

**CURAMERICAS GLOBAL, INC.**

**FIVE YEARS TO SUSTAINABILITY**

**October 2016 - September 2021**



*Hope through Health: A World Free of Suffering from Preventable Causes*

**Curamericas Global, Inc.  
 Five-Year Strategic Plan  
 October 2016 - September 2021  
 Final Committee Draft for Board Consideration: Internal Use Only**

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Cover photos (clockwise from top left): Our beneficiaries in Liberia, Bolivia, Haiti,  
and Guatemala.

## **I. Vision, Mission and Core Values**

### **Vision Statement:**

Hope through Health: a World Free of Suffering from Preventable Causes.



### **Mission Statement:**

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

### **Core Values:**

**Empowerment** of individuals and communities

**Focus** on preventable and treatable conditions

**Commitment** to evidence-based interventions and measurable outcomes

**Sustainability** through education, technical support, and community focused partners

**Respect** for the dignity of all

**Compassion** for those who are suffering

**Passion, Integrity, and Excellence** in all actions.

## II. Curamericas Global At-A-Glance: Who, What, Where and How



Curamericas Global, Inc. is an active and dedicated international non-profit organization committed to empowering underserved communities worldwide to provide basic life-saving community-based public health services to mothers, children and families in those communities. We say this most succinctly by stating our commitment to provide Hope Through Health to all of the communities we serve. We deploy graduate level or higher public health professionals to assist communities in developing and implementing community-based life-saving public health programs and interventions, particularly those focused upon helping mothers and children survive.

Curamericas Global functions as a responsible global development partner, consciously aligning our work with global initiatives such as the Sustainable Development Goals (SDGs), USAID’s A Promise Renewed, Every Mother Every Child, and Ending Preventable Maternal and Child Death. These initiatives provide roadmaps for organizations such as ours for just and lasting change, allowing us to work in harmony with the global public health community. For example, our work explicitly furthers the SDGs for 1) ending all forms of malnutrition by 2030; 2) reducing the global maternal mortality ratio to less than 70 per 100,000 births; 3) ending preventable deaths of newborns and under-5 children; 4) ending the epidemics of AIDS and malaria; 5) ensuring universal access to sexual and reproductive health-care services; 6) achieving universal access to quality healthcare services; and 7) supporting the participation of local communities in improving water and sanitation management. The goals of Ending Preventable Maternal and Child Death embody our Vision and Mission Statements and its recommended evidence-based interventions are included in our standard project “toolkit.” Our work counting and reviewing every birth and death and promoting exclusive breastfeeding as a keystone of young child health are two of the key strategies promoted by Every

Woman Every Child, a massive global alliance to confront major health challenges facing women, children, and adolescents.

Our work began over thirty-five years ago through the efforts of Dr. Henry Perry and Dr. Alice Weldon working with Duke University, the Bolivian Methodist Church and the Bolivian Ministry of Health to bring community public health services to indigenous Aymara villagers living at over 13,500 feet on the Northern Altiplano in Bolivia. Early in our history, Dr. Perry teamed with Dr. John Wyon, a Harvard professor, to develop an innovative methodology for working with communities to improve health. The census-based impact-oriented methodology (CBIO) they developed focuses on building a partnership with communities, completing a census of all households, regularly visiting every household, and using real surveillance data to guide programs to achieve maximum impact.

Using CBIO as a methodology in our projects, we have been able to determine the major health problems in our partner communities, to implement interventions to address those most in need (particularly, mothers and children), and to provide essential health services and education requested by those communities. By tracking all the births and deaths that occur, CBIO allowed us to measure mortality rates and to monitor changes in these rates. It gave us the ability to demonstrate actual measurable impacts of our work, a unique and powerful aspect of the CBIO methodology. The work of Curamericas Global in Bolivia achieved over a 50% reduction in the deaths of children in partner communities during their first five years of life.

Curamericas Global has also employed CBIO in conjunction with the Care Group model developed by World Relief and introduced to Curamericas Global by Tom Davis, among others. This combination of methodologies quickly empowers communities to improve their health and to demonstrate the success of their efforts in tangible ways. We also have added education and volunteer work components to our programs. These approaches expand knowledge domestically about the communities we serve and enable us to share our data and experience with others.

Communities we have served include:

- Isolated Guatemalan villages inhabited by indigenous Mayan people working with local groups under the leadership and guidance of Dr. Mario Valdez (population served of 208,000);
- Communities in the Nimba County, Liberia working with the Ganta

United Methodist Hospital (population served of 288,000);

- One of the largest slums in the world, Kibera in Nairobi, Kenya, an intensely dense community that compounds the issues of poverty, working through a partnership with Carolina for Kibera to implement CBIO and Care Groups through Train the Trainer (serving 150 Community Health Workers who in turn provide health education and outreach to 11,000 households with a population of 37,000);
- An indigenous population in the rural Altiplano area of Bolivia, serving over 250,000 people at elevations more than 13,500 feet above sea level, now served by Andean Rural Health Care, a Bolivian based nonprofit that grew out of our early work;
- The border community of Rio Bravo, Mexico where, in partnership with Rotary International and various local Rotary Clubs, Curamericas Global worked to establish a non-profit organization and build its capacity to implement community health services in a high-needs poor community to serve more than 11,000 people.
- Rural communities in Bo District, Sierra Leone in partnership with the General Board of Global Ministries of the United Methodist Church, Helping Children Worldwide, the United Methodist Women and the Methodist Church in Sierra Leone (currently in the pilot program stage serving over 4,000 people).
- Communities across the rural mountains of the southern coast of Haiti before, during and after the earthquake of 2010 serving over 214,000 people.
- Over 2,000 U.S. citizens through international education, cultural and service exchanges with participants from over 16 states and 5 countries.

Curamericas Global reached the One Million Lives Served threshold in 2013 establishing the successful scalability of our methodologies and work.

In the early days of Curamericas Global, we were funded in substantial part by churches and private donations. In later years, we benefited from government

grants, particularly the United States Agency for International Development (USAID) Child Survival and Health Program grants, managing over \$13 million in grants since 1990. During this period, a tremendous amount of good work was accomplished. Yet the organization became vulnerable to shifting government priorities, which occurred in 2010. Since 2010, Curamericas Global has been transitioning away from dependence upon government grants and over the next five years, we envision a healthy diversification of our funding sources to eliminate dependence upon institutional or government grants for our core operations and for baseline funding of our public health professionals. This approach will allow more of the government and institutional funds we receive to go toward capacity building and program implementation in our partner communities and enable us to partner with other organizations in pilot and proof of concept programs in preparation for and to justify institutional funding to benefit our communities. It will also allow our professionals to work on programs that are community, rather than funding, centric.

With this history of achievement, Curamericas Global looks to a future in which we continue this critical life saving and life changing work. As we turn to the future in this Strategic Plan, we pause to re-affirm the who, what, where and how of Curamericas Global:

**What we do:** Curamericas Global provides underserved communities with public health expertise, professional knowledge and technical support services to implement effective and sustainable community health programs.

**Who do we serve:** We provide services to support development of community-based primary health care for mothers, children, their families and their communities at large.

**Who we work with:** We partner our community-focused public health professionals with passionate local healthcare leaders in underserved communities around the world.

**How do we work:** Working with our partners, we implement effective and efficient interventions based on local epidemiological and community priorities and measure the results to guide our programs. Engagement with local and mother-centered services is a crucial part of our culture and approach.

**Where do we work:** Over the past 35 years, we have worked in Bolivia, Guatemala, Kenya, Liberia, Sierra Leone, Haiti and Mexico. We are expanding our current

work in Guatemala, Kenya, Liberia and Sierra Leone and are in planning phases for new programs in Haiti and Honduras. We continue our work with our Bolivian Partners, as peers, in pursuing the common mission of improving health in community-based efforts worldwide.

**How is our work funded:** Our financial strategy is to reliably fund our public health professionals to provide needed critical services, expertise and technical support. We are transitioning from dependence upon government and institutional-driven funding by implementing an annual unified fundraising campaign and by building an endowment to sustainably fund our core operations and our full-time graduate level or higher professional staff. We further seek to focus additional do-nations as well as government and institutional grants on building local community capacity and implementing local community driven public health programs.

**Our domestic program:** Our historic commitment to educating emerging professionals as well as volunteers and donors remains strong. We operate volunteer and internship programs to share expertise and other lessons available in the communities we serve. We are committed to providing domestic research efforts with valuable data and experience in the global effort to improve the lives of mothers and their children. To date, we have impacted thousands of US professionals and students (approximately 2,000 volunteers).

As Curamericas Global heads into its 35th year, we have surveyed our community of longtime supporters, institutional partners, staff, volunteer Board Members and others to set the course for the future. This Strategic Plan is our effort to articulate that course.

### **III. Strategies**

#### **A. Focus on the Public Health Professional to Deliver Foundational Technical Support to Partners serving Partner Communities.**

Implementing effective public health interventions in underserved communities requires building health foundations such as Prevention, Home and Self Care, Practical Access to Best Available Institutional Care, Community Ownership and Commitment, Long Term Sustainability at the Community Level, and timely Capacity Expansion at the Community Level. Programs to build these foundational elements require local implementation capacity and critical know-how. Our experience and history demonstrate that achieving long-term success in these efforts requires local implementation by local partners with high credibility in the communities served. Often a missing element however is institutional know-how, program management best practices, financial management best practices, program design

and monitoring capacity, and access to international resources available to support public health capacity and infrastructure building efforts. Our programming strategy is to fill this gap by providing the professionals and the institutional knowledge necessary for effective technical support for the work of our local partners. A part of this strategy is to avoid expending limited resources on short-term efforts or vertical health interventions that are not part of our broader community based efforts in our partner communities.

### **B. Listen to Our Partner Communities and Build Relationships with These Communities.**

A critical teaching from the CBIO methodology is assessment of community needs first and development of the program interventions second. A corollary premise is that the community should be actively involved in the decisions about approaches to undertake and how to define success. Community commitment, both conceptually, as well as through commitment of community resources, is an important element of successful programs. To accomplish the necessary level of community involvement requires continuous and deep communication as well as development of trusting relationships. In addition to the structured information and data gathering used in implementing and monitoring our programs, fact finding trips and volunteer work trips to our communities facilitate deeper communication by creating an atmosphere of exchange and by building trust and understanding through shared experiences. Our strategy here is to build in opportunities for our communities and our partners to share with us at every stage of program development, implementation and assessment.

### **C. Focus Our Work on Mothers and Children.**

With an overarching aspiration to provide “Hope Through Health” to all members of our partner communities, we strategically focus our work on mothers and children. Preparing women from adolescence to have healthy babies and to properly provide for the health of those babies through age five builds a public health foundation in communities that is readily understood as important and that can be readily expanded to other adolescents and other adults. Starting with other groups does not seem to offer as universal an opportunity to spread healthy practices and healthcare capacity beyond the initially targeted populations. For this reason, we have chosen to focus our limited resources on mothers and children, including those women who would or could become mothers.

**D. Play the Long Game Building Long Term Relationships with Our Partners and Partner Communities.**

As we have demonstrated in Bolivia and are demonstrating in Guatemala, we will stay with our partners and partner communities when times get tough. We are committed to long-term partnerships that last beyond any one funding stream or grant and that lead to long-term and sustainable change. We see behavior change, health economy change, and improved health impacts as readily achieved and sustained through concentrated and clear long-term commitment to our partners and partner communities. These commitments empower our professionals to achieve sustained and sustainable outcomes that improve lives and advance our vision, mission, values and goals to improve health. These commitments also empower our partners, improve our credibility with partner communities and position us to address health needs that others with shorter-term focus cannot reach.

**E. Measure All We Do for Transparency and Accountability.**

Curamericas Global has a rich history of gathering and relying upon data to make decisions about community health needs and interventions. We seek to expand upon that history and the know-how we have developed to use data driven and evidence based approaches to guide all aspects of our work. The strategy here is to provide transparency and accountability to our partners and to ourselves so that we may continuously improve our work and outcomes and so that we may share our data and information with the larger public health community including our donors, partner agencies and sponsoring institutions. By doing so, our partner communities should reap the benefits of improved information and improved access to critical services and support.

**F. Contribute to the Development of the U.S.-based International Public Health Workforce.**

Through our domestic programs, we spread knowledge and information to students and public health professionals alike both at our headquarters offices, through our work teams, as well as through collaboration with other professionals pursuing similar work and goals and with academic communities. We advocate for change in support of our communities and feed the body of knowledge to answer the question “what is sustainable development?” We also are seeking to pilot programs to serve underserved communities here in the United States that have demonstrated needs that are readily preventable using our experience in community-based health care.

## **G. Build Sustainable Funding.**

It is time to end the organizational dependency on any one sector for revenue and put our words into action for a diverse revenue stream that will sustain the critical work for another 33 years and beyond. We will establish long-term funding sources that allow us to maintain our commitment to our partners and partner communities. We will continue to shape programs based on the needs of our partner communities and not the priorities of the donors. By giving public health professionals the flexibility to focus program funding applications on the entity most likely to get funded in order to accomplish the common program goals. Sometimes funding organizations will want the TA to be tied to the funding for accounting and control purposes. Other times they will want the funding provided directly to the on the ground implementing entity to flatten the structure. And other times they may want to handle the funding through a different NGO that they rely on for control of funding and reporting. The funding does not have to be through Curamericas Global and we expect that often up to 100% of funding to be directly spent in the field.

## **IV. Priorities: Goals, Objectives and Performance Goals**

### **GOAL: ESTABLISH SUSTAINABLE COMMUNITY DRIVEN PUBLIC HEALTH PROGRAMS ALIGNED WITH INTERNATIONALLY ACCEPTED STANDARDS AND LONG TERM PUBLIC HEALTH GOALS**

**Objective I: To empower public health professionals to focus on community health and well-being.**

#### **Performance Goals:**

- Re-focus our organization upon the central role of the public health professional to provide life-saving community-based public health technical support, program development and management to our partners and partner communities as measured by an annual satisfaction survey of our professionals and our partners with a baseline satisfaction standard of 80% from each group (professionals & partners) and with an annual improvement standard of a 20% annual reduction in the gap between the prior year's performance and 100% satisfaction. Achieve 100% satisfaction within five years. The survey is to be developed for use by the end of the 2017 Fiscal Year ("FY") with input and buy-in from our professionals and partners.

- By end of FY 2017, develop and implement professional and organization assessment tools that focus on professional development, professional growth, program outcomes and successful support of partner communities to provide our professionals with superior information to guide their work and to inform our partners. Long-term sustainable results rather than “winning” in short term grant competitions will be the fundamental focus of these measurement tools.
- By Fiscal Year Ending (“FYE”) 2017, develop and implement a five-year support staffing plan to facilitate the work of our professionals including plans for administrative services, development and grant-writing services, academic support of our programs, academic use of data obtained from our work, and networking and educational—both learning and teaching—opportunities for our professional staff.
- Maintain our current level of professional staffing and expand to three fully supported professionals by FYE 2017 with the addition of one additional fully supported professional at least every other year.
- Provide annual professional development opportunities for each member of the professional staff and assist the professional staff in securing at least two speaking/teaching opportunities annually. (Distinguish teaching opportunities which are externally focused and are not part of program implementation from training work that is part of the technical support we provide for programs.)
- Implement updated baseline technology to current standards by FYE 2017 to include wireless network capabilities and cloud-based computing platforms.

**Objective II: To deliver best available technical services to our partners for the benefit of our partner communities.**

**Performance Goals:**

- Each graduate level professional will meet consensus standards for the delivery of technical services to our partners as measured by the Curamericas Global professional performance assessment (an assessment tool, to be developed by the Executive Director and our current professionals and approved by the Board), measuring performance relating to such things as training provided, collaborative program development, program expansion plans, presentations at conferences, investigative fact-finding projects, cross-selling or consultative projects with part-

ners, published articles and aggregate program outcomes. Both the assessment tool and the consensus standards will be adopted during FY 2017.

- The quality of our technical services will be measured with reference to outcomes and by achieving consensus standards as measured by the Curamericas Global program outcomes assessment tool, designed to compare organization program results across programs and with prevailing world standards of success and efficiency. This tool will compare outcomes such as lives saved, cost per beneficiary life saved, sustainability, empowerment, and behavior change as compared to benchmark organizations. Both the assessment tool and the consensus standards will be adopted during FY 2017.
- Develop or acquire an electronic field data capture and distribution system for real time analysis and data-driven decision making by FYE 2017 and roll out to feasible pilot programs for proof of concept by end of second quarter 2018.
- Validate the results of our programs and technical services by publishing at least one article in peer reviewed journals annually.

**Objective III: To measure outcomes for all programs, including headquarters and domestic programs for data-driven decision-making throughout the organization and programs.**

**Performance Goals:**

- Develop an annual organizational scorecard by FYE 2017 (to be completed within 90 days of the end of each fiscal year) incorporating results from the professional performance assessments, executive director and board assessments, program outcomes assessment, financial audit, marketing and fundraising assessment, domestic program assessment, and other sources.

**Objective IV: To foster existing and new, mutually beneficial partnerships with partners and committed partner communities who share the organization's core values and complement its resources and expertise.**

**Performance Goals:**

- By FYE 2017, have in place agreements with existing and new partners describing five-year goals, objectives and performance goals for mutually agreeable public health efforts in each of the following countries: Bolivia, Guatemala, Haiti, Honduras, Kenya, Liberia and Sierra Leone.

- See below for U.S. programs.
- By FYE 2017 implement a written partnership discovery process that continually assesses opportunities for new partnerships of all types, producing quarterly and annual reports to the Board regarding priority prospects and defining decisional criteria.

**GOAL: STRENGTHEN AND POSITION CURAMERICAS GLOBAL TO CONTRIBUTE TO WORLD PUBLIC HEALTH FOR THE NEXT THIRTY YEARS.**

**Objective V: To achieve financial sustainability through a stable, diverse, and growing resource base.**

**Performance Goals:**

- Grow sustainable funding through the Hope through Health Endowment to \$5,000,000 by end of 2018, \$10,000,000 by end of 2021 and \$40,000,000 by end of 2026.
- Raise at least \$250,000 annually from a recurring annual campaign covering overhead and administrative costs necessary for sustainable operations.
- Increase direct investment in marketing and fundraising to 5% of annual budget plus one Full Time Equivalent (“FTE”) staff member to manage these efforts by FYE 2017; adding one additional FTE staff member no later than FYE 2019.
- Achieve cash reserves greater than three months of operating overhead by FYE 2017.
- Obtain documented planned giving of at least \$7,500,000 by FYE 2021.

**Objective VI: To strengthen domestic (U.S. communities) programs.**

**Performance Goals:**

- Establish working relationships with local graduate school programs\* with the goal of having a minimum of 6 total interns (minimum 4 grad student interns + 2 undergrad interns) per semester working at the Headquarters office

by FYE 2017 to donate a total of 1,800 hours of volunteer labor; a minimum 8 total interns (minimum 4 grad student interns) by FY 2018 to donate a total of 2,400 hours of volunteer labor.

- In FYE 2017 develop an assessment tool for our programs to measure alignment with and contributions of intern and volunteer programs with achieving technical program goals and effectiveness in building long-term relationships among our partner communities. As part of the organizational score card.
- Each staff to have a minimum of 1 intern contributing 100 hours of volunteer labor per semester by FYE 2017; 2 interns contributing a total of 200 hours per semester by FY 2018.
- Secure a minimum of 2 (non-student) volunteers to contribute a total of 100 hours per year by FYE 2017, with an increase to 4 volunteers and 200 hours by FYE 2019.
- Establish one local committee by FYE 2018 that focuses on either marketing and/or fundraising. This committee will support Curamericas Global's effort to advocate, educate and tell the story in a specific geographic location (e.g. Western NC, Fayetteville, NC, Maine) Add language to describe the committee focused on a geographic location in the United States.
- Establish working relationships with local graduate school programs with goal of having 2 total graduate-level interns stationed in the field per year to assist Program Managers and contribute a minimum total of 400 hours of volunteer labor to our programs by FYE 2017; 4 total interns by FYE 2018 to donate a total of 800 hours of volunteer labor.
- Establish strategic relationships to recruit a minimum of 6 work teams by FYE 2017 to support our programs abroad by contributing 5,184 hours of volunteer labor and \$6,000 in in-kind donations; 8 work teams by FYE 2018 to contribute 6,912 hours of volunteer labor and \$8,000 in in-kind donations.
- Receive an average score of 8.0 on Volunteer Evaluation questions on 100% of trips.
- Pilot a partnership with at least one U.S. community-based health care provider by FYE 2018.

- Develop criteria and goals for an advocacy initiative FYE 2017 that advocates for global development goals related to community based primary healthcare, with a primary emphasis on care for mothers and children.

**Objective VII: To strengthen the Curamericas brand.**

**Performance Goals:**

- Strengthen and increase depth of fully committed, effective Board of Directors, with desired target qualifications finalized during first quarter of 2017 Board of Directors meeting and prospects for each area of targeted qualifications identified by the third quarter of 2017 Board of Directors meeting.
- Add an average of at least one Board member per year, for 2017-2021, reaching and maintaining a total of at least nine Board members.
- Obtain a professional review of current marketing, development and planned giving programs with recommendations to the Board by end of calendar year 2017 regarding brand expansion and recognition. Implement approved recommendations beginning no later than FYE 2018.
- Address name change and CBIO+CG re-branding with final decisions by end of June 2017.
- Enhance visibility locally and globally by regularly (at least quarterly) disseminating achievements at global health conferences and in global health publications using data obtained from the program and organization performance assessments.

**V. Strategic Planning Process**

On December 11, 2015, the Board of Directors voted to form a strategic planning committee and tasked the Committee with preparing a five-year strategic plan to be presented at the September, 2016 Curamericas Leadership Retreat. The Committee began work in the fourth quarter of 2015 and executed a strategic planning process that included the following:

- Recruiting additional committee members with expertise in relevant programs and strategic planning/business development,

- Conducting organizational meetings to outline the desired process, deadlines and end product,
- Identifying key stakeholders around the world to integrate partners, supporters, staff, board members, and other experts in the planning process,
- Preparing a questionnaire for the identified key stakeholders using a standard SWOT method to marshal supporting data and perspectives on the organization's Strengths, Weaknesses, Opportunities, and Threats in relation to its programs in the field, resource development, and operations,
- Implementing the questionnaire process and assimilating the data, including conducting follow-up interviews and focus groups,
- Identifying and analyzing additional historical data (e.g. financial and volunteer data) pertinent to the strategic planning process,
- Preparing a draft strategic plan to include specific: I. Priority Objectives (what is to be accomplished), II. Goals (the metric and quantity indicative of accomplishing the objective), and III. Strategies (statement of how the objective is to be delivered),
- Vetting the draft plan via in-person meetings with Curamericas staff and Board of Directors,
- Finalizing the proposed plan,
- Presenting the plan for Board approval and hand-off to implementation teams as assigned by the Board and Executive Director,
- Anticipating the future need for oversight and consultations to ensure forward momentum and tracking of strategic plan implementation; and
- Anticipating annual updates to perpetuate a rolling five-year strategic plan.

The Strategic Planning Committee is comprised of the following members:

Tina Jones, Vice-Chair Curamericas Global Board of Directors (Committee Chair)

Rob Fields, Chair Curamericas Global Board of Directors

Andrew Herrera, Executive Director, Curamericas Global

Bob Barnes, Ph.D. Instructor and Director of Business Development, Duke University Pratt School of Engineering <https://www.linkedin.com/in/drbbobproject>

Ira Stollak, M.P.H., Latin America Program Manager, Curamericas Global.

## VI. Glossary

**CBIO (Community-Based, Impact Oriented):** *Community-Based* – because it empowers communities as full partners in improving their own health; *Impact-Oriented* – because of its unique ability to show actual reduction in child and maternal mortality. Originally known as Census-Based Impact-Oriented.

**Communities:** Curamericas works with different types of communities around the world. While we commonly think of communities as having a common geographical location, communities can also be defined by a common identity or interest, patterned social interactions or in their potential for unified action to meet needs.

**Domestic Programs:** The mobilization of domestic support in the form of internship, volunteer and international volunteer programs. Domestic support also includes partnership with local actors in order to improve the health of underserved populations in the U.S.

**Fiscal Year (“FY”) and Fiscal Year End (“FYE”):** The Curamericas Global fiscal year is from October 1 – September 30. The Fiscal Year End 09.2017 starts October 1, 2016 and ends September 30, 2017.

**Mother:** Women of reproductive age who may or may not have children.

**Partners:** Curamericas Global forms mutually beneficial relationships with NGOs, clinics, and agencies to address the health needs of the communities where we work. Partnership involves the full empowerment of our community partners to design, implement, monitor and sustain their health programs.

**Public Health Professionals Vs. Health Care Professionals:** Health Care Professionals refers to a licensed practitioner who is qualified to provide medical services. Public Health Professionals prevent disease and injury by promoting healthy

lifestyles and behaviors. Public Health Professionals are not necessarily qualified to provide medical care directly.

**Underserved:** Underserved refers to populations and communities experiencing obstacles to maintaining their health and thus have poorer health outcomes. Obstacles stem from social conditions as well as a history of political, social and financial marginalization.

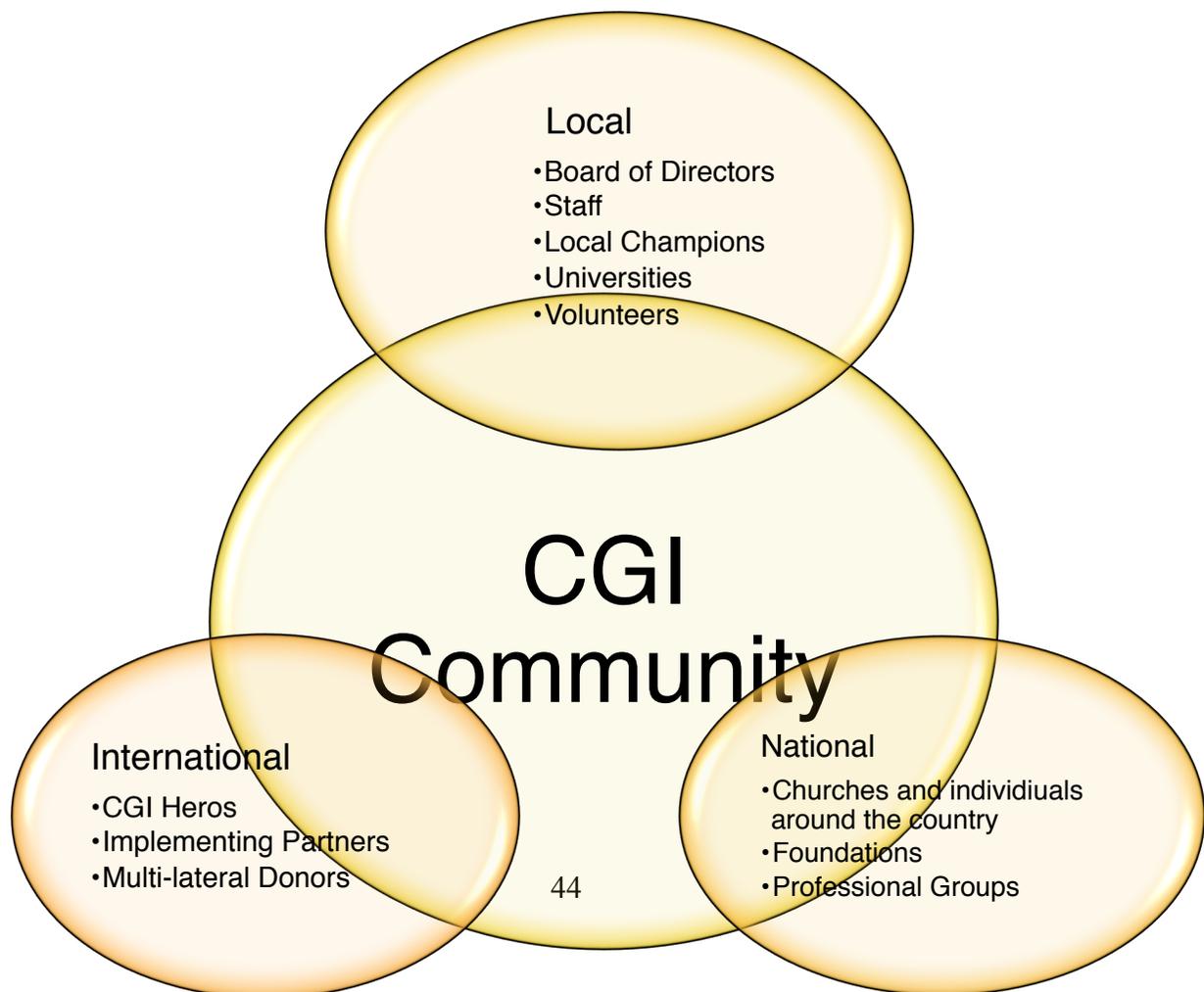
## Appendix D – The Curamericas Global Community

The purpose of this Appendix is to show the complex, interrelated individuals and groups who form the Curamericas Global Community and then to work hard to be able to apply our best practices to our own community.

### **The Curamericas Global Community.**

CGI is founded in partnership and development of forgotten communities around the world. One community we have forgotten to identify and track is our own. Who is part of the Curamericas Community?

A common vocabulary challenge for us is the use of the word “Partner”. Our community is the aggregate of our partners. **LOCAL:** Community members (i.e. partners) include Board of Directors, staff, contractors, domestic and international volunteers, individual donors including faith-based groups and small-family foundations, **NATIONAL:** individuals, and churches around the US, Professional Associations such as the CORE GROUP and the American Public Health Association, and institutional donors (e. g. USAID, CDC, Ronald McDonald House Charities, Rotary International, the United Methodist Church); **INTERNATIONAL:** Partners in the Field include implementing partners such as Andean Rural Health



Care, Curamericas Guatemala, Carolina for Kibera, the Sierra Leone Annual Conference of the United Methodist Church, the Liberian Annual Conference of the United Methodist Church, Helping Children Worldwide, Rotary Club of Copan Las Ruinas, the Ministry of Health in each country we work, other international development NGOs (FHI360, IntraHealth,) universities such as Johns Hopkins University Bloomberg School of Public Health, The University of North Carolina and others.



Andrew Herrera – Executive Director – As Executive Director of Curamericas Global, Andrew has been responsible for leading strategic initiatives, development of the Board of Directors and the day-to-day operations of a fast-paced international Nongovernmental Organization. Andrew served with the City of Raleigh Parks and Recreation for four years and spent a year studying in Ecuador. In 2004 Andrew was a State Department Ambassador to Jiaonan, China through the American Field Service. He has a B.A. in Hispanic Studies and Religious Studies from East Carolina University and is currently pursuing his MPH from University of North Carolina Gillings School of Global Public Health.



Florence Amadi, MPH, CHES – Program Manager for Africa. Originally from Kenya, Florence is a passionate public health professional with experience working in developed and developing country settings and has lived in the Triangle area for over 10 years. She has previously worked at IntraHealth, RTI, African Medical and Research Foundation (AMREF), as well as Wells Fargo. She has special interest in promoting community and policy makers' involvement, public-private partnerships, and local systems capacity building in finding and embracing evidence-based approaches to improve programs and community-based service delivery to vulnerable populations. Florence holds a Master's

degree in Public Health with a concentration in Maternal and Child Health and certification in Global Health from the University of North Carolina at Chapel Hill, Gillings School of Global Public Health, and a Bachelor of Science in Public Health Education from the University of North Carolina at Greensboro.



Ira Stollak, MPH, MA – Program Manager for Latin America. Ira came to international public health work via a life-transforming two years as a middle-aged Peace Corps Volunteer in Guatemala and Belize, where he designed and implemented projects to combat the spread of HIV/AIDS. Prior to this, he had long careers directing educational programs for at-risk youth and teaching college English and Literature. He returned to grad school at the University of Washington School of Public Health and Community Medicine, where he earned an MPH in International Health; his thesis work, funded by the Gates Foundation, examined the HIV dissemination risk of Mexican truckers in the Yucatan. He then worked for a year in Alaska for the Alaska Center for Rural Health, doing research on inequities in health care provision in rural Alaska, and then joined the team at Curamericas Global, initiating two new projects in Liberia and Haiti, before becoming Program Manager for Latin America, supporting CGI’s Guatemala project in partnership with Curamericas Guatemala.



Barbara joined the Curamericas Global team in December 2013. Barbara holds a Bachelor of Arts in both Political Science and Spanish from UNC Asheville. After graduating in 2010, Barbara has worked with AmeriCorps VISTA in the City of Raleigh's Project LIFT program, and triangle-based nonprofit organizations Stop Hunger Now and International Focus. In 2013, she spent 6 months living in El Salvador doing an internship with ConTextos. Barbara has continued to expand her knowledge by taking various economics courses at NC State and earning a certificate in Nonprofit Management from Duke University.



Jane Thibodeau, MA – Development Associate. Jane began working with Curamericas in June, 2014. After receiving her undergraduate degree in Anthropology with a minor in Spanish, Jane worked as Outreach Worker for the North Carolina Farmworker Health Program to increase farmworker access to healthcare services. After working and traveling for a few years, Jane decided to pursue a Master's degree in International Relations from the Universidad del Salvador in Buenos Aires, Argentina, where her studies focused on international economy, cooperation and development. Upon returning from Argentina, Jane started a successful community garden in upstate New York and ran a children's gardening program. Having recently returned to the Triangle after several years away.



Dr. Henry Perry, MD, PhD, MPH – Founder and Director Emeritus of Curamericas Global. Henry currently serves as Senior Associate in the Health Systems Program of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health in Baltimore, MD. He has a formal background in medicine including general surgery, public health, sociology and anthropology. Henry has lived and worked in Bangladesh and Haiti in maternal and child health issues, primary care, hospital care, and community development. From 2003-2009 he worked with the NGO Future Generations to establish its innovative Master’s Degree program in Applied Community Change and Conservation.



Alma Dominguez -Alma is the head nurse for the Casa Materna in Calhuitz and is a founding member of Curamericas Guatemala.



Dr. Mario Valdéz – MD, PhD, MPH – Founder of Curamericas Guatemala. Dr. Valdéz was trained as an OBGYN and first worked in the Western Highlands as a resident. Twenty years later, Dr. Valdéz continues to drive systemic change among the most vulnerable populations. A world-class public health professional in the highlands of Guatemala, Dr. Valdéz has worked on various community-based efforts throughout his entire career.



Mark Muasa is the head of Carolina for Kibera's Health Services Department. He is passionate about working for an organization that promotes community-driven solutions and initiatives in order to implement transformative development, specifically in public health. Mark holds a Master of Arts in Medical Sociology, a Bachelor of Arts from Moi University and a post-graduate diploma in Project Management from the Institute of Finance and Project Management.



Ramiro Llanque - Ramiro graduated from the faculty of medicine at the Universidad de San Francisco Xavier de Chuquisaca, Sucre in 1993. He received his master's degree in Public Health from the James P. Grant School of Public Health in Bangladesh in 2007 and studied Project Monitoring and Evaluation at the University of North Carolina. After working for several years in the Ministry of Health he started working for the RAHC in 1997. At first he was responsible for heading project implementation in the field and then went on to become a manager in the main office in 2002. He currently manages funding from external sources by designing projects and doing consultancy work. He specializes in designing, monitoring and evaluating projects and programs, infant nutrition, systematization and social research.



Nat Robison served as Executive Director of Cu-ramericas Global's partner organization in Bolivia (*Consejo de Salud Rural Andino*) for 27 years until his retirement from that position in 2013. He has extensive knowledge about and experience with community health programming and community development more broadly. In addition to his work with CSRA, Nat has a long experience working with many other development organizations in Bolivia. He currently

serves on the boards of directors of several Bolivian NGOs, including CRECER, a successful micro-credit lending institution; PROCOSI, a network of 26 non-profit organizations providing integrated health services in Bolivia; and SEMTA, which provides technical and financial assistance to families and communities in income generation and social development. Nat was born in Bolivia and is the son of life-long Methodist missionaries who served there.



Dr. J. Wes Jones is the founder and senior partner of the Cape Fear Center for Digestive Diseases in Fayetteville, NC. Wes has made approximately 20 trips to Bolivia since 1987 along with 250 volunteer team members. He first joined the Board in 1988 and later rejoined the Board of Directors in 2005. He has also visited our projects in Guatemala, Liberia, and Haiti. Wes has been given the FACP and AGAF awards for his work in medicine and gastroenterology. He authored *Cure Constipation Now, A Doctor's Fiber Therapy to Cleanse and Heal* [released by Penguin in July 2009].



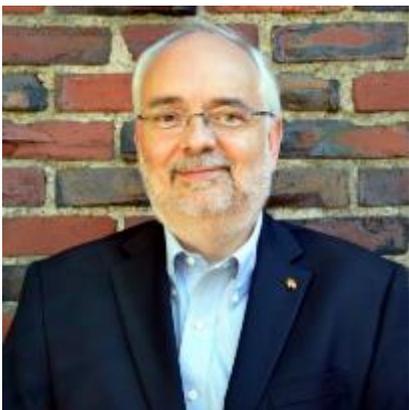
Brenda Booth is an adult nurse practitioner with Highland Family Practice in Fayetteville, NC. She has been involved with Curamericas since 1998 when she made her first trip to Montero, Bolivia. Her interests include both preventive and primary health care and a commitment to helping others. In addition to her work with Curamericas she is active on the Outreach Committee of Haymount United Methodist Church. Today she serves on the Board of Directors of Curamericas Global.



Betsy Jordan-Bell is a public health nutritionist programming for the treatment of severe acute malnutrition in Africa. She first became interested in public health through participating in a volunteer trip to Bolivia through Curamericas as a high school student. Betsy is currently working as Nutrition Advisor in the Bureau of Global Health for the US Agency for International Development (USAID). She previously worked as project coordinator of a nutrition and HIV-focused research study at the Carolina Population Center in Chapel Hill, NC. Today she serves on the Board of Directors of Curamericas Global in recognition of its impact on her feeding her passion for world health.



Tina Jones – Vice Chair of the Board of Directors. Tina received a B.A. degree in History from Fairmont State College and a J.D. degree from West Virginia University College of Law. She has over seventeen years of experience in complex health care litigation working with Womble Carlyle Sandridge & Rice, LLP. She joined the board to combine her experience as a healthcare attorney with her interest in the human rights of all women and girls. She believes that educating and training community members and collecting long-term data empowers the girls and women of tomorrow.



Rob Fields – Chair of the Board of Directors. Rob received a B.A. degree in Economics from Davidson College and a J.D. degree from Wake Forest University. He has over thirty years of experience representing businesses in litigation, dispute resolution and other matters. Rob's practice experience spans every region of the United States. Rob's commitment to Curamericas grew out of the experiences of his daughters with Curamericas in Bolivia.



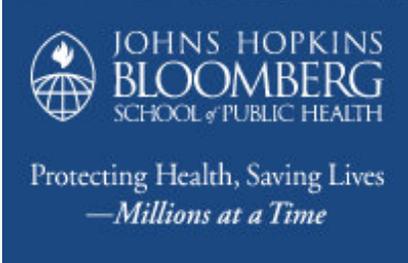
Since 1983, Curamericas Global has partnered with Andean Rural Health Care (*Consejo de Salud Rural Andino*) to provide life-saving community-health to the most underserved in Bolivia. First working on the Altiplano with the Aymara people, ARHC work expanded to the lowlands into Montero. Today, ARHC has operated for over 20 years as a fully-independent Bolivian NGO serving Bolivian People.



Curamericas Guatemala is a non-governmental organization and not-for-profit, dedicated to the Integrated Community Development through action in the form of projects and programs in Health, Education, Production, Employment, Income, Equity and the Environment. Curamericas Global has been in partnership with Curamericas Guatemala since 1999 and serve forgotten communities across Guatemala. Curamericas Guatemala also partners with the Guatemala Ministry of Health (MSPAS) and the University of San Carlos.



Curamericas Global has partnered with Carolina for Kibera (CFK) for over four years and share many values and a similar vision and mission. Carolina for Kibera exists to develop local leaders, catalyze positive change and alleviate poverty in the Kibera slum of Nairobi. With a commitment to excellence and teamwork, Curamericas Global and Carolina for Kibera provide community-based primary health care through CBIO and Care Groups.



Advancing  
community health  
worldwide.

As the largest school of public health in the world and ranked number 1 by the U.S. News and World Report since 1994, the Johns Hopkins Bloomberg School of Public Health has partnered with Curamericas Global on research projects and through practica experiences for graduate students.

Curamericas Global is a founding member of the CORE Group, which emerged organically, in 1997, when a group of health professionals from non-governmental development organizations saw the value of sharing knowledge and ideas about how to best help children survive.

Governments worldwide are committing resources and political will to achieving Millennium Development Goals that call for reducing child deaths by two-thirds and maternal deaths by three-fourths between 1990 and 2015. CORE Group is part of the force that is making these targets a reality through its community-focused health programs with its allied organizations.

CORE Group works to fulfill that vision by working with its 70+ Member and Associate organizations and a network of partners to generate collaborative action and learning to improve and expand community-focused public health practices for underserved populations around the world. We give particular emphasis to women of reproductive age and children under five because they are the most vulnerable to death and illness from poverty and disease.



The Triangle Global Health Consortium is a non-profit member organization representing institutions and individuals from the pharmaceutical and biotechnology industry, the international health development NGO community, and academia.

The Consortium includes 18 institutional members and numerous individual members, representing some of the best and brightest in the field of global health. Our members include major pharmaceutical companies including GlaxoSmithKline, leading global health development organizations including founding members RTI International, FHI360 and IntraHealth, and major academic institutions, including Duke University, NC State University, and UNC Chapel Hill.



In partnership since 1983, Curamericas Global and the United Methodist women have supported initiatives surrounding clean water, family planning and maternal and child health in Bolivia, Guatemala, Liberia and Sierra Leone.



In partnership since 1983, Curamericas Global and the General Board of Global Ministries of the United Methodist Church have worked together to build partnerships and implement programs around the world. Recent partnerships have been to develop the Community-Based Primary Health Care Nehnwaa project at Ganta United Methodist Hospital and the Kuiemi program in Bo District, Sierra Leone.

Sierra Leone

SLAC and Curamericas have worked to develop a partnership since 2011 with a focus on growing the Community-Based Primary Health Care.

Liberia

LAC and Curamericas Global have partnered since 2008 to provide Community-Based Primary Healthcare and Health System Strengthening