



CURAMERICAS GLOBAL ANNUAL REPORT 2014

Partnering with forgotten communities to save the
lives of women and children around the world.



THERE IS NO GREATER ACHIEVEMENT
than to see hope in the eyes of a mother
holding her healthy, thriving child. And
that is what we did this past year. We
brought hope through health to mothers
and their children in remote communities
around the world.

Cover: Anna Maria practices washing her hands after a hand washing class held by Curamericas Guatemala health workers at her elementary school in rural Guatemala. Hand washing is one of the easiest ways to prevent diarrheal disease, which contributes to high child mortality rates in the area.



A NOTE FROM THE BOARD CHAIR

Dear Friends,

Did you know that 6.2 million children around the world die every year, often from diseases that are easily preventable?

Curamericas Global exists to save mothers and children from those diseases that can be avoided. In 2013-14, we did just that and we couldn't have done it without your generosity and commitment. **Because of you, we reached 22,367 children under five and 46,464 women with vital health services and education. Thank you!**

As we continue to partner with donors and advocates like you, our mission to make measurable and sustainable improvements in the health and well-being of women and children will be certain.

In 2015 we remain focused on continuing our lifesaving work in Guatemala, Liberia and Kenya, and expanding into Sierra Leone – a country with the 5th highest maternal mortality rate in the world, where 1 in 7 children dies before reaching their fifth birthday. Your ongoing involvement will help us bring health and hope to so many living in forgotten parts of the world; those who won't make it without our care and compassion. We are grateful for your enthusiastic support, which helps us bring sustainable changes in the health and well-being of mothers and children in some of the world's most remote communities.

Lastly, I have an invitation... Join us online through our social media sites (@Curamericas), stay in touch with our cause by signing up for our monthly e-newsletter, and continue helping us save lives by donating now and throughout the year at www.curamericas.org.

Sincerely,

Brenda Booth

Board Chair

P.S. We depend on volunteers to help us. If you would like to share your time, just let me know – we would be delighted to see you! Reach me at info@curamericas.org.



Above: School children line up for vitamins distributed by community health workers in rural Guatemala.

Curamericas Global partners with underserved communities to make measurable and sustainable improvements in their health and well-being.

Let's take a closer look at what this means...

- **Partner:** We engage communities and local nonprofits as full and equal partners from the onset of each project. We teach them to collect and use data to identify and solve their health problems.
- **Underserved Communities:** We work in forgotten areas with extremely limited access to health care where we are the only lifeline of support. There is no assistance from other nonprofit organizations or government agencies in the community, due to geographic, financial and cultural barriers.
- **Measurable:** Our unique methodology gives us the ability to monitor the exact impact of our work and detect reductions in maternal and child mortality. Showing the efficacy of our work is at the core of our organization.
- **Sustainable:** By working to improve our partners' capacity, we empower them to become local leaders in health care and to ultimately become a self-sustaining, independent organization.



HOW WE DO IT

At Curamericas Global, we use a unique combination of methodologies to achieve our goals:

- **The Community-Based, Impact-Oriented (CBIO) methodology** focuses on building **partnerships with communities** to bring services to the population, collect data to design programs that address their needs and measure their impact. This requires **door-to-door visits** to deliver services and to collect data to design programs and measure their impact.
- **Care Groups**, made up of 10-15 volunteer Peer Educators, are trained and supervised by one paid staff member. Each Peer Educator is responsible for bringing health education to her neighbors, thus **increasing the scope and capacity of the project** without increasing cost.
- **Casa Maternas**, or maternity clinics, have been established at our site in Guatemala and provide a safe, centrally-located and culturally appropriate facility for women to give birth and receive related services.

We have found that a combination of these models ensures accurate, efficient and comprehensive delivery of care. CBIO identifies the issues and tracks progress; Care Groups educate the population and increase demand for services; and Casa Maternas ensure essential health care services are available.

More mothers and children are alive today because of the *Casa Materna* Maternity Clinic. Children in the village came together to show their appreciation and share drawings of their families.



GUATEMALA

In 2014, Curamericas Global entered the third year of the CBIO Child Survival Project in Huehuetenango, Guatemala. The program reduces unnecessary mother and child deaths by providing health services and education at *Casas Maternas* (centrally-located birthing centers) and through home visitation.

This past year in Guatemala, we:

- **Reduced child and maternal mortality by 37% and 63%**, respectively, in **89** communities.
- Doubled our project coverage area and expanded services to reach a total of **90,000** people in **180** communities.
- Managed **3** existing *Casas Maternas*, opened **1** new *Casa Materna*, and mobilized communities with plans to open **3** additional *Casas Maternas* by 2018.



"The health situation in Guatemala is very worrisome and totally unacceptable. Health centers are very far away and the rural communities do not receive health services. The Casa Materna is more than an opportunity for the women in the community, it is an act of life and love. Thank you for making this possible!"

– Juan Ramón Esteban, Child Survival Project Instructor, Curamericas-Guatemala

— **54** —

children identified and **treated** for acute malnutrition

Local community health workers performed

8,343

household visits to check on children's growth and to provide vitamin A supplements

Households with a **hand washing station** increased from

2→35%

in our project area

7,803

women received **education** and information about family planning

594

health facility **births**

— **17** —

maternal lives saved via timely referrals of obstetric emergencies to the hospital

*All data is from Stollak, Ira, Mario Valdez and Henry Perry. PY3 Annual Report: USAID Child Survival and Health Grants Program - CBIO Child Survival in Huehuetenango, Guatemala. Curamericas Global, 2014.

Our partners in Bolivia, Andean Rural Health Care (or CSRA, their Spanish Acronym) are currently continuing their work in the highlands around La Paz and the tropical region of Santa Cruz, serving more than 150,000 low income families. Almost 30% of the families live on \$1/day and 60% lack formal employment.

In El Alto, CSRA is addressing common social problems, including violence against women and children, unwanted youth pregnancy, increasing cases of STDs including HIV/AIDS, increasing rates of female homicide, as well as malnutrition in children under five. All of these factors have a significant influence on the health of an already vulnerable population of women and children. The staff in Montero continue to provide high quality health care services through three health clinics and home visits using the Community-Based, Impact-Oriented approach. This is what we accomplished this year:

EL ALTO

Provided **nutrition education and vitamin supplements** through home visits to over

795

families with children under five

Educated over **3,000** people on **human, sexual and reproductive rights**

Trained **18** **public health personnel** from seven clinics in quality care and differentiated health care services

These health workers reached **4,591** women with **family planning education**



MONTERO

Promoted deworming campaigns in 10 schools, reaching

1,500

children ages 6-19

Conducted **2,415** **growth assessments** for children under 2

Reached over **22,000** **children** under five in medical consultations



“I learned from the CSRA staff how to feed my baby properly. At first I was afraid but the facilitator supported me and now I know how to properly feed and motivate her.”
– Angelica Prado Leiva, 25

1,203 children under 1 vaccinated for diphtheria, tetanus, whooping cough, Hepatitis and pneumonia

2 Health Fairs held to promote exercise and healthy eating



“In 1981 we supported Andean Rural Health Care because we were friends with Henry Perry and Alice Weldon and were impressed by their passion to bring health care to Bolivia. ARHC became Curamericas and we continue our support because it has succeeded beyond all expectation. Curamericas’ work has cut child mortality rates by more than half in all its project areas. Most importantly it trains local healthcare workers and provides ongoing support so that the programs can continue on their own.”

– Buzz and Sandra Hartford, longtime volunteers and supporters of Curamericas Global

Dr. Chavez, Regional Executive
Director of CSRA Montero



BOLIVIA

Community Health Worker
Jophelia completes a prenatal
checkup in a community in
Nimba County, Liberia.



LIBERIA

In 2013-2014, Curamericas Global continued our partnership with Ganta United Methodist Hospital and the United Methodist Church General Board of Global Ministries to continue strengthening our community-based primary health care program. Our on-going relationship with the communities allowed us to quickly spread Ebola awareness messages when the crisis hit.

According to the CDC, the 2014 Ebola epidemic was the **largest in history** and had **devastating effects** on several countries in West Africa and other regions. Liberia, with **10,666 cases of Ebola** and **over 4,000 deaths**, was the worst hit by the deadly disease.*

Because of supporters like you, our project communities had **zero confirmed cases of Ebola**.

148
Ebola awareness
sessions held

We reached
— 45 —
high-risk communities
that no one else
could reach

12,126
individuals received
lifesaving messages
on the prevention and
spread of Ebola



“Through the implementation of Care Groups, the cost of providing community health (which for decades had been its primary criticism) has fallen dramatically. Simple inexpensive health interventions such as education on breast feeding, vaccinations, water quality and hand hygiene can be taught by community volunteers.”

– Dr. Wes Jones, Curamericas Board of Directors &
Cape Fear Center for Digestive Diseases

*2014 Ebola Outbreak in West Africa.” *Ebola (Ebola Virus Disease)*. Centers for Disease Control and Prevention. Web. 12 May 2015. <http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html>



KENYA

A group of neighboring women gather for a Care Group class on the prevention of diarrheal disease.

Since 2012, Curamericas Global has partnered with Carolina for Kibera and Ronald McDonald House Charities to reduce preventable deaths of women and children by establishing a community-owned and operated health system. We have provided technical assistance by conducting trainings and increasing the capacity of local staff to use our Community-Based, Impact-Oriented methodology and Care Groups.

9 CFK **staff were trained** as Care Group Trainer of Trainers. These staff train hundreds of Community Health Workers who provide outreach and **services to thousands of people** in the slum.

8,794 **households were served** by community health workers



Over the next three decades, there will be an increasingly important campaign to end preventable deaths of mothers and children around the world. The CBIO approach championed by Curamericas – in which communities work in partnership with the program to ensure that the most effective interventions for saving lives reach every household and in which progress in reducing mortality is measured by registering vital events (births and deaths) through routine visitation of all households – will play an increasingly important role in achieving this goal.

– Dr. Henry Perry, Johns Hopkins Bloomberg School of Public Health,
Founder of Curamericas Global

Sierra Leone has some of the poorest health indicators in the world and a life expectancy of 47 years. **In 2014, we secured funding from the United Methodist Committee on Relief and the Hillsdale Family Fund to begin a community health project to reduce maternal and child mortality in Bo District.** Curamericas Global will partner with the Sierra Leone Annual Conference and Mercy Hospital to strengthen their primary health care department and increase their ability to implement a community-based primary health care project. Plans to begin the project were delayed due to the Ebola crisis, though we will start the project in July, 2015.

Women wait for prenatal services outside Manjama Clinic in Bo, Sierra Leone.

SIERRA LEONE



Members of Beth Shalom
Synagogue and the Buttar
family taking a moment to
relax during their volunteer
trip in June 2014.

VOLUNTEERS

At Curamericas Global, we greatly appreciate all of our volunteers for the time and energy they donate to our organization and our programs abroad. In 2014, we were fortunate to have nearly **70 volunteers** who provided over **4,500 hours** of volunteer service.

Volunteer groups from Beth Shalom Synagogue, Fayetteville Academy, Raleigh Travel Lovers Meet Up Group, and the University of Washington traveled to our site in Guatemala to contribute to our work in community health care. Volunteers worked in construction and community health outreach, helping to improve and expand the capacity of our program in the remote highlands of northwest Guatemala.

In addition to volunteering their time, they donated more than **\$18,000** in medical supplies to our project sites.



Dave Heiser, a water engineer, has traveled to our site in Guatemala to conduct training sessions that teach local health workers to test for water contamination, an important factor in controlling diarrheal disease.

“One of the reasons I support Curamericas Global so strongly is that they endeavor to go to the places where other NGO’s would rather bypass, to help people with very basic health and maternity needs. I have been on two trips with Curamericas Global, and greatly look forward to the next. The staff is very helpful, flexible, patient, and extremely friendly, making every trip a fun and memorable experience!”

– Dave Heiser, Curamericas Global Volunteer

Are you interested in volunteering with Curamericas Global?

We have opportunities for volunteers and interns at our office in Raleigh, NC, and abroad! At our headquarters, volunteers help to increase our capacity by assisting with administration, marketing, development and program management. Our international volunteer trips provide unique opportunities for being immersed in the beauty of another country and culture while giving back at the same time. **For more information on volunteering with Curamericas Global, including joining an upcoming volunteer trip or organizing your own group trip, contact us at info@curamericas.org.**

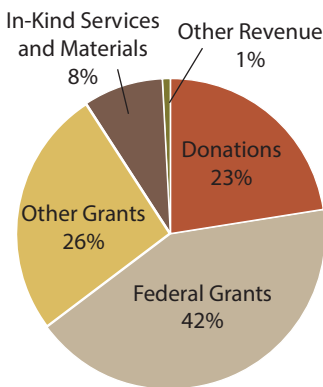
FINANCIALS

In 2014, we balanced a budget of **\$1.3 million**, with gift and other revenues slightly exceeding expenses.

We are proud to report that this past year, nearly 85% of our resources were directed straight towards our projects.

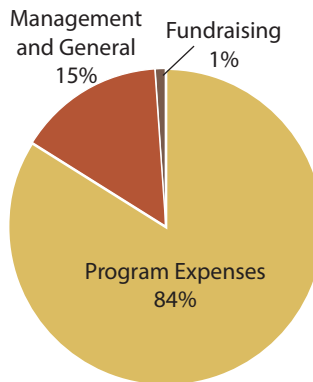
Remaining expenses were administrative, with just **1%** used in fundraising efforts. Curamericas Global takes great care to monitor spending, cash flow, capital improvements, liabilities and cash assets to maintain the highest standard of excellence in what we do and to ensure long-term sustainability.

SUPPORT AND REVENUE



Total support and revenue:
\$1,413,532

EXPENSES



Total expenses:
\$1,367,193

Net Assets for FY 2013-14

- Change in net assets: **\$51,615**



To review our complete Financial Statement and IRS 990, audited annually by Buie, Norman & Co., P.A., visit www.curamericas.org/about/financials.

This Annual Report was made possible through the kindness and dedication of our volunteers and supporters.

Help Curamericas Global Save Lives



Your contribution will enable us to:

- **Provide lifesaving health education and services** to women and children in forgotten communities around the world.
- **Strengthen the capacity of local NGOs, health systems and communities** to provide sustainable community health services.
- **Bring our expertise to new places** with unacceptably high mortality rates.

Donate online at www.curamericas.org or via check mailed to: 318 W. Millbrook Rd., Suite 105, Raleigh, NC 27609. Curamericas Global accepts cash, in-kind and stock donations.

Interested in learning about our planned giving options?

Contact us at info@curamericas.org or (919) 510-8787 for more information.

YEAR IN REVIEW

This year every \$1 of your support was leveraged to generate \$6 worth of programming for women and children.

**Zero
confirmed
cases of Ebola
in our project
communities
in Liberia**



**22,000 medical
consultations
conducted
for children
under age 5
in Montero,
Bolivia**



**8,794
household
visits by
Community
Health Workers
in the Kibera
slum in Kenya**



**Reduced
maternal
mortality
by 63%
across 89
communities
in Guatemala**



**4,591 women
reached with
family
planning
education in
El Alto,
Bolivia**

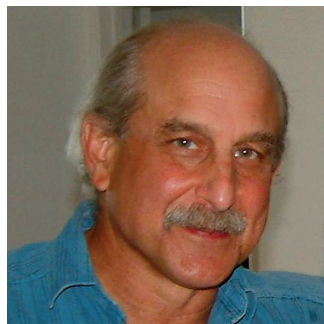
STAFF



Andrew Herrera
Executive Director



Florence Amadi
MPH, CHES
Program Manager –
Africa



Ira Stollak, MPH, MA
Program Manager –
Latin America



Barbara Muffoletto
Development Associate



Jane Thibodeau
Development Associate

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SUPPORTERS

For gifts made October 1, 2013 - September 30, 2014

Curamericas Global's work is made possible by the support of our many advocates and partners. We proudly work with national and local governments, international and local nongovernmental organizations, faith-based institutions, community and private foundations, and individuals.

\$100,000+

Wes & Lucy Jones
Ronald McDonald House
Charities
United States Agency for
International Development

\$10,000-99,999

Rick & Brenda Booth
Lucille Jones
Lorinda & Brad Parks

\$5,000-9,999

Carolina for Kibera
Rob & Beth Fields
Joyce Houser
Linda Velonis

\$1,000-4,999

Alexandria UMC
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First UMC of Oak Ridge, TN
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Amber Hill
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Rick & Carole Marcotte
Carol Ann McMann
Okemos Community Church
Alan Palmiter

Barbara Robison
LeGrand & Jayne Smith
Triplett UMC
Waynesville Sunrise Rotary
Club

\$250-499

Apple Lane Foundation
Preston & Pat Baumgartner
Bethlehem UMC
Fred & Rosanne Brandt
Bette Jane Camit
Leah Casner
Charles de Sieyes & Carol
Ward
Jo Anne Earp
Gerald & Naoma Ellison
Robert & Rochelle Friedman
Ernesto & Sherri Graham
Jordan & Elizabeth Jones
Philip Mitchell
Roberto Muffoletto
Peter and Catherine Murray
Henry & Mirlene Perry
Baker & Patience Perry
Irene Raven
Mark Richardson
David & Julia Simms
Kasey and Rachel Speakman
Alice Weldon
Western NC United
Methodist Conference
Michael Winsor



“I support Curamericas because I've seen first-hand how their work improves lives - not through one-time acts of charity but by empowering local partners with the knowledge, skills, and resources they need to meet the critical health needs of their communities. I know my contributions truly make a difference.”

– Elizabeth Barricklow



Curamericas Global
HOPE THROUGH HEALTH

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RETURN SERVICE REQUESTED

Curamericas Global is a US-registered 501(c)3 organization located in Raleigh, NC. We are dedicated to improving maternal and child health in some of the world's most forgotten communities. We partner with local organizations to improve their capacity to provide healthcare services and to create sustainable change in the healthcare systems of the communities we serve.

**Your gifts support our efforts to make lasting impacts around the world.
Thank you for your support!**

