Around the world, millions of children living in poverty needlessly suffer from treatable disabilities. Twenty-five years ago, CURE International ("CURE") was established to provide world-class surgical care to these vulnerable children so that treatable conditions would stop becoming permanent disabilities. Dr. Scott and Sally Harrison founded CURE because they saw the immense need for a hospital with a permanent presence that would serve children and build toward local sustainability by training the next generation of national surgeons and healthcare providers.

Their vision became reality with the first CURE Children's Hospital in Kijabe, Kenya. Today, the hospital they founded in Kenya serves thousands of children and families each year, and the CURE network has grown to include six other hospitals across the continent of Africa and one in southeast Asia.

Rooted in Jesus’ charge to the disciples to heal the sick and proclaim the kingdom of God (Luke 9:2), CURE continues to meet the physical and spiritual needs of some of the world’s most vulnerable children every day.

The strategic plan outlined herein is informed by wisdom gleaned from our experience, including lessons drawn from the last 25 years of ministry as well as from the COVID-19 pandemic. During the pandemic, our nearly 1,000 staff heroically continued to do what they have done ever since the first CURE hospital opened its doors—selflessly serve patients with specialized medical care and the love of Christ.

We recognize the enormous need for pediatric surgical care for children with disabilities. Globally, there are millions of children with surgically treatable conditions that do not have access to care. Certainly, our future plans include the expansion of the CURE Children’s
Hospital network to new countries with new hospitals. However, before we can expand our footprint, we must first invest in our current hospital network.

By modernizing our systems and processes and revamping our equipment and existing facilities, we can increase the number of children served by thousands each year. And by investing in national healthcare systems and advocacy on behalf of children with disabilities, we can improve their overall access to care and help make communities more inclusive for hundreds of thousands more children who exist in the margins of society.

In the pages that follow, you will see that we have clearly defined CURE’s identity and mission, and outlined how CURE will minister to children with disabilities, their families, and the communities they live in. You will note how the mission of CURE multiplies beyond the walls of our hospitals through training programs, church mobilization, and strategic partnerships. And you will find a clear journey that we prayerfully believe CURE should take over the next three years, laying a critical foundation for the next 25 years of service.

I pray that you will see ways God may be calling you to join us on this important mission.

Gratefully,

Justin Narducci
President/CEO
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Identity

Healing the sick and proclaiming the kingdom of God

Nurse Haoua at CURE Niger attends to a young patient being treated for clubfoot.
CURE STRATEGIC VISION

core values

**Being Christlike**
CURE values reflecting Jesus with compassion to those we serve.

**Being Childlike**
CURE values a child’s passion for life and dependence on God in how we think, live, and love.

**Integrity**
CURE values doing what we say and saying what we do.

**Restoring the Broken**
CURE values taking action by responding to the physical and spiritual needs of those without voice and resources.

**Intentional Relationships**
CURE values collaborative partnerships that cultivate trust and authenticity.

purpose

CURE provides world-class surgical care to the world’s most vulnerable children for the proclamation and demonstration of the gospel.

vision

A world where children living with disabilities reach their full potential through God’s hope and healing.

mission

“To heal the sick and proclaim the kingdom of God.” LUKE 9:2
hospital locations
CURE exists to heal the sick and proclaim the kingdom of God (Luke 9:2).
We achieve that outcome by operating a global network of pediatric surgical hospitals that serve children living with disabilities. Patients at CURE hospitals suffer from conditions which can limit mobility, and opportunities for education and employment. These conditions include cleft lip/palate, clubfoot, bowed legs, burn contractures, or conditions that are life-threatening such as spina bifida, brain tumors, and hydrocephalus. In addition to world-class clinical service, CURE intentionally ministers to the child, family, and community by sharing the Gospel in word and deed.
CURE empowers children living with disabilities and helps them reach their full potential with an emphasis on improving mobility and functionality so that they can fully participate in all aspects of life.

- NEUROLOGICAL SURGERY
- ORTHOPEDIC SURGERY
- PLASTIC/RECONSTRUCTIVE SURGERY
- NUTRITION/HEALTH SERVICES
- REHABILITATION AND ASSISTIVE DEVICES
- ANESTHESIA SERVICES

CURE embraces our patients and their families by demonstrating God’s love in word and deed and countering the harmful myths about disability with the truth of the Good News of Jesus Christ.

- BEDSIDE MINISTRY & PRAYER
- DAILY BIBLE STUDIES
- DISCIPLESHIP
- PSYCHO-SOCIAL SUPPORT
- CHRISTIAN LITERATURE AND BIBLES
- TRAUMA-INFORMED COUNSELING

CURE’s training programs and health systems enhancement initiatives equip local providers with the tools and skills they need to provide care to children with disabilities.

- HEALTH SYSTEM STRENGTHENING
- RESIDENCY AND FELLOWSHIP PROGRAMS – COSECSA AND LOCAL UNIVERSITY HOSPITALS
- SPECIALIZED TRAINING FOR SURGEONS, ANESTHESIOLOGISTS, NURSES, PHYSICAL THERAPISTS, AND BIOMEDICAL TECHNICIANS
advocating for children with disabilities and their families, raising awareness, and striving for inclusion

CURE raises awareness of the situation faced by people with disabilities (in particular children with disabilities) and advocates for them. In this effort, CURE works to respect their rights and reduce barriers that prevent them from reaching their full potential.

- Pastor/Church Leader Development and Training on Theology of Disability
- Training for local church leaders, community leaders, and government health workers on accessibility and inclusion
- Collaboration with NGOs, DPOs, government entities, and local churches
- Advocacy and awareness-raising initiatives
- Mobile clinic/outreach events and radio campaigns

CURE continually improves as an organization and searches for innovative ways to measure the true and lasting impact of its work, clinically, spiritually, and socially.

- Qualitative and Quantitative Impact Measurement
- Measurement of DALYs Averted
- WHODAS 2.0 – Used to Evaluate Impact of Clinical Work
- Open Medical Record System (OpenMRS)
- CURE Hospital Activity Reporting Tool (CHART)
- Patient surveys, caregiver surveys, & trainee surveys
THE PROBLEM

5 billion people worldwide lack access to surgical or anesthetic care.

- Many children with treatable disabilities are unable to access education or employment opportunities.
- Large numbers of children with disabilities live with life-long or potentially fatal disabilities.

OUR SOLUTION

CURE provides surgical care for the most vulnerable.

- We improve mobility and functionality through surgical care and comprehensive rehab services/assistive devices.
- We provide life-changing (ortho, reconstructive) and life-saving (neurosurgical) surgical care.
THE PROBLEM

Less than 10% of people with disabilities are reached with the gospel

The disability community is one of the largest unreached groups in the world.

Children with disabilities are often rejected and stigmatized by their own communities (sometimes by their own families).

highest risk of abuse and infanticide

children with disabilities are more likely to experience abuse or infanticide due to the stigma associated with disabilities

OUR SOLUTION

CURE shares the good news of Jesus Christ with every patient and family we treat.

We reach children with disabilities and their families through patient ministry and community outreach, transforming communities with the gospel’s inclusive message.

We demonstrate God’s love and provide psycho-social (emotional/spiritual) support.

We partner with local churches, equipping them to minister inclusively.
**THE PROBLEM**

Africa has ~25% of the world's disease burden but only 1.3% of the health workforce.

- Healthcare systems in LMICs lack sufficient surgical staff (surgeons, anesthesiologists, nurses, physical therapists, etc.) to meet their enormous needs.
- Many in the Church have a distorted view of disability, and harmful theological beliefs are prevalent.
- All things being equal, people with disabilities are less likely than their peers to attend church even once a month.

**OUR SOLUTION**

CURE has programs to train more local clinicians and strengthen health systems.

- We train health workers and community leaders, equipping them to improve access to care and to be inclusive.
- We offer training to local pastors and church leaders on the theology of disability—equipping them to minister inclusively and break down barriers.
THE PROBLEM

Children with a disability in LMICs are nearly 4x more likely to experience violence than children who do not have a disability.

False traditional beliefs about disability are prevalent in many societies and lead to dehumanization and discrimination.

 Millions of children with disabilities, and especially girls, are denied their rights due to discrimination and barriers in society.

OUR SOLUTION

CURE raises awareness through outreach initiatives, altering attitudes and ultimately changing behaviors toward people with disabilities.

We partner with local communities, governments, churches, and healthcare workers to counter false beliefs about disability, working to tear down barriers that exclude.

We engage in advocacy efforts to promote accessibility and inclusion for people with disabilities.
a child’s walk toward freedom begins by breaking the cycle of disability, despair, and poverty through education, employment, and full potential.
People that live in poverty are more likely to have a disability. Globally, 10% of the world’s population lives in poverty, and lacks access to quality healthcare. Because of this, easily treatable conditions (such as a simple bone fracture) are left untreated and develop into complex, debilitating impairments.

People with disabilities are more likely to live in poverty. Fifteen percent of the world’s population lives with a disability, and many of them are unable to attend school or find employment due to their conditions. This often pushes them further into poverty, and can place a financial burden on their whole family.

Breaking the cycle. CURE intervenes to help empower children with disabilities and embrace them with the love of God, so that they can access education, employment and reach their full God-given potential.

Safaatou, age 18, before surgery at CURE Niger to treat the bone condition in her legs.
A complete approach aimed at healing the whole person and the entire community.

CURE has a unique platform to provide care for children with disabilities, to encourage and support their families, and to strengthen and build up the capacity of both the local church and local healthcare systems. Over the past 25 years, CURE has developed an approach to this work that is sustainable, scalable, collaborative and innovative. Through this approach, CURE seeks to bring about transformative change for children with disabilities—change that takes into consideration the individual and the collective, the spiritual and the physical. CURE’s approach goes beyond simply treating symptoms, and aims to address the root of the difficulties and barriers facing children with disabilities.
CURE provides surgical care to children with treatable disabilities, but the time our patients spend on the operating table is relatively short.

In order to ensure safe, consistent clinical outcomes, as well as social reintegration and spiritual growth, we have a comprehensive approach to the problem of treatable disabilities, that includes many activities that occur before and after surgery.
CURE serves at the individual, family, community and national level to bring about positive change for children with disabilities and ensure that they have access to care and support. We use the Twin Track approach to give agency to individual patients, and to work to dismantle structural barriers that prevent access and inclusion on a societal level. All of this is done through God’s hope, healing and the transformative power of His love.
Patient
Patients receive clinical care (surgery, physical therapy/rehabilitation, assistive/mobility devices) as well as patient ministry (counseling & discipleship, Bible distribution).

Family
Families have a financial burden lifted, shame removed and hope restored as they learn that children with disabilities are clinically treatable and the social stigma of disability is addressed.

Community
Communities gain an awareness of disability and the principles of inclusion & accessibility through mobile clinics, sensitization and awareness-raising. They learn of God’s love through outreach events and church partnership.

National
National health systems are strengthened through clinical training (for surgeons, anesthesiologists, physical therapists and nurses). Pastors are trained on the theology of disability.
Children with disabilities in LMICs face barriers on individual and societal levels, therefore CURE has adopted a Twin Track approach that facilitates change on both levels, which is the only way to truly address the challenges facing our beneficiaries. On an individual level, children with disabilities are often limited in their mobility because of their condition, and are unable to go to school, find employment or participate in society. They also face intense stigmatization, discrimination, and even abuse because of their condition. They are often seen as cursed or possessed by an evil spirit. CURE provides medical care to individual patients and families, to empower them to lift themselves out of poverty, as well as spiritual and
emotional support, so they can move forward in confidence, embraced by the love of God. Through these activities, they are transformed both physically and spiritually, and given the agency to pursue their dreams.

In societies around the world, as well as in the church, there are many false and harmful traditional beliefs about people with disabilities. These misconceptions lead to discriminatory attitudes and behaviors, while reinforcing structural barriers that exclude people with disabilities and deny them their rights. Local healthcare systems in LMICs are not able to provide the highly specialized care that children with disabilities need, and churches do not have the theological tools needed to minister to people with disabilities in their congregations and communities.

In order to help tear down these societal barriers, we work to raise awareness and advocate for people with disabilities, to educate the public on the rights of people with disabilities and mobilize their support. We also offer training and capacity building to equip the local healthcare systems and the local church so they can provide the care and support children with disabilities need in a sustainable way. These efforts help counter prejudicial attitudes and behaviors in society and in the church, and help make healthcare more accessible to some of the most vulnerable in society.

All of the activities on both tracks contribute toward the achievement of our desired outcomes, which are:

- to see a reduction in treatable disabilities becoming permanent conditions due to a lack of awareness and access to care
- the creation of communities and churches that are truly inclusive and welcoming of people with disabilities
- to ensure access to care and support through the strengthening of local health systems and local churches

These outcomes will have an impact on the lives of children with disabilities, their families and their communities. Ultimately, this transformative work will help advance CURE’s vision.

“medical care, along with spiritual and emotional support, empowers individuals and families to move forward in confidence, embraced by the love of God.”

Sinkiwe has fun jumping rope during a physical therapy session at CURE Malawi!
stakeholders & partners

- beneficiaries
  children with disabilities, families, trainees

- civil society
  CURE staff, community leaders, academia, DPOs, NGOs, aid agencies

- donors
  private, public, and institutional

- healthcare providers
  government, university, mission, and private hospitals; community health centers

- host government
  ministries of health, national/regional/municipal authorities

- faith-based partners
  churches, local pastors/church leaders, ministry partners

activities

- medical intervention
  Improving access to surgery, rehabilitative services, and assistive and mobility devices

- addressing spiritual & emotional needs
  sharing the good news of Jesus Christ in word and deed through patient ministry, staff discipleship, and community engagement

- advocating for disability rights
  informing communities and addressing discriminatory attitudes through mobile clinics, outreach/awareness events, and local church partnerships

- strengthening systems
  providing surgical, clinical, and biomedical training to national health workers, as well as counseling and biblical training to support social protection of people with disabilities
output

patients served
People with disabilities have improved mobility and functionality

people reached
communities are reached and transformed with the good news of Jesus

people educated
discriminatory attitudes and prejudices are changed and reduced

people trained
stakeholders are trained and equipped to be inclusive and improve access to services

outcomes

agency
avoidable impairments reduced and increased participation for people with disabilities

inclusion
communities are inclusive, equitable, and understand the rights and worth of people with disabilities as image bearers of God

capacity
resilient health systems with high quality, local, and sustainable capacity

impact

improved quality of life for children with disabilities, their families, and communities
Dr. Felicidad Felicilda, ENT surgeon at CURE Zambia, starts a surgery that will transform a child’s life.
Operation 2x is a strategic plan that defines the course of the next three years for CURE International. It is a map that guides us to a desired future state where our organization can serve twice the number of pediatric patients from our existing hospital infrastructure. The plan is centered around six primary objectives, with discrete actions required to achieve each objective. All actions have a defined deliverable and timeline associated with them.

- Expand Care for Vulnerable Children
- Multiply Ministry Impact With Strategic Partnerships
- Pursue Operational Excellence Across the Network
- Upgrade Hospital Facilities through Capital Investments
- Strengthen National Health Systems
- Diversify and Grow Financial Base of Support

All to create a world where children living with disabilities reach their full potential through God’s hope and healing.
Globally, there are more than 240 million children with disabilities, many of them with conditions that are surgically treatable. Children living with disabilities face stigma, rejection, and even abuse. As a result, many of them are unable to attend school or find employment and are caught in a cycle of poverty, disability, and despair. CURE will seek to reach out more effectively to these children and their families through patient recruitment and national advocacy efforts focused on reaching the most disadvantaged populations.

"CURE is rescuing, defending, speaking up for, caring for, and helping the most vulnerable in the world—children with disabilities."

- JONI EARECKSON TADA, Author, Disability Rights Advocate and Founder and CEO of Joni & Friends

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**surgical projections**

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- surgical procedures at CURE hospitals
Refocus on CURE's “Ideal Patient”
CURE will shift its focus toward the treatment of children with disabilities exclusively, especially those who are most vulnerable either through poverty or geography. By the end of FY22, CURE hospitals will develop specific plans to effectively pursue families of children in areas of highest need, while transitioning out of treatment of adult patients throughout the CURE network.

Develop Child Advocacy Campaigns
In partnership with local governments, local NGOs and DPOs, national church networks, and mission hospitals, each CURE hospital will develop a national-level advocacy program, including a "CURE Day" event (to coincide with Dec. 3rd, the International Day of Persons with Disabilities) to celebrate and raise awareness for children with disabilities.

Increase Budget for Increased Patient Volume
CURE will increase hospital operational funding by $3M+ in the FY22 budget to pay for an additional 3,000 pediatric patients and corresponding clinical staff to ensure that more children are able to access the care they need. CURE will pursue cost-recovery strategies whenever possible, including charging insurance and private outpatient services.

Adopt Common Global Branding
CURE’s rebrand as CURE Children’s Hospitals will be complete on all hospital websites and social media by the end of FY22 and throughout each hospital by the end of FY23.

Expand Surgical Services
CURE will develop and expand services for children with complex and neglected conditions such as reconstructive spinal, plastic, and microvascular surgeries.

Develop Future Hospital Expansion Plans
In parallel with the initial upgrade of existing hospitals in years one through three, CURE will plan its strategy for building hospitals in new areas in years four to ten.
CURE intentionally focuses on patient and family relationships, staff discipleship, and community outreach, with sensitivity to local context and culture. Our ministry teams invest in a network of local ministry partners who work with us to assist with patient referrals and help identify patients with conditions that can be treated. They also help us ensure that patients and families returning home after treatment can continue to heal, learn about Jesus, and grow in their faith. Over the next three years, CURE will further develop ministry partnerships in strategic areas.

"I praise God for Biblica’s partnership with CURE International to serve the Kingdom. Together we will be able to get the hope of the Gospel in the hands of families, providing them the opportunity to encounter Jesus and be transformed by God’s Word."

- GEOF MORIN, President and CEO, Biblica – The International Bible Society
Expand Partnerships for Bible-Based Materials
CURE will partner with Biblica and other ministries to provide similar ministry materials to all CURE patients and families. Having key partners will standardize the spiritual lessons provided to children and their families by the end of FY22.

Develop and Deploy a Theology of Disability Curriculum
CURE will formalize its “theology of disability” curriculum to distribute across its hospital and local church networks by end of FY22. CURE will leverage existing materials from resource partners such as Joni & Friends, in order to combat stigmatization and dispel false and harmful beliefs about people with disabilities.

Mobilize the Local Church
CURE will adapt what it learns from church network pilot programs to partner more strategically with local churches by the end of FY23 for advocacy, patient recruitment, and communicating a theology of disability.

Share Ministry Resources
Each year, CURE will seek out partnerships with like-minded ministries to help reach more children and families.

Roll Out Art Therapy Program Across the Network
An art therapy program first piloted in our hospital in Niger will be deployed throughout the CURE hospital network. This program seeks to address some of the emotional trauma that comes from living with a disability and facing the rejection, marginalization and discrimination that these children suffer because of the way disability is perceived in their society. The art therapy program provides a creative, therapeutic environment for these children, which allows them to play, explore and express themselves throughout their stay at the hospital, and is an integral part of CURE’s spiritual ministry.

Expand Mobile Clinic Strategy
CURE will develop a mobile clinic/outreach strategy which will be implemented across the network. The mobile clinics and outreach events are critical to CURE's efforts to collaborate with the local church, local officials other community leaders, and the general public. Through these mobile clinics and outreach events, CURE staff members are able to identify patients for treatment, raise awareness about disability and the principles of accessibility and inclusion, and share the gospel.
Pursue Operational Excellence Across the Network

Talented clinical staff, up-to-date equipment, and repeatable processes contribute to safe and consistent outcomes for CURE patients. Over the next three years, CURE will help its hospitals access the same types of equipment, follow standardized operating procedures, train clinicians, and upgrade its digital platforms for data capture and patient record-keeping. These changes will help CURE achieve an internationally recognized and industry-leading standard of excellence.

“CURE is committed to making the investments needed to hold ourselves accountable as an organization, to measure the impact of the work that we do, and to provide the highest possible standard of care to our patients.”

- DR. RICK GARDNER, Chief Medical Officer, CURE International
**FOCUS AREAS**

*Upgrade Biomedical Equipment*
In FY22, CURE will develop and implement a comprehensive biomedical training program using standard medical equipment and well-documented procedures in all of its hospitals. Each hospital will have a qualified biomedical technician who maintains equipment according to a regular preventative maintenance schedule. CURE will modernize and standardize all biomedical equipment across the network by the end of FY23.

*Electronic Medical Records for Enhanced Data Analysis*
CURE will institute a three-stage process that includes: 1) an upgrade of the technology infrastructure at each hospital; 2) full use of electronic medical records across the CURE network; and 3) development of its Hospital Management System to capture and analyze real-time data for timely decision-making.

*Accreditation to Achieve SafeCare Standards*
CURE will establish a new role called Director of Quality who will be charged with developing standard operating procedures across the CURE network, which are in line with the international SafeCare standards. Following a baseline, third-party audit of each hospital’s current procedures, the new “CURE Way” will be fully established and published by the end of year three.

*Develop Monitoring and Evaluation Program*
CURE will develop a monitoring and evaluation framework using WHODAS 2.0, EQ-5D, shame-scoring and ministry metrics to measure its impact. Data will be captured in CURE’s EMR database.

*Utilization Metrics*
CURE will develop standards of measurement for each department within our hospitals, revealing to what extent facilities and equipment are being used. This data will be part of the Hospital Management System to allow for ongoing timely analysis.

*Pilot Test New Technologies for Expanded Prosthetics Services*
CURE will invest in research and development to enable a hospital to pilot test a prosthetics workshop with 3D printing or similar capability; this will help determine the viability of on-demand custom-fit prosthetics for children (FY23).
Some of CURE’s hospitals are now 20 years old and need significant renovations, while others – though not as old – are outdated, which reduces the number of patients CURE can serve and reduces efficiency. Over the next three years, CURE will invest heavily in upgrading its hospitals for optimal patient flow, safety, throughput and quality of care; this will also drive down the cost per surgery.

“I’ve worked with many mission hospitals and know that CURE does it right. They provide world-class care and make significant investments into their facilities to ensure the best possible outcomes for the children they serve.”

- JIM ANSARA, Co-Founder and Managing Director, Build Health International
Create a CURE Capital Campaign
Because capital projects are not included in operational budgets, separate funds are required. CURE will launch a full-scale capital fundraising campaign of $25M+ in FY22 to support the upgrades noted below.

Upgrade 18 Operating Rooms
Over the initial three-year period, CURE will completely modernize all operating rooms across the network, 18 in total. In year one, the model CURE operating room will be designed, and construction will begin at CURE Ethiopia, CURE Niger, and CURE Malawi. CURE Uganda will also complete the construction of its new Intensive Care Unit.

Master Site Plans
CURE will develop and maintain a Master Site Plan (MSP) for each hospital in the network. These MSPs will be created collaboratively by each hospital’s senior leadership team, CURE’s Executive Team and partner organizations specialized in facilities/construction projects. The MSPs will outline the timing, sequencing and budget for all major capital projects, and provide strategic guidance for each facility in order to increase operational efficiency and maximize impact over the course of the next 10+ years.

Expand Children’s Wards to House 360 Beds
The lack of available beds in our children’s wards significantly limits how many patients CURE can serve. During year one, CURE will design the optimal children’s ward at each hospital and will begin construction of a new children’s ward at CURE Zimbabwe. All children’s wards will be renovated and expanded by the end of year three, creating a total of 360 beds across the network.

Add Patient Hostels to All Hospitals
Patient hostels provide temporary housing for pre- and post-operative patients, those undergoing multiple procedures, and caretakers. They also increase access to care for patients from rural areas, that are typically more impoverished, as well as allow for more ministry opportunities. At the end of year three, all hospitals will have patient hostels or access to a strategic partner hostel.

Local Facilities Team
Each CURE hospital will develop a local facilities team. In addition to maintaining current facilities, the local team will be charged with implementing future construction/renovation projects. This initiative is critical to CURE’s efforts at improving operational efficiency, ensuring patient safety, and excellent clinical outcomes.
Training national medical staff is a foundational pillar of CURE’s work because it improves access to care in a way that is sustainable and reaches beyond the walls of CURE hospitals. CURE has established residency and fellowship programs in several hospitals and has a long history of groundbreaking clinical research that has clarified standards of care for acute and neglected pathologies. CURE seeks to support host government Ministries of Health in the development and implementation of National Surgical, Obstetric and Anesthesia Plans (NSOAPs), to ensure access to surgical care for all – especially children with treatable disabilities.

Training and health systems strengthening have always been a key part of CURE’s ministry and mission. Their impact goes far beyond providing surgical care for children with disabilities; by investing in surgical capacity-building, CURE helps make pediatric surgical care sustainable and accessible to children in need on a national level.”

- DR. CHRIS LAVY, Professor of Orthopaedic and Tropical Surgery at the University of Oxford, Trustee and Council Member of the Royal College of Surgeons of England, Commissioner for the Lancet Commission on Global Surgery, and CURE UK Board Member

Dr. Eva Lang’at receives training at the CURE hospital in Kenya.
Enhance Residency Programs and CURE Neuro
CURE will launch a neurosurgical residency program in collaboration with CURE Uganda in FY22 to meet a dire need for specialists in the College of Surgeons for East, Central, and Southern Africa (COSECSA) region. This allows CURE to support colleagues in the government sector and empower them to develop their own neurosurgical capacities. Each year, 50 residents and fellows will receive training in CURE hospitals.

Expand PAACS Programs
To enhance the quality of CURE's orthopedic fellowship program, CURE is collaborating with the Pan African Academy of Christian Surgeons to form a two-year joint Kenya-Ethiopia Pediatric Orthopedic Fellowship Program by the end of FY23. Training these residents is a key part of our network's succession plan.

Provide International Training Courses
Funded by our partners (such as the AO Alliance and University of Oxford), CURE will continue to offer intensive courses in orthopedic surgery to support our CURE residency programs. Taught by faculty who are international experts, along with CURE surgeons, these courses provide exceptional training for the next generation of national orthopedic surgeons.

Collaborate with Like-Minded Organizations
Through intentional partnerships, CURE can reach many more children. In FY21, we partnered with Mercy Ships and will expand this in FY22 with 10 more short-term visits of Mercy Ships healthcare providers to our hospitals. We will also continue to strengthen partnerships with MAP, CBM, and the AO Alliance.

Develop Regional Pediatric Orthopedic Society
CURE has been at the forefront in developing the COSECSA pediatric orthopedic subspecialty qualification, which has opened the possibility of establishing a regional Pediatric Orthopedic Society. The goal will be to enroll specialists into a society to advocate for investment, training, quality-improvement research, and international partnerships with the ultimate goal of furthering excellent care for children with treatable disabilities.
Giving to CURE has been consistent but has not grown over the past five years, which has limited the overall ministry capacity and resulted in deferred maintenance and care for facilities and equipment. A third-party assessment of CURE’s fundraising practices identified several areas of strength while also outlining several opportunities for improvement. By focusing intentionally on these areas of improvement, while also doubling down on areas of strength, over the next three years CURE will increase the resources to further the kingdom of God.

CURE has the track record, leadership, and strategic focus to reliably scale medical interventions that permanently cure conditions plaguing the poor and vulnerable. We have the confidence to invest millions because CURE has the competency to achieve results that literally revolutionize each patient’s future possibilities.”

- DR. PAUL PENLEY, Managing Director, Excellence in Giving
**FOCUS AREAS**

**Improve Donor Retention Rates**
CURE's donor retention rates for mid/major donors hover around 60% where 80%+ is best practice. By focusing donor relations efforts, activities, and personnel, CURE will target improving donor retention rates to 70% in FY22 and at or above 80% by FY23.

**Building a Marketing Team**
CURE's corporate office has undergone multiple rounds of layoffs over the past few years that have limited its marketing abilities. CURE will establish a full marketing team in FY22 that will lead global branding efforts, improve brand awareness, and increase fundraising campaign performance.

**Digital Fundraising Plan for New-Donor Acquisition (NDA)**
The future of NDA acquisition and engagement is through digital means. CURE will develop a near-term digital fundraising plan that builds on its existing CUREkids program (specific patient stories/updates). The digital fundraising strategy will be fully developed in FY22 and carried out in FY23.

**Equip Local Fundraising Efforts**
In alignment with branding efforts, CURE's corporate office will support the upgrade of all local hospital websites and marketing materials during FY22 in order to enhance local fundraising by CURE hospitals.

**Grow Gift-in-Kind Program**
CURE can materially decrease its spending on medical supplies, equipment, and pharmaceuticals by pursuing gift-in-kind (GIK) donations. During FY23, CURE will designate a person on the advancement team to cultivate GIK goods and services with the aim of achieving $2.5 million equivalence in gifts.

**Scale Monthly Donor Program**
CURE will initiate a number of donor acquisition initiatives, including radio campaigns, artist endorsements, and event-based initiatives. The aim of these initiatives will be to reach 10,000 monthly donors, which would be 50% of CURE's total donor mix. These monthly donors help provide a broad base of support to provide financial stability and help spread general awareness about CURE to a wide audience.
Together, we can double our impact for children and families

References:
The Lancet Commission on Global Surgery
Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities (UNICEF Report)
Convention on the Rights of Persons with Disabilities (CRPD)
Lausanne Movement – Disability Concerns
International Day of Persons with Disabilities
The UN Flagship Report on Disability
Toolkit on Disability for Africa: Culture, Beliefs and Disability