategy Deep Dive

For Hope and Healing International's Fiscal Year 2025 (July 2024–June 2025)

This Impact and Strategy Deep Dive is a companion document to our Annual Report. For those who like big picture direction and nitty gritty details, read on! 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.



Epifania and her new wheelchair

♥ Let's start with our deepest WHY

At Hope and Healing International, we believe every child is loved and intentionally created by God. We believe every child is valuable and has potential. This extends to children who live with disability in the poorest, least-resourced communities of the world. We believe every child deserves the necessities of life. Every child deserves access to healthcare, medical care, rehabilitation, education, play, and a welcoming community. Every child deserves to know how much Jesus loves them.

In a single phrase, our vision is a world where all children can be all that God created them to be.

🎯 If that's our WHY, then WHAT do we focus on?

We believe God has called us to focus our problem-solving, our innovation, and our hard day-to-day work on the most vulnerable children on the planet – children living with disability in endemically poor communities.

Our mission is to bring hope and healing to children living with disability in the world's poorest communities.

🔧 Sounds simple enough, until you ask HOW?

In order to accomplish our Mission, we need to know the precise problem we're trying to solve, the change we're trying to make in the world, and the results chain that will lead to this ultimate outcome. In other words, we need to know our **"Theory of Change"**.

We also need to know our organizational roadmap to plan, implement, fund, evaluate programs that drive positive change in the lives of the children we serve. In other words, our **organizational Strategy**. What skills and tools do we need to acquire? What processes do we need to develop or improve? What stakeholders do we need to engage, collaborate with, serve?



Finally, we need to know the VALUES that underpin how we do our work:

- + We value all people as Jesus does
- + Our faith drives us to acts of love
- + We put children first, focusing on each child's ability and potential
- + We are accountable to God, to the children we serve, and to our donors
- + We are open and honest



"I love my leg because now I can walk. I want to go to school and church!"
— Abigail, after receiving a new prosthetic leg

Hope and Healing International's THEORY OF CHANGE

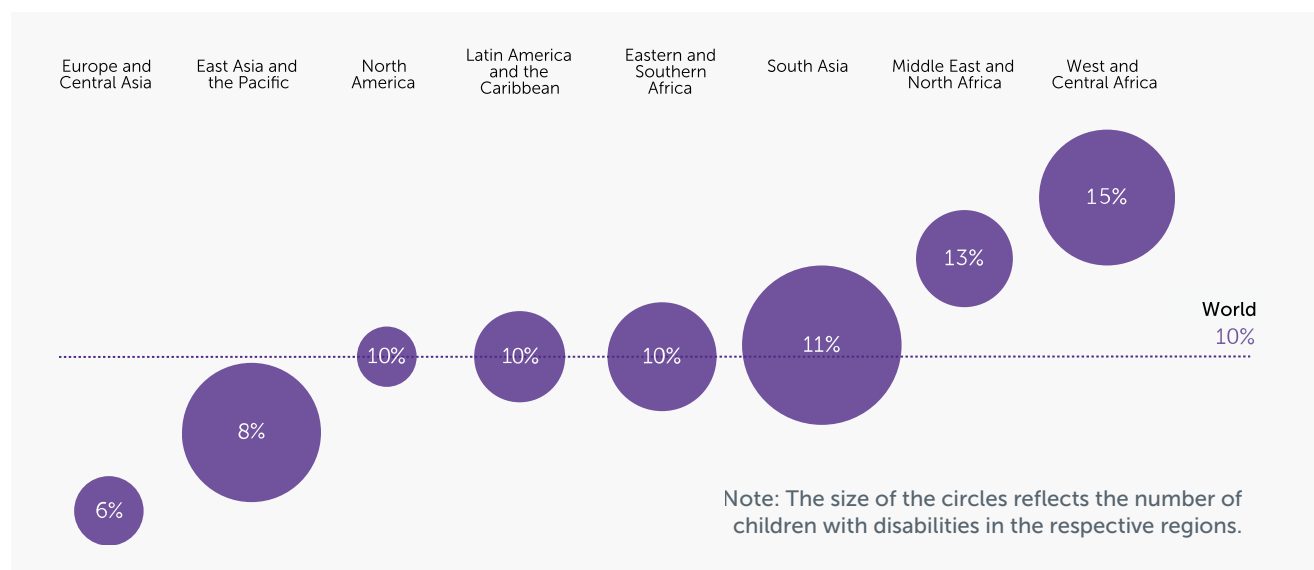
The PROBLEM that we're trying to solve in the world:

Children with disabilities living in the poorest families and communities are much more likely to be sick, dying, lonely, neglected, denied education, abused, viewed as a burden, not able to achieve their God-given potential.

- Children with disabilities are 3-4 times more likely to experience physical and sexual violence and neglect than non-disabled children. (UN, 2025)
- Children with disabilities are much more likely to have had a serious illness in the last 12 months, including malnutrition, than children without disabilities. (LSHTM. Plan Int'l, 2013)
- An estimated 90% of children with disabilities in developing countries have no access to formal education. (UNICEF, 2018)
- Educational exclusion leads to illiteracy, poor health, severely restricted access to labour markets, low paid employment, malnutrition, unsafe living and working conditions, and disengagement with social services and other protective mechanisms. The resulting poverty, inequality, and insecurity have a grave impact across society. (IDDC, 2016)

This is not a small "niche" problem. According to the latest UNICEF Seen, Counted, Included report, dated November, 2021, 240 million children have disabilities — 1 in every 10 children worldwide. The highest incidence is in West and Central Africa.

Figure 1.1 Percentage of children aged 0 to 17 years with disabilities. *Adapted from "Seen, Counted, Included" by UNICEF, 2021, Page 18.*

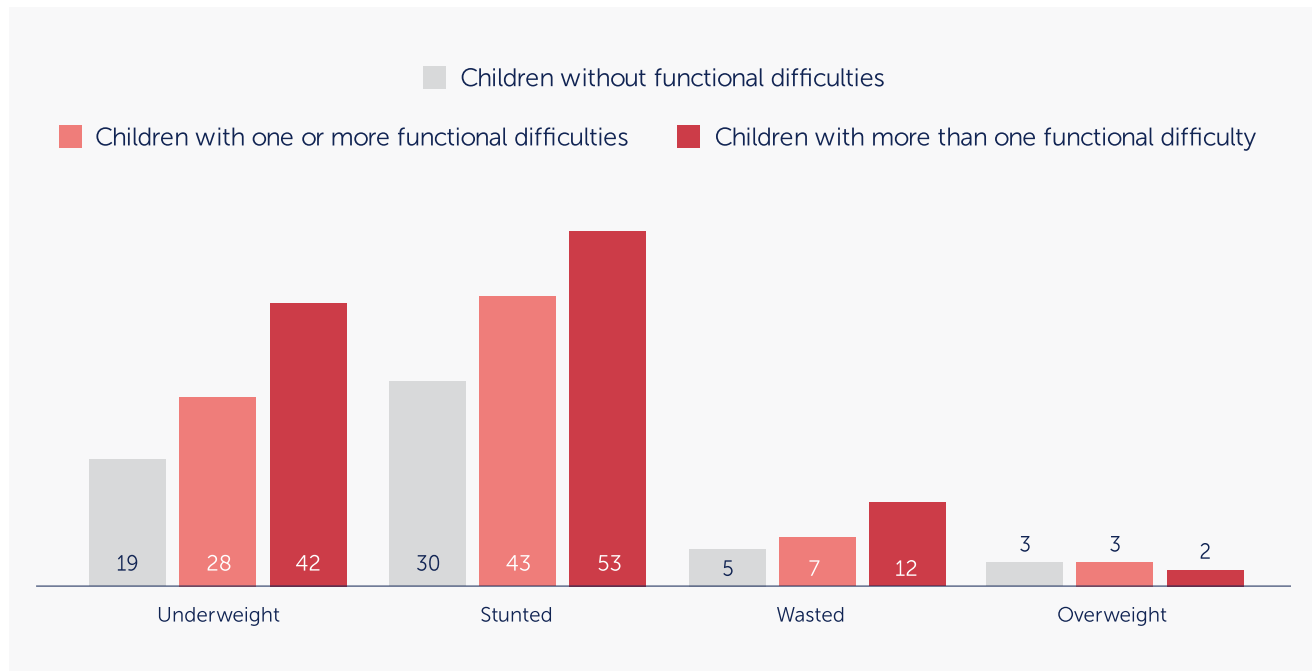


The Child Functioning Module and the Washington Group Short Set on Functioning, embedded in the widely used Multiple Indicator Cluster Survey (MICS) gives us the largest source of internationally comparable data on children and adults with disabilities. The data affords country-specific comparisons, as well as comparison to population without functional difficulties. The analysis yields insights into inequities in health, education, and social participation.

Children with disabilities suffer disproportionately higher rates of malnutrition

Figure 2.6 Percentage of children aged 24 to 59 months who are underweight, stunted, wasted or overweight.

Adapted from "Seen, Counted, Included" by UNICEF, 2021, Page 42.



The ultimate CHANGE we're trying to drive through everything that we do:

More children with disabilities in the poorest communities live healthier, more hopeful lives — the abundant life Jesus came to give them.

When we asked 227 children with disabilities and 463 caregivers in Malawi what drove long-term health and hopefulness for them – in a study we conducted in collaboration with University of Toronto and University of Malawi – these children and their caregivers told us they needed healthcare, attitude change toward disability in the communities around them, resilience skills, access to school, and enough money for basic needs at home.

Insights from this study have directly shaped Hope and Healing's work, driving us to support services for children across five domains of care — HEALTH, SOCIAL ATTITUDES, SELF-VALUE, EDUCATION, AND FAMILY LIVELIHOOD.

DESIRED CHANGE (ULTIMATE OUTCOME)

More children with disabilities in the poorest communities live healthier, more hopeful lives – the abundant life Jesus came to give them

More children with disability have
HEALTHY BODIES

More children with disability have
RESILIENT SPIRITS

More children with disability have
LEARNING MINDS

GOD'S LOVE IN ACTION

Intermediate Outcome 1: Child Health

More children with disabilities are accessing health services (medical, surgical, rehabilitation, assistive devices) and engaging in activities needed to achieve health

Intermediate Outcome 2: Social Attitudes

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

Intermediate Outcome 3: Self-Value

More children with disabilities believe they are valued and valuable, as created and loved children of God

Intermediate Outcome 4: Education

More children with disabilities are progressing in and completing primary and secondary school

Intermediate Outcome 5: Family Livelihood

More families of children with disabilities are able to support their children (medical, rehabilitation, food, primary school)

PROBLEM

Children with disabilities living in the poorest families and communities are more likely to be sick, dying, lonely, neglected, denied education, abused, viewed as a burden and not able to achieve their God-given potential.

Lack of Medical Care

Lack of Rehabilitation/Assistive Devices

Negative Social Attitudes toward disability & gender

Lack of information

Poor Self-image

Lack of Education

Poverty

Lack of Social Safety Net

Child Hope 2028 — our 5-year Strategy

Fiscal Year 2025 (FY 2025) was the second year of our 5-year strategy called Child Hope 2028. In a nutshell, Child Hope 2028 is about putting children caught in the cycle of poverty and disability at the centre of all we do – how we plan and evaluate programs and how we communicate with and report back to our supporters. It acknowledges that our first accountability is to the kids that we serve, as we work with supporters and front-line partners to improve children’s health, hopefulness, and participation.

By 2028, we are committed to **IMPROVING...**



Child Hope 2028 – How we'll measure success:

- 10% increase in participation score for children with disabilities in our programs
- 4 programs measuring outcomes: participation, improved functionality, self-value, school progression, and household income
- Increase direct contributions from \$11.5M to \$14.5M
- Reduce the decline in our active donor base, building to 30,000 by FY28
- 2 partners piloting our child-centred case management tool
- More than 70% staff satisfaction with International Programs information
- 50% fewer information gaps reported by Shared Services
- 85% of stories are less than 5 years old and more of them are full journey stories
- 90% of programs achieve planned results
- 100% Leadership Team & Management able to access revenue data within 24 hours
- 80% of staff achieve their agreed learning goal
- 5% increase to baseline staff engagement score
- 60% increase in International Program cash budget

Child Hope 2028 – 2025 HIGHLIGHTS:

More Impact for the Children we serve:

In year 2 of Child Hope 2028, we gave body-healing, heart-healing services to 769,438 children caught in the cycle of poverty and disability. We refined the methodology of our client counting to reflect unique beneficiaries. While we continue to count children receiving specific services, we acknowledge that many children receive multiple services from us. In fact, that is our intent: to give more children more holistic services.

We piloted our Impact Measurement indicators across our 5 domains of service: health, social attitudes, self-value, education, and family livelihood. Working closely with one of our front-line partners, we piloted our data collection tool and then reviewed and streamlined the survey. Together, we concluded that the most accurate measure for health and hopefulness was participation – in family, school, and community.

Improved Donor Engagement:

Our target in FY 2025 was to engage supporters from coast to coast to help us raise \$29.4 M to support our life-transforming work. Together with amazing Canadians, we raised \$33.8M.

In 2025, we also reversed a 3-year trend in declining number of donors, finishing the year with 29,122 active supporters, up from 28,742.

Improve Story Resources:

We increased the number of full journey stories we're collecting from our front-line service delivery partners from 11 to 34 in the first 2 years of Child Hope 2028. Stories and photos that capture the need before medical or rehabilitative care, through treatment, and into longer-term quality of life improvement, allow us to communicate the extraordinary impact our supporters are having in the lives of vulnerable children.

Improve Digital Solutions to Support Business Processes:

In 2025, we adopted 2 new technologies that are creating efficiencies to the way we work – specifically Power BI and an international program management platform called LogAlto. Using the work we've done on gathering better and more consistent impact and marketing data, we are able to manage and analyze this data, using real-time dashboards. With easier and more timely access to data, we are better able to react to changes in our environment – in Canada and in our countries of service (e.g. Canada Post Strikes, dismantling of USAID).

Improve Staff Engagement:

In 2024, we adopted the Great Place to Work staff engagement and satisfaction tool. In 2025, we achieved certification as a Great Place to Work for the second year running.



Our staff are honoured to pray regularly for the children we serve and for supporters who partner with us in this work.

Child Hope 2028 Lessons Learned in 2025:

LESSON # 1

As our strategy has driven us to increase our efforts to gather qualitative and quantitative outcome data from children with disabilities and their caregivers, we have become increasingly aware of the gaps in service delivery to these children, even within our own funded programs. Of the children identified as needing surgery within our community — and hospital-based programs currently just 80% receive it. Of the children identified as needing an assistive device, just 83% receive it — varying by the nature of the program from 56% among one community-based partner to a high of 100% among hospital-based partners.

We continue to meet too many children who never receive the medical services they're referred to... who live with broken or outgrown assistive devices... who don't receive adequate follow up to prevent relapse... who suffer abuse, with no recourse. This has led us to design a system of care built on the proven foundation of child-centred case management and parent support groups. We believe the combination of equipped case workers and empowered caregivers will add a bottom-up demand for services to the

existing top-down coordination of service providers. Our goal is to increase the percentage of children receiving the care they need.

LESSON # 2

We underperformed on our annual target of achieving 90% of the results documented in our Results Chain Framework plans. We achieved 76% of the planned output targets. There are a number of factors:

- Supply chain and procurements issues
- Environmental pressures and changes (unrest following elections affected planned activities in 3 of our service countries)

In response to the increasing rate of change in our world and in our countries of service, we have moved our plans and program data into a more robust digital MEAL (Monitoring, Evaluation, Accountability, and Learning) platform, called LogAlto. This platform will allow for easier visibility into both project level and aggregated output and outcome data, to facilitate more timely analysis and insight. We believe this added MEAL functionality will increase our ability to execute program activities within 10% of annual plans.

Our Life-Changing Impact, Together with You

Because of the faithful support and dedication of Canadian supporters from coast to coast, more than 760,000 kids received 1.5M hope and healing-restoring services in 2025.

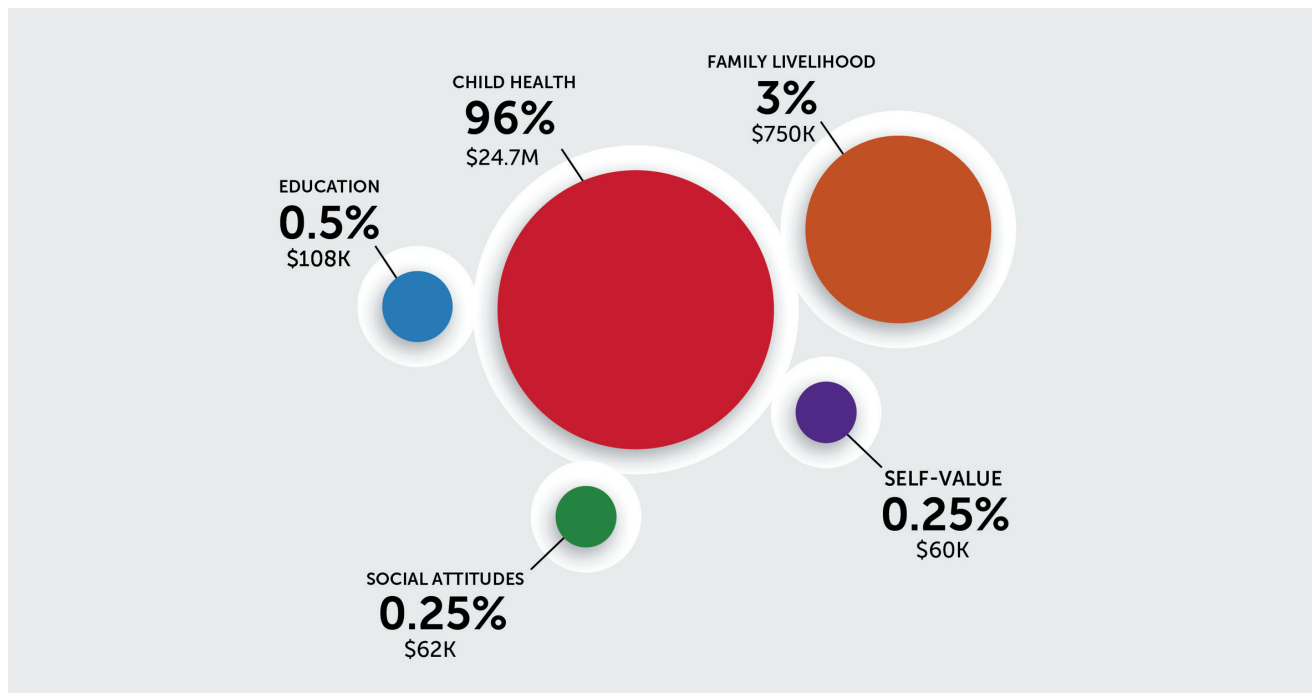
769,438
children and families
received hope and healing

in
8
countries

through
\$25.7M of
life-changing resources

Breakdown of Project Funding

In 2025, Hope and Healing invested **\$25,747,560** into life-changing programs that provided medical care and support so children living in poverty with disability can live healthier, more hopeful lives.



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

We are committed to building the strength and sustainability of local hospitals and health networks. So, in addition to directly funding surgeries, consultations, assistive devices like wheelchairs, our health domain includes budget for training paediatric eye and orthopaedic surgeons who will perform thousands of life-changing

operations over the course of their career; infrastructure projects like renovating wards and operating rooms; equipping hospitals and community-based programs with operating microscopes, autoclaves, hospital beds. All of these health system-strengthening contributions not only improve immediate outcomes for patients, but serve children in need for years to come.

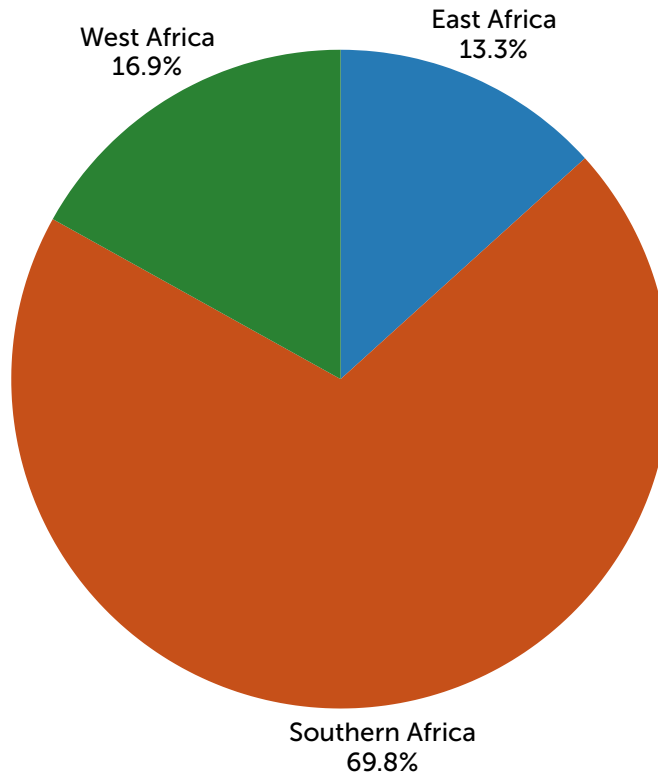
We are actively working with partners to build more knowledge and personnel capacity in the Self-Value domain. Hope and Healing has developed, piloted and evaluated an impactful resilience program and training tool called “I Can Bounce Back”, designed to give children with disabilities the skills they need to overcome – to “bounce back from” – the stigma and challenges that too often surround them. **We believe our Christian values, specifically our commitment to valuing all children as Jesus does, require us to do more than medical care.** They ask 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 all of our 5 domains of care: Child Health, Social Attitude, Self-Value, Education, Family Livelihood. 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.



Stella after her second surgery to straighten her bowed legs

2025 Program Expense by Region



Hope and Healing International is committed to serving the most vulnerable children in the world – those living with disabilities in the poorest communities. Worldwide, children are more likely to live in multidimensional poverty, compared to adults (27.8% vs 13.5%, respectively) (UN, 2025). And we know this is even more pronounced for children with disabilities. 38% of children with more than one functional difficulty are living in multidimensional poverty (UNICEF, 2022). So we focus our funding and efforts on services for children with disabilities in Sub-Saharan Africa.

Countries Where We Serve

In 2025, Hope and Healing International supported local, community-based programming in 8 countries around the world.

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

Cameroon	Tanzania	Uganda
Eswatini	Kenya	Zambia
Ethiopia	Malawi	

Cash and Non-Cash Resources

Hope and Healing International is committed to driving long-term health, hope, and participation 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. We can only do that through people here in Canada – individuals, business owners, foundation boards – who choose to partner with us in this important, life-changing, God-honouring work.

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 2025, supporters enabled us to ship a total of \$15 million of essential medical equipment and supplies to our trusted medical partners in Cameroon, Eswatini, Malawi, Uganda and Zambia.

We sent over \$7.7 million worth of medication and vitamins; over \$674,000 worth of medical consumables (personal protective equipment, needles/syringes, gloves, gowns, filters), hospital beds, bassinets, surgical supplies.

We sent 2,935 orthopaedic, prosthetic, and assistive devices like walkers, wheelchairs, and leg braces. And we provided our eyecare partners with more than 5,603 optical aids, such as eye shields and reading glasses.

82% of the non-cash medical and nutritional goods sourced by our Partnership Development Team and sent to partners in 2025 were new and direct from the manufacturer. The majority of these items fall into the following categories:

- Medications
- Food
- Medical Consumables (face shields, masks, isolation gowns, vacuum drainage bottles, etc.)
- Assistive Devices (orthotic braces and eyeglasses, etc.)

The 18% of gently used items include specialized equipment like ventilators and surgical equipment. These goods are high value and in great demand by our partners.

Canadian Programming – Education and 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 other

non-governmental organizations. Without disability as a cross-cutting theme, international development programs, including the government's Feminist International Assistance Policy, will miss the poorest, most vulnerable and marginalized 20% of the target population.

We also believe that educating the wider Canadian public 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 in the wake of the COVID-19 pandemic and in the face of heightened geopolitical conflict and global economic instability and inflation.

Together, these forces have driven parents and communities in the countries where we serve to make desperate choices in the face of deepened poverty. The most vulnerable – children with disabilities living in endemic poverty – are too often the last to get medical care, the last to get education, and in tough times, the last to get food. It's no wonder that they are the first to die.

Canadians have 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 2025, we invited supporters to pray with us and wonderful supporters engaged with us in prayer over 2.6 million times.



Hope and Healing participating in a Cooperation Canada training session.

Innovations: Real Needs, Real Solutions

Hope and Healing's "I Can Bounce Back" 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. And 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. Through a study Hope and Healing conducted in 2018, children with disabilities across 4 African countries expressed challenges in 4 key areas of their lives:

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 4 years, we've taken best practice in early childhood development and resilience, and we've adapted it to address the common heart pains reported by children caught in the cycle of poverty and disability.

We've developed a curriculum that was vetted by local educators and social work practitioners, ensuring culturally appropriate educational materials.

The results were extremely encouraging!

Questions:	Baseline	Endpoint	1-Year
I know what to do if someone is bullying or teasing me because of my disability.	52%	71%	97%
I do not find it difficult to make friends.	55%	81%	94%
I do not believe that my disability makes me cursed.	58%	98%	100%
When life is hard, I remain hopeful that things will get better.	50%	90%	97%
I feel comfortable asking for help whenever I need it.	45%	84%	90%
I believe that my disability does not make me any less capable than people without disabilities.	45%	97%	100%
I know that I have a lot to contribute to my family and my community.	68%	94%	97%
I want to give back and help my family and my community.	81%	94%	97%
I know that I can do anything if I try hard enough.	71%	94%	97%
I recognize that I have many talents and abilities.	43%	97%	97%
I feel comfortable spending time with others.	61%	94%	94%
I know what I want to be when I grow up.	55%	100%	97%
I am hopeful and excited to see what the future holds.	55%	97%	94%
I know that I am valuable and special.	55%	100%	97%
I am proud of who I am.	48%	97%	94%
I know that my ideas and opinions are important.	55%	100%	97%
I feel positively about my body.	39%	94%	84%
Total Combined Score	55%	93%	95%



"The Resilience Curriculum changed me. Before I used to always despise myself and was not believing in myself. I had low self-esteem, but **now I believe in myself that I can. That I'm capable."**

— PARTICIPANT IN HOPE AND HEALING'S RESILIENCE PROGRAM

Lesson Learned:

In the first two years of our Resilience Programming, we learned that the full "Way to Resilience" curriculum – made up of 9 modules, 24 workshops, over 12 weeks – was hugely impactful for kids (e.g., +16% change in children's self-reported readiness to deal safely with bullying; +13% change in children's self-reported ability to make friends). And yet, the full program, administered as it was, reached only 114 children at a cost of \$350 per child. Our goal was to offer this high-impact program to thousands of children at a cost per child of \$20-\$30 per child.

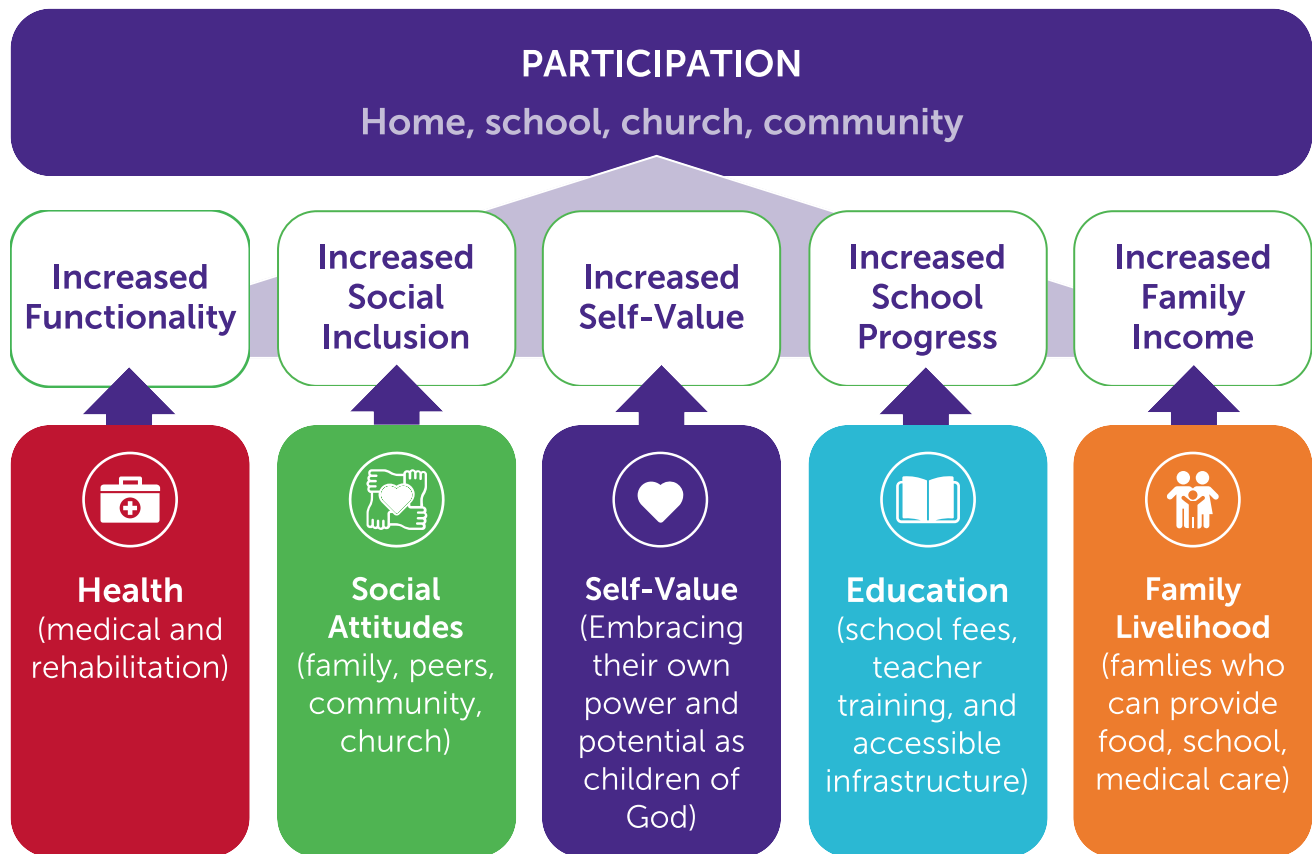
So, working collaboratively with 7 of our partners in 2024, we re-scoped the program, making it more flexible and more cost effective. We now have 4 core sessions that can be delivered in as short a time period as 1 week. The additional 10 sessions are optional and mix and match, depending on context and the needs of the participants. More partners are beginning to develop plans to use the revised program in the context of their own existing processes and personnel.

In 2025, we evaluated our shorter "I Can Bounce Back" program that we were able to offer at a cost of \$12 per child. We found that the impact on a child's self value and confidence were comparable to the longer version.

In 2026, our "I Can Bounce Back" program will expand with our partners in 3 countries – Uganda, Malawi, and Kenya.

Measuring Impact

Based on the results of our 2-year study, Hope and Healing has developed a framework for measuring – not simply the number of surgical and non-surgical medical interventions we undertake each year – but the outcomes of these interventions. Are they truly increasing functionality for children? And ultimately, are these children participating more: in their families, in their schools, in their churches and communities?



Self-reported and caregiver-reported participation is our ultimate measure of effectiveness.



**"I love my leg because now I can walk.
I want to go to school and church!"
— Abigail, who received a prosthetic leg**

How We Drove Change in 2025

"I'm able to see clearer now than before—I'm excited to go back to school."

— Justina, after receiving cataract surgery

More children with disabilities in the poorest communities live healthier, more hopeful lives – the abundant life Jesus came to give them.

"I love my leg because now I can walk. I want to go to school and church!"

— Abigail, after receiving her prosthetic leg

* 10% INCREASE IN AVERAGE PARTICIPATION SCORE (FAMILY, SCHOOL, COMMUNITY) FOR CHILD LIVING WITH A DISABILITY *

Child Health

524,085 health interventions given to children in need

415,735 children received blindness-stopping medication

11,490 children received medical care

6,352 children received rehabilitation services

14 communities received the SAFE program to prevent blinding trachoma

90 mass drug campaigns, to distribute blindness-preventing Mectizan® tablets

763 Health broadcasts

3,285 surgeries for kids

622 doctors and other medical professionals trained

19,056 physiotherapy sessions with kids

2,417 assistive devices distributed to children

30 containers of medical goods shipped to partners

Social Attitudes

281,584 attitude-changing activities so children with disabilities are included

1,735 children with disabilities were welcomed into play, sports, cultural activities

271,081 children received disability awareness and sensitization messages

4,568 children with disability benefitted from caregiver training in disability rights

210 community leaders and members trained in disability sensitization and child protection

763 disability awareness broadcasts

10.1M children in general population saw Ubongo Kids disability-inclusive episodes

152 caregiver training sessions in disability rights

Self-Value

61,506 resilience-building activities to boost the self-value of kids with disabilities

"I learned about negative self-talk, to understand negative attitudes and do away with them."

— Zamu, who participated in our Resilience program

303 children with disabilities participated in Hope and Healing's I Can Bounce Back program

61,203 children with disabilities watched fun, empowering disability-friendly educational programming

4 Ubongo Kids disability-inclusive episodes in circulation

18 I Can Bounce Back trainings conducted

6 partner hospitals playing Ubongo episodes for children in their waiting rooms

Child Education

4,648 education supports for children with or at risk of disability

3,200 children had access to safe, clean, accessible school buildings and facilities

1,448 children with disability received inclusive learning support – school fees, school supplies, and/or transportation

6 safe, clean, accessible school latrines

1,448 financial school support packages

9 newly-established hygiene school clubs

"I pray that my legs would heal straight and then I can go to school."

— Abraham, who received surgery for windswept knees

Family Livelihood

637,213 blindness-preventing, income boosting activities for families of children with disability

612,557 moms, dads and grandparents receiving disability-preventing care

10,389 children benefitted from caregivers receiving income supports

7,856 children benefitted from caregivers being connected to government benefits

595,982 adults receiving sight-saving drugs

772 agriculture training sessions

2,316 livestock distributed

72 vocational training sessions - tailoring, bricklaying, financial literacy

1,207 small business loans

1,827 government safety net applications

91 VESAs (Village Economic and Social Associations) established

Output numbers — children who received services from Hope and Healing (3-year trend)

TOTAL UNIQUE CLIENTS	# of children with disabilities who received one or more services through Hope and Healing International programs in 2025	769,438
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		Actual	Actual	Actual	Target
Fiscal Year		2023	2024	2025	2026
TOTAL # OF SERVICE INTERVENTIONS delivered to children and families to improve their quality of life		964,168	814,505	1,540,350	1,274,266
CHILD HEALTH	Health services delivered to children with disabilities or at risk of disability	411,664	385,258	524,085	518,125
Prevention for Children	Prevention services for children at risk of blindness	316,809	289,196	448,563	450,005
	Children receiving an annual dose of Mectizan® to prevent river blindness	277,178	262,013	415,735	415,000
	Children having access to clean water, better sanitation and hygiene through water schemes, latrines, health broadcasts, and school clubs.	39,631	27,183	32,828	35,005
Medical Care for Children	Medical services provided to children with disabilities	94,855	96,062	75,522	68,120
	Children with disabilities given life-changing, ability-restoring surgical treatment	2,479	4,242	3,285	2,168

*formula change	Children receiving medical consultation, treatment, or supportive care	22,440	15,096	11,490	9,710
	Children receiving medical care through system strengthening activities (e.g. health professional training, infrastructure, non-cash resources medical supplies)	60,343	59,668	44,508	39,999
	Children with disabilities receiving physiotherapy, occupational therapy and/or other rehabilitation services	3,544	6,812	6,352	5,380
	Children with disabilities receiving at least one assistive device (e.g. wheelchairs, walkers, CP support chairs, eyeglasses, hearing aids)	2,384	2,106	2,417	6,605
	Children with disabilities experiencing better health as a result of parents receiving disability support health training	3,665	8,138	7,470	4,258
CHILD EDUCATION	Education services provided to children with disabilities or children at risk of blindness	8,939	13,084	4,648	2,865
Accessible Infrastructure	Children with increased access to accessible school buildings and facilities (e.g. ramps, rails, braille signage)	1,498	-	3,200	2,395

	Children with disabilities who were able to access school because of accessibility improvements and accommodations (e.g. sign interpreters, assigned seating, space for wheelchairs)	298	-	-	395
	Children attending schools with safe, clean, accessible school latrines	1,200	-	3,200	2,000
Learning Support	Children whose lives were improved through inclusive learning support	4,901	6,354	1,448	470
	Children receiving school fees, school supplies and/or transportation	4,901	6,354	1,448	470
Teacher Training	Children whose lives were improved through more supportive teachers	2,540	6,730	-	-
	Children with disabilities receiving disability inclusive education through trained teachers	2,540	6,730	-	-
FAMILY LIVELIHOOD	Services provided to households to improve the quality of life of children	290,754	286,505	637,213	629,920
Prevention for Adults	Disability preventing care provided to adults as part of a community-based blindness prevention program	268,021	273,506	612,557	611,718

	Adults receiving an annual dose of Mectizan® to prevent river blindness	249,094	260,524	595,982	595,000
	Adults receiving access to clean water and better sanitation (latrines) and hygiene (health broadcasts)	18,927	12,982	16,575	16,718
Family Supports	Supports provided to caregivers so they can better provide food, medical care and education to their children with disabilities	22,733	12,999	24,656	18,202
	Children whose caregivers received support in income generating activities (e.g. loans, vocational training, agriculture, livestock inputs)	13,010	4,783	10,389	10,019
	Children whose caregivers received support to access government safety net programs	5,946	7,238	7,856	3,225
	Children whose families participated in Village Economic and Social Associations (VESA) or self-help groups	3,725	964	6,411	4,885
	Children of families receiving a safe, dry, disaster-resistant house	52	14	-	73

SOCIAL ATTITUDES	Activities to improve community attitudes and promote inclusion of children with disabilities	134,712	69,293	281,584	58,311
	Children receiving disability awareness and sensitization messages.	121,912	56,319	271,081	50,000
	Community Leaders and Pastors trained on the value and rights of children with disabilities to reduce social stigma and increase inclusion	3,140	7,260	4,200	5,000
	Children with disabilities whose parents received disability rights and awareness training so they can better understand, advocate, and care for their child	3,946	2,744	4,568	2,123
	Children with disabilities included in play, sports, cultural and spiritual activities	5,714	2,970	1,735	1,188
SELF-VALUE	Activities to strengthen the self-value and confidence of children with disabilities	94,542	58,751	61,506	65,045
	Children with disabilities who see good and relatable role models through "Ubongo Kids"	92,522	56,461	61,203	64,643

	Children with disabilities receiving training to improve confidence and self value	2,020	2,290	303	402
INCLUSIVE HUMANITARIAN ASSISTANCE	Children and caregivers who received life-saving, disability-preventing aid	23,557	1,614	31,313	-
	Children whose families received food and hygiene packages during a time of conflict	23,557	-	-	-
	Children whose families received food, a cash grant, medical, and/or psychosocial care in response to severe flooding	-	1,614	-	-
	Children with malnutrition who received food, and whose families received agricultural, and water sanitation supports during a time of food insecurity and drought	-	-	31,313	-

REACH	Populations receiving broadcast messages	25,649,315	17,462,803	26,763,433	18,137,280
	Children and parents receiving messages on one of health, disability-prevention, nutrition and/or disability sensitization messages through social media, tv, radio and/or awareness campaigns	6,749,315	6,170,603	16,675,587	8,137,280

	Children receiving “Ubongo kids” disability inclusive educational programming	18,900,000	11,292,200	10,087,846	10,000,000
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Program Outputs – Leading to Immediate, Intermediate, and Ultimate Outcomes

	Actual	Actual	Actual	Target
Fiscal Year	2023	2024	2025	2026
CHILD HEALTH	411,664	385,258	524,085	518,125
Prevention services for children at risk of blindness	316,809	289,196	448,563	450,005
Water Schemes constructed (e.g. Wells, Springs, etc.)	13	6	15	14
Latrines built	3	597	3,030	1,224
Anti-Trachoma School Clubs established	13	25	9	8
Health Broadcasts	446	454	763	261
Mass drug administered to children	248,817	217,015	415,735	415,000
Communities (Kebeles) receiving SAFE (Surgery, Antibiotics, Face-washing, Environmental Change) strategy from Hope and Healing & referral network	15	15	14	14

Medical services provided to children with disabilities	94,855	96,062	75,522	68,120
Child Surgeries	2,712	4,196	3,285	2,168
Number of paediatric consultations	22,440	15,096	11,490	9,710
Doctors, medical professionals, community rehabilitation workers trained	870	879	622	451
Physiotherapy sessions/clinics conducted	11,618	9,312	19,056	16,140
Assistive devices distributed	3,845	1,892	2,417	6,605
Number of containers of medical goods shipped to partners	28	28	30	30
Caregiver health and nutrition trainings conducted	159	1,251	249	142
Education Services provided to children with disabilities or children at risk of blindness	8,939	13,084	4,648	2,865
Children with increased access to accessible school buildings and facilities	1,498	-	3,200	2,395
Ramps/other improvements to schools	46	-	-	-
Safe, clean, accessible school latrines	3	-	6	5
Children with disabilities whose lives were improved through inclusive learning support	4,901	6,354	1,448	470
Financial support for education	4,901	6,354	1,448	470

Children with disabilities whose lives were improved through more supportive teachers	2,540	6,730	-	-
Teachers trained in inclusive education	254	323	-	-
Children whose lives were improved through increased household income	290,754	286,505	637,213	629,920
Medical services provided to caregivers so they can better support their children's health and education	268,021	273,506	612,557	611,718
Communities (kebeles) receiving SAFE strategy and access to clean water	15	15	14	14
Mass drugs administered to adults	248,817	256,955	595,982	595,000
Supports provided to caregivers so they can better provide food, medical care and education to their children with disabilities	22,733	12,999	24,656	18,202
New houses built/refurbished	11	14	-	17
Agriculture training sessions	236	15	772	360
Livestock – sheep, goats, poultry – distributed	2,532	1,380	2,316	1,080
Training/equipping sessions – tailoring, bricklaying, retail, financial literacy, other	1,118	296	72	70
Access to small business loans	1,298	69	1,207	1,020
Applications to government safety net program	1,265	1,540	1,827	750

Village Economic and Social Associations (VESA) established	199	187	91	76
Servings of food distributed	3,601,457	3,607,200	4,838,400	3,600,000
Activities to improve community attitudes and promote inclusion of children with disabilities	134,712	69,293	281,584	58,311
Caregiver training sessions in disability rights, inclusive development conducted	132	91	152	71
Community leaders and others trained in disability sensitization, child safeguarding and protection	677	1,644	210	250
Inclusive play, sports, cultural and spiritual activities	5,714	2,970	1,735	1,188
Health Broadcast Campaigns	446	454	763	261
"Ubongo Kids" show viewership per aired program: child inclusive edutainment programming	18.9M	11.3M	10.1M	10.0M
Activities to strengthen the self-value and confidence of children with disabilities	94,542	58,751	61,506	65,045
Number of "Ubongo Kids" show in broadcast circulation	4	3	4	4
Number of trainings for children with disabilities to improve confidence and self value	99	114	18	24

Children and caregivers who received life-saving, disability-preventing aid	23,557	1,614	31,313	-
Life-saving emergency food/hygiene packages distributed	-	-	-	-
Emergency response household support package - Food / Cash	-	300	-	-
Medical treatments	12	245	1,200	-
Assistive devices distributed	5	26	-	-
Household relief kits	-	-	600	-
Malnutrition therapies	-	-	600	-
WASH facilities	-	-	6	-

Partners Funded in 2025

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

CBCHS 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 all. They maintain partnerships with government and international organizations in providing care.

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 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 eyeglasses, hearing screening, 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-governmental organization working to empower communities and Ethiopian institutions to achieve food security, livelihoods, and environmental security in Ethiopia, through integrated development programs. Their areas of focus are: Environment and Forest; WASH and Irrigation; Agriculture and Disaster Risk Management; Youth Enterprise and Private Sector Development.

AIC CURE Children's Hospital – Kenya

AIC CURE is a 30-bed hospital, located in the Rift Valley, providing care for children living with 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, AIC CURE aims to improve the country's overall capacity to treat children born and living with disabling conditions. Their programs include: Paediatric 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.

Habitat for Humanity – Malawi

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

Lilongwe Institute of Orthopaedics and Neurosurgery (LION) – Malawi

LION is a semi-autonomous not-for-profit institution owned by the LION Trust. The hospital functions as the department of orthopaedics and neurosurgery at Kamuzu Central Hospital and provides quality essential services for free to the general public.

Education of specialized surgeons and other health personnel, as well as medical research are also important parts of the LION Trust's purpose. Their mission is to reduce the high level of disability and its economic impact on the people of Malawi.

LION has a private wing and offers a comprehensive range of orthopaedic, neurosurgical, and rehabilitation services to paying patients as part of their efforts to raise funds to improve and expand services for the public non-paying patients.

Malawi Council for Disability Affairs (MACODA) – Malawi

MACODA 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.

MACODA 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 healthcare 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 (CHAM) – 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 (CCBRT) – Tanzania

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. CCBRT is divided into four primary clinical service areas: Ophthalmology; Orthopaedics and Physical Rehabilitation; Plastics and Reconstruction; Maternal and 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, 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 Services of Uganda (CoRSU) – Uganda

CoRSU is a private, local non-governmental rehabilitation hospital 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 (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 Maternal Newborn Health (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 Tuberculosis services. Community-based organizations offer Public Health Interventions.