

# 2024 Impact and Strategy Deep Dive

**For Hope and Healing International's Fiscal Year 2024 (July 2023–June 2024)**

This Impact and Strategy Deep Dive is meant to be 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.

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## 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.

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

... I have come that they may have life, and have it to the full.  
- John 10:10 (NIV)

## 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 join with Canadians to bring these beautiful children hope and healing in Jesus' name.**

## 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 iterative, evidence-based 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 and refine our Theory of Change. This is 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?

## Hope and Healing International's THEORY OF CHANGE

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

**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 pre-existing disabilities are at risk of becoming **malnourished**. (Adams, M.S., et al., 2011; WHO, 2012)
- 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)
- Of the 10% of children with disabilities who start school, only **half (5%) complete** their primary education. (WHO World Disability Report, 2010)
- 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)

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, more hopeful lives.**

## 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: Family/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

Social Attitudes toward disability & gender

Lack of information

Poor Self-image

Lack of Education

Poverty

Lack of Social Safety Net

And the chain of results that will drive this ultimate change:

-> **Program activities** (e.g. # of children receiving surgery, # of physiotherapy sessions, # of wheelchairs or eyeglasses distributed)

-> **Immediate outcome** (e.g. % of children identified as needing surgery who received it, % of children who know how to use their assistive device, % of households with increased income, % of children with disabilities enrolled in school)

-> **Intermediate outcome** (e.g. % of children with improved functionality, improved relationships with family/friends, improved self-value, progression in school, improved ability of family to provide food, school fees, medical fees)

-> **Ultimate outcome** (self-reported and caregiver-reported improved health, improved family and community participation, and hopefulness)

*NB: Tools used to measure outcomes are selected from validated tools with general population comparison data where possible.*

## The Evidence Base

Hope and Healing International commissioned an Impact Study in 2021-2023 in partnership with University of Toronto's International Centre for Disability and Rehabilitation (ICDR), the University of Malawi, and our service delivery partner in Malawi, MACODA (Malawi Council for Disability Affairs). **We asked children with disabilities and their primary caregivers in Malawi what drove long-term health and hopefulness (subjective well-being) for them.** We heard that sustained positive change for children with disabilities in low-income communities requires that we address 5 domains of service: Child Health, Family Livelihood, Education, Social Attitudes, and Self-Value.

So, throughout our current 3-year strategy, we are refining our program planning, budgeting, reporting and evaluation to gather consistent and better-defined data that we will analyze and apply to improve our programs and refine our Theory of Change. **The end goal? More children with disabilities in the poorest communities live healthier, more hopeful lives.**

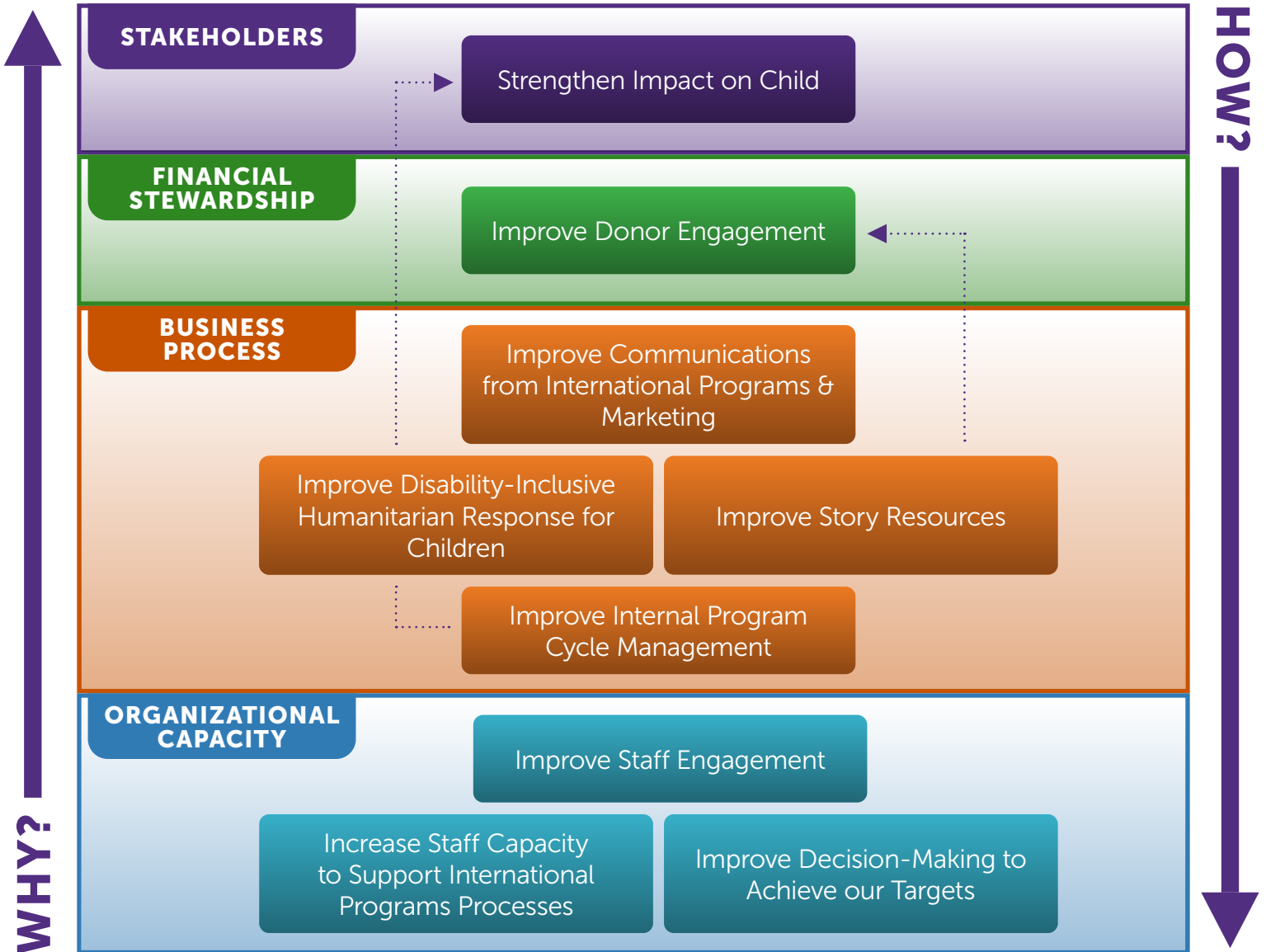
# Child Hope 2026 – our 3-year Strategy

Fiscal Year 2024 (FY 2024) was the first year of our 3-year strategy called **Child Hope 2026**. In a nutshell, **Child Hope 2026** 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. 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.

## Our ROADMAP to more hope for kids by 2026

Hope and healing for children with disabilities in the world’s poorest communities

A world where all children can be all that God created them to be



## Child Hope 2026 - GOALS:

- 5% increase in well-being for children with disabilities in our programs
- Increase cash revenue from \$14.1 to \$15.6M (original goal), now forecasting \$18.5M
- 90% of programs achieve planned results
- 10% of children receiving our humanitarian aid have a disability, reflecting the estimated need
- 50% fewer information gaps reported by Shared Services
- Increase full child journey stories by 7
- 100% International Program staff trained in best practice monitoring, evaluation and learning, and project management
- 80% of staff achieve their agreed learning goal
- 7.5% increase in International Program cash budget by FY26

## Child Hope 2026 – 2024 HIGHLIGHTS:

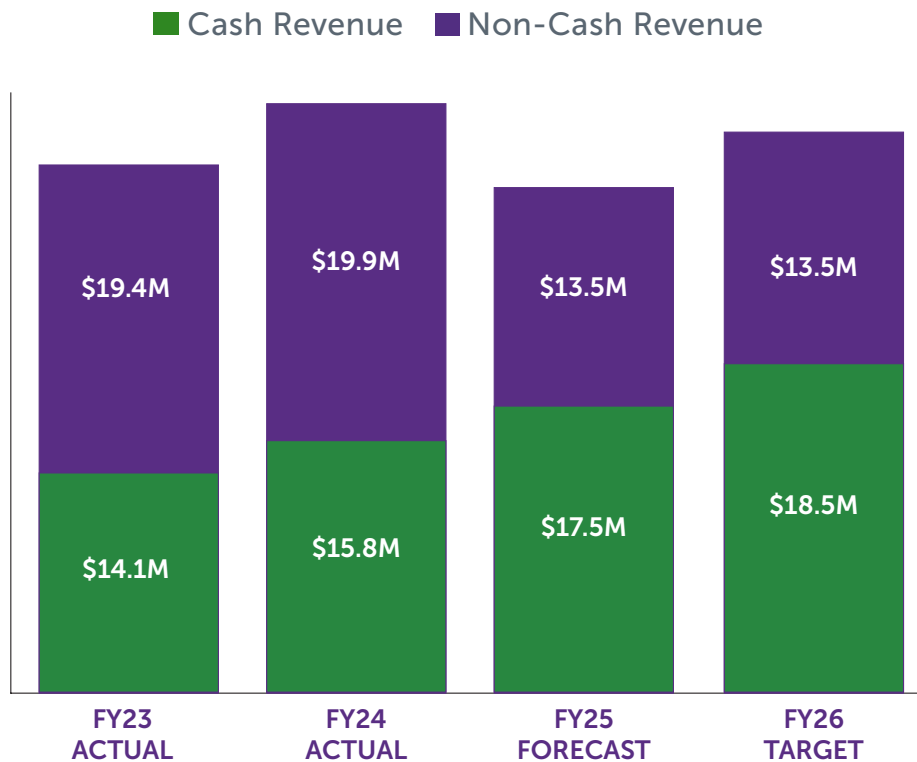
### More Impact for the Children we serve:

In year 1 of **Child Hope 2026**, we researched and selected validated indicators to measure the self-reported health and hopefulness (subjective well-being) of children with disabilities in the low-income countries where we work. We developed an indicator to measure changes in their participation in play, school, family and community activities. We also researched and selected validated indicators to measure improvement in each of our 5 domains of care (Child Health, Family/Social Attitudes, Self-Value, Education, Family Livelihood). We will be piloting the collection and analysis of this data in 2025 and 2026.

Our target was to engage supporters from coast to coast to help us raise \$29.7 million to support our life-transforming work in 2024. Together with amazing Canadians, we raised \$35.8 million.

## Improve Donor Engagement:

### CHILD HOPE REVENUE PLAN



Throughout **Child Hope 2026**, we aim to accelerate the growth of our cash revenue while holding our non-cash revenue relatively flat. While our non-cash revenue consists of undeniably valuable medical equipment, supplies and medicines, we are working to source these goods predictably enough to allow strategic, evidence-based program plans. We will continue to accept opportunistic medical non-cash resource. Windfall gifts of items like eyeglasses, pharmaceuticals and personal protective equipment (PPE) are what pushed us over our revenue targets in FY23 and FY24.

## Improve Story Resources:

We increased the number of full journey stories we're collecting from our front-line service delivery partners by 6 in the first year of **Child Hope 2026**. 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 on the lives of vulnerable children.

## Improve Staff Engagement:

In 2024, we adopted the Great Place to Work staff engagement and satisfaction tool. In our first year, we achieved certification as a Great Place to Work.

## Lessons Learned in 2024:

1. Leadership transition takes time. In 2023, we said goodbye to Ed Epp who served as Hope and Healing's Executive Director for 14 years. The transition plan to welcome our new Executive Director, Peter Kyalo Mwalimu, was robust and responsive given uncertain timelines. Now, one year into Kyalo's new leadership, the team is gelling, and our beautiful donors are embracing Kyalo's heart of service and his warm style of communication.
2. Our wonderful and dedicated front line service delivery partners take accountability very seriously. They continue to demonstrate good capacity to report on activities and number of clients served. However, we are working with them to strengthen capacity to define and collect change data or 'outcomes'. In 2024, as we defined the outcome indicators we want to measure going forward, it became clear that equipping our partners to gather this data will be an iterative process. We will further refine and simplify our outcome measures with feedback from our first piloting partner. We are ready to pilot again with two more partners before the end of **Child Hope 2026**.
3. Strategy is hard to communicate in a way that keeps staff excited. "Strategy" is essentially identifying needed improvements throughout an organization and then agreeing on shared priorities, so all staff is pushing in the same direction. Even after a participatory strategy development process, we still hear from some staff that "strategy has nothing to do with me". We need to put more energy into making **Child Hope 2026** accessible, meaningful and exciting for all staff.

## Our Life-Changing Impact, Together with You

Because of your faithful support and dedication to putting Jesus' love in action, more than 1 million kids and families received hope and healing in 2024. Because of you, they have hope and are living healthier, happier lives! What a beautiful thing you've done!

**1,060,785**  
children and families  
received hope  
and healing

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in  
**9**  
countries

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**\$35.8M** of  
life-changing  
resources  
mobilized

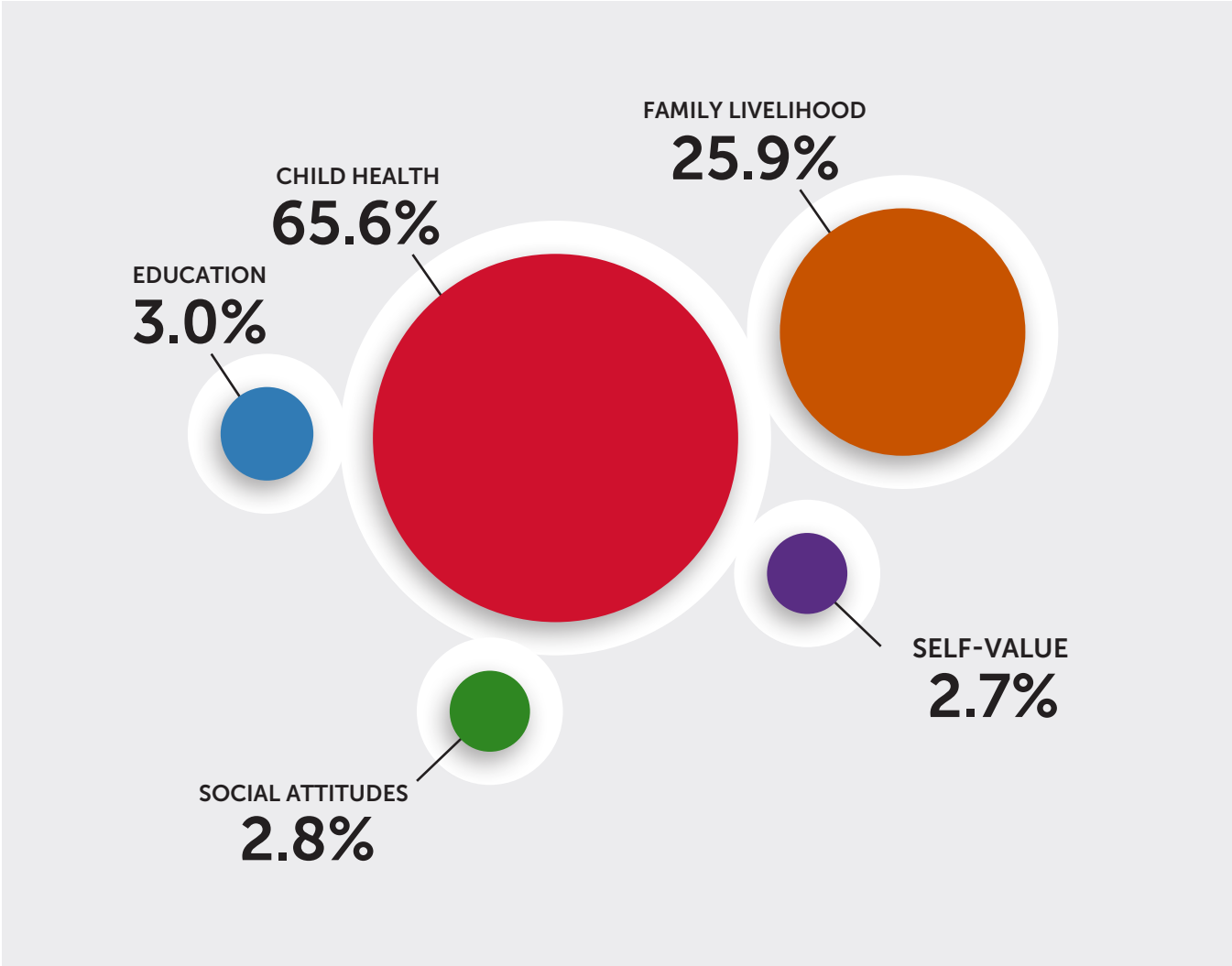


You may notice that our impact numbers this year are lower than last year. In 2023’s annual report, we included all the millions of children and families (6.1 million) who were reached by health promotion with disability sensitization messages through radio and social media. While we believe that these activities have direct, positive impact on many lives, we don’t currently have a way to measure behaviour change or health impacts as a result of these broadcasts. So, this year we’ve removed these “reach” numbers from our total count of children with disabilities whose lives have been transformed by our work.

**Here’s how your donations became hope and healing for 1.06 million children and their families, trapped in poverty and disability.**

## Breakdown of Project Funding

In 2024, Hope and Healing invested **\$29,765,132** into life-changing programs that provided medical care and support so children living in poverty with disability can live healthier, happier, longer lives.



# How We Drove Change in 2024

"Thank you for fixing my foot. Now I walk to school without pain."

- Asta, who received surgery for clubfoot

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

"I love to do things for myself - not wait for people to carry me."

- Diana, who received a wheelchair

## INCREASED CHILD WELL-BEING

## IMPROVED FAMILY & COMMUNITY PARTICIPATION FOR CHILD

## SELF-REPORTED CHILD HEALTH

### Child Health

**504,680** children with healthier bodies

**410,792** children received disability-preventing care

**84,970** children received enabling medical care

**8,918** children received rehabilitative support

**15** communities received the SAFE program to prevent blinding trachoma

**25** mass drug campaigns to distribute 217,015 blindness-preventing Mectizan® tablets

**1,251** parent training sessions in healthcare and nutrition

**454** health broadcasts

**4,242** surgeries for kids

**80,728** paediatric consultations

**5,190** physiotherapy sessions with kids

**2,106** assistive devices distributed to children

### Family Livelihood

**368,520** children with more sustainable households

**341,051** children with healthier moms or dads

**14,484** children and families benefitted from caregiver training and support

**12,985** children with household livelihood support

**4,155** adult medical consultations

**28** containers of medical equipment/supplies shipped

**14** disability-inclusive homes built

**362** training sessions in disability rights

**15** agricultural trainings

**1,380** livestock distributed

**296** vocational trainings

**69** small business loans

**1,540** government safety net applications

### Child Education

**69,545** children with disabilities with access to education

**6,354** children received financial support for school

**56,461** children received informal education support

**6,730** children were supported through teachers trained in disability-inclusive education

**1,222** education support package provided

**3** Ubongo Kids broadcasts of disability-inclusive episodes

**323** teachers trained in disability-inclusive education

"After schooling, I want to be a doctor and get my own car and drive."

- Victor, receiving treatment for burn contractures on his hand

### Social Attitudes

**59,289** children/families with knowledge/support to fight stigma

**2,970** children with disabilities experienced inclusive play, sports, cultural activities

**56,289** children and parents received disability awareness training

**5,684** sessions to train community leaders and neighbours in disability sensitization and child protection

**3,091** activities incorporating disability-inclusive techniques, accommodations

**454** disability awareness broadcast campaigns

"Thank you for treating my leg and for the crutches you have offered me. Even though I have just one leg, I am still able to walk to school and play around with my friends."

- Leo, who received surgery to remove a deeply infected foot and family livelihood support

### Self-Value

**58,751** children hearing about their God-given value and purpose

**2,290** children received training to improve their confidence and self-value

**56,461** children watched fun, empowering disability-friendly education programming

**3** Ubongo Kids broadcasts of disability-inclusive episodes

**114** resilience and psychosocial workshops for children with disabilities

"Thank you Hope and Healing for loving us, teaching me how to be brave, to do my best at everything and to become an important person."

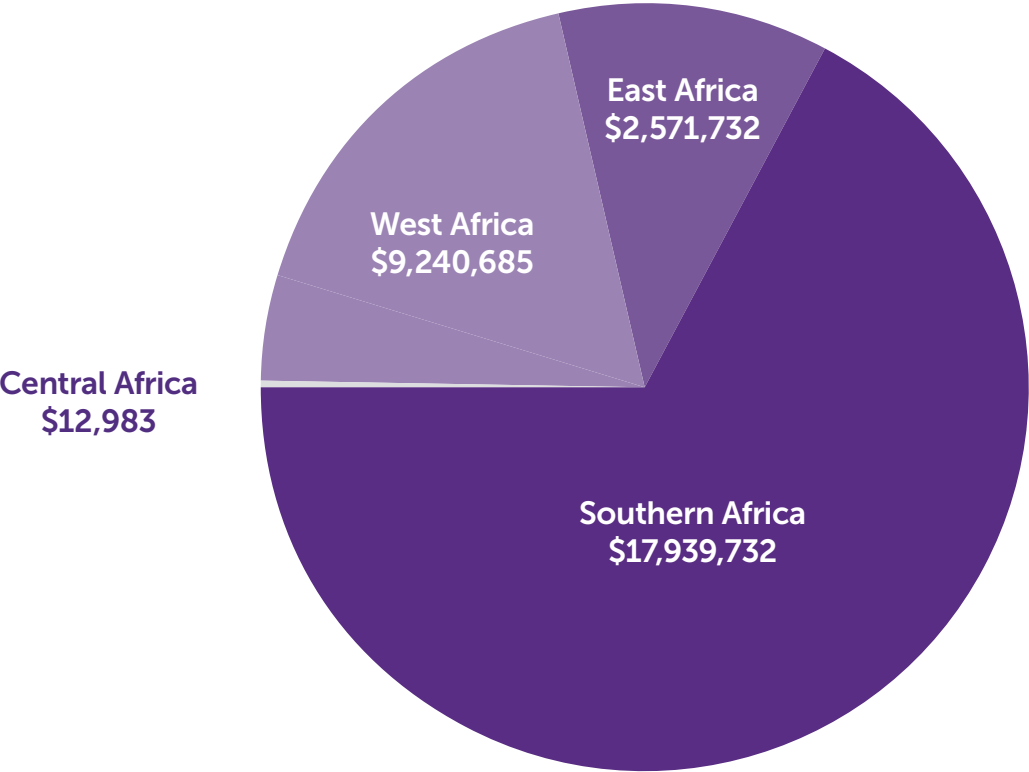
- Josephine, who participated in our Resilience Program

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

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 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, 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, Family/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.

### FY24 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. 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.

## Countries

In 2024, 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 children’s lives through more robust and holistic programming in:

Cameroon	Guatemala	Tanzania
Eswatini	Kenya	Uganda
Ethiopia	Malawi	Zambia

Our geographic focus is sub-Saharan Africa. We are just wrapping up our multi-year exit process from our partner in Guatemala.

## 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 2024, supporters enabled us to ship a total of \$20.5 million of essential medical equipment and supplies to our trusted medical partners in Cameroon, Eswatini, Malawi and Zambia.**

We sent over \$8.4 million worth of medication and vitamins; \$1.4 million of medical consumables like PPE, needles/syringes, gloves, gowns, filters; hospital beds, bassinets, surgical supplies.

We sent 2,106 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.

86% of the non-cash medical and nutritional goods sourced by our Partnership Development Team and sent to partners in 2024 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.)
- \* Assistive Devices (Orthotic Braces and Eyeglasses, etc.)

The 14% 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 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 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 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 2024, we invited supporters to pray with us and wonderful supporters engaged with us in prayer over 2.6

million times.

## 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. 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.

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 3 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 developed a 9-module curriculum that was vetted by local educators and social work practitioners, ensuring culturally appropriate educational materials.**

**The results were extremely encouraging!**

"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

## Lessons Learned:

1. In the first two years of our Resilience Programming, we learned that the full curriculum – made up of 9 modules, 24 workshops, over 12 weeks – was hugely impactful for kids. We also learned that it could only reach a relatively small number of kids, through our current partnerships and at a high cost/child.

So, working collaboratively with 7 of our partners in FY24, 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.

We will continue to capture impact data through all implementing partners, and will analyze the data to see how the shorter, more flexible program changes Self-Value scores.

## Ubongo Partnership

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.

## Lessons Learned:

1. The shows we co-produced and funded with Ubongo are impactful – 39% of kids who watched these episodes reported a better understanding of disability and how able children and schoolmates with disability are. While these shows continue to air on broadcast TV, radio and online, we are not convinced they are reaching the poorest households. In other words, they're not proportionally reaching the kids we serve.

So, over the past year, we have directed our partnership money towards an inclusive roadshow for promoting and airing disability-inclusive episodes of Ubongo Kids in school and community settings in Kenya and Tanzania. We want

to ensure the poorest households – often households with at least one family member with a disability – also have access to the shows. Results show that 75% of children watching these shows in the context of the roadshow report having a better attitude toward disability.

## **Partners Funded in FY 2024**

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 national 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.

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

ADISA is a non-profit, non-governmental organization working to assist, defend and further the rights of people with disabilities in Guatemala. Their programs include: Health care; Livelihood; Education; and Empowerment and Advocacy.



## **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**

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.

## **Association for the Physically Disabled of Kenya (APDK) – Kenya**

APDK is a non-governmental organization (NGO) and charitable not-for-profit organization committed to delivering high-quality disability services in Kenya. Focused on rehabilitation services for persons with disabilities, APDK provides essential programs such as the supply of appropriate wheelchairs, access to assistive technology, and tailored support to improve mobility and independence. Through its support for people with disabilities, APDK empowers individuals economically by equipping them with sustainable skills and resources while advocating for their rights. By promoting inclusive development in Kenya, APDK works to create a society where everyone, regardless of ability, can thrive.

## **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 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 (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. 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: 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 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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