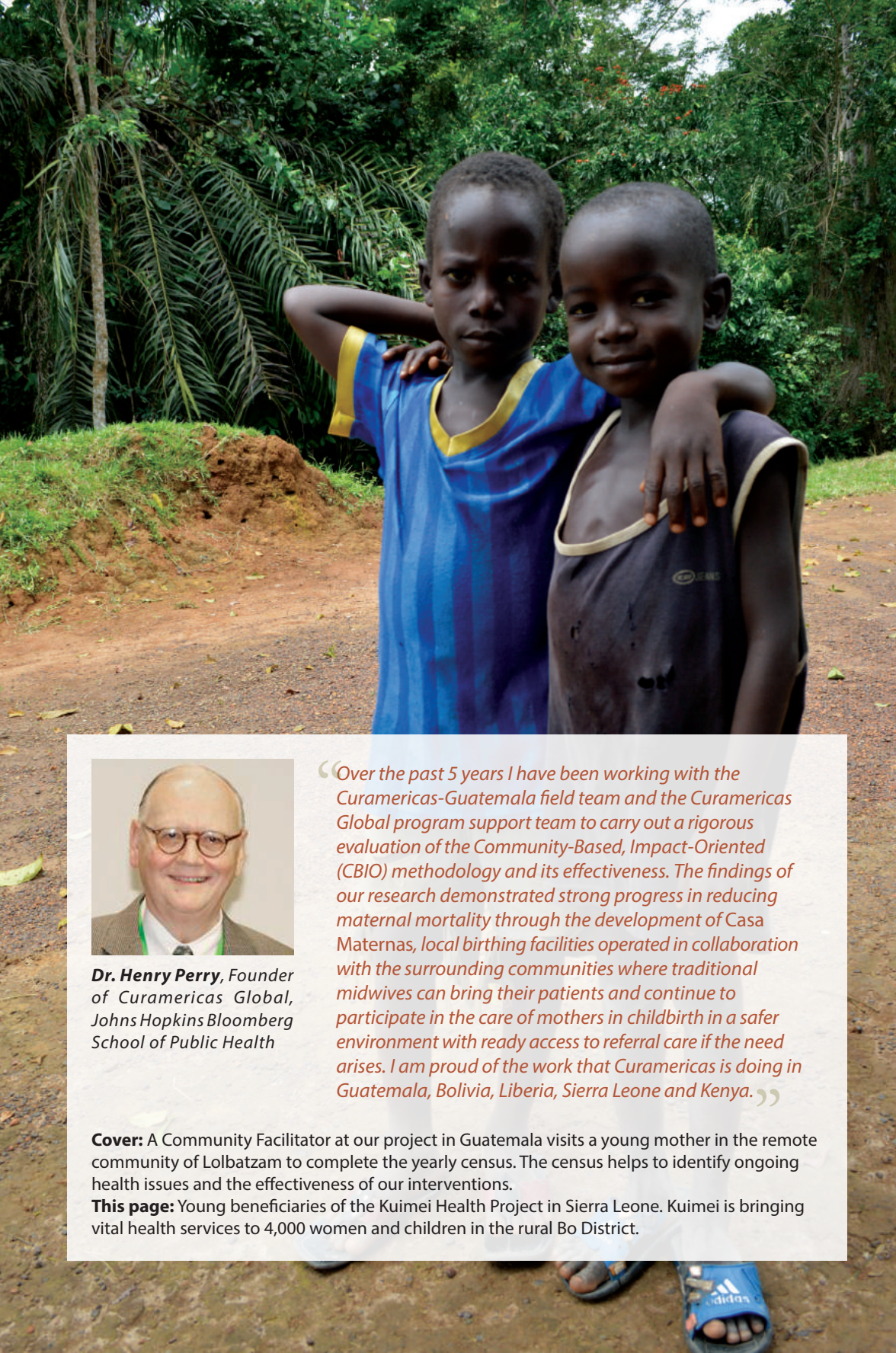




CURAMERICAS GLOBAL ANNUAL REPORT 2015



Ending preventable deaths, one life at a time.



FROM THE EXECUTIVE DIRECTOR

Dear Friends and Supporters,

This year, we brought over three decades of community health work and expertise to rural Sierra Leone. Sierra Leone has some of the highest child mortality rates in the world, and after a 10-year civil war and the recent Ebola crisis, death rates for women and children are unacceptable. We are replicating our proven Community-Based, Impact-Oriented (CBIO) methodology and are establishing a long-term project to create sustainable change in the health care system that will **save the lives of thousands of women and children for years to come.**

As with all of our projects, we are invested in working alongside our partners in Sierra Leone until we succeed in creating sustainable change. We work in some of the most challenging places in the world, and the kind of long-term healthcare system reform that we seek takes years to achieve. As such, we are deeply committed to our partners and to achieve this change, we focus on what matters: empowering communities, sharing best practices and leveraging collaboration.

We could not do this without the generous support of our many volunteers and donors. Your support is critical to improving the health and well-being of communities now and for generations to come. **Because of you, in 2015 more than 160,000 people in over 200 communities benefited from life-saving health services and outreach.** We're looking forward to increasing access to health care for those in need in 2016 and beyond.

Thank you wholeheartedly for being a part of the Curamericas Global family.

Sincerely,

Andrew Herrera
Executive Director



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

“Over the past 5 years I have been working with the Curamericas-Guatemala field team and the Curamericas Global program support team to carry out a rigorous evaluation of the Community-Based, Impact-Oriented (CBIO) methodology and its effectiveness. The findings of our research demonstrated strong progress in reducing maternal mortality through the development of Casa Maternas, local birthing facilities operated in collaboration with the surrounding communities where traditional midwives can bring their patients and continue to participate in the care of mothers in childbirth in a safer environment with ready access to referral care if the need arises. I am proud of the work that Curamericas is doing in Guatemala, Bolivia, Liberia, Sierra Leone and Kenya.”

Cover: A Community Facilitator at our project in Guatemala visits a young mother in the remote community of Lolbatzam to complete the yearly census. The census helps to identify ongoing health issues and the effectiveness of our interventions.

This page: Young beneficiaries of the Kuimei Health Project in Sierra Leone. Kuimei is bringing vital health services to 4,000 women and children in the rural Bo District.



MATERNAL & CHILD HEALTH

CHILD HEALTH

In 2015,
16,000
children died every day, primarily from preventable causes¹

Over
50%
of child deaths are due to **easily preventable conditions**²



The vast majority of the **5.9 million children** who die every year could be saved by proven, low-tech, cost-effective measures, such as:

- Vaccines
- Antibiotics
- Vitamins
- Hand-washing
- Exclusive breastfeeding
- Proper nutrition

MATERNAL HEALTH

830
women die every day, from preventable causes related to pregnancy and childbirth.³

99%
of these deaths occur in developing countries, where resources are low and access to basic health care is extremely limited.³



Maternal deaths can be prevented with:

- Health education
- Antenatal care
- Skilled birth attendants during childbirth
- Proper post-natal care
- Family planning services

The problem is substantial, but with your help, we are working to build the capacity of local health care providers to bring these low-cost, life-saving interventions to communities that most need them.



OUR METHODOLOGY

We use a unique combination of methodologies to address the challenges facing maternal and child health in each community around the world. Our signature Community-Based, Impact-Oriented (CBIO) methodology helps us identify the populations we serve as well as the unique health problems present in their communities. CBIO, combined with Care Groups, helps us ensure that scarce resources are used efficiently to reach each beneficiary in the targeted population.

Research proves our success

The 2015 Project TRACtion Case Study demonstrated the extraordinary success of our Guatemala project with our Ronald McDonald House Charities® Casa Maternas in the municipality of San Sebastián Coatán. The study shows that in our project area, 70% of deliveries took place in the clean, safe conditions of a health facility. **This is the highest rate of health facility deliveries in rural Guatemala that we know of.** Our research paper has been accepted by the journal *Global Health: Science and Practice* for peer review and we anticipate publication in early 2016.⁴



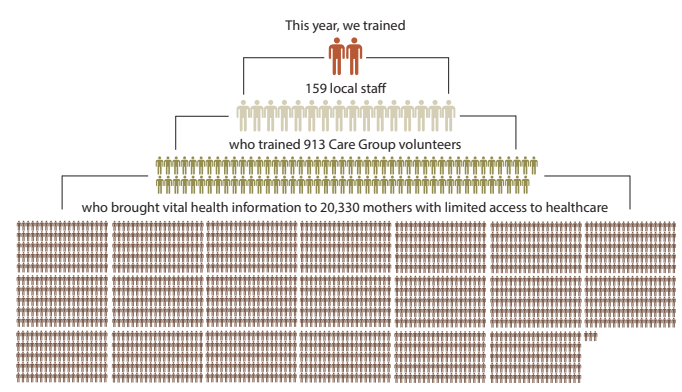
“Our communities have benefitted from the Casa Materna because now our women have a clean, safe place to give birth to our children.”

– Inez Gutierrez, leader in partner community

CARE GROUPS

The Innovative Community-Based Strategy to Improve Maternal and Child Health

The Care Group approach uses volunteers to share vital messages with mothers and promote important health behaviors and key health services. Rather than waiting for individuals to seek medical care, volunteers bring our programs house-to-house to ensure nobody slips through the cracks. The integration of volunteers allows health programs to reach a greater population without increasing overall program costs. Furthermore, engaging community members as volunteers also creates community ownership and increases trust in and sustainability of the program.⁵

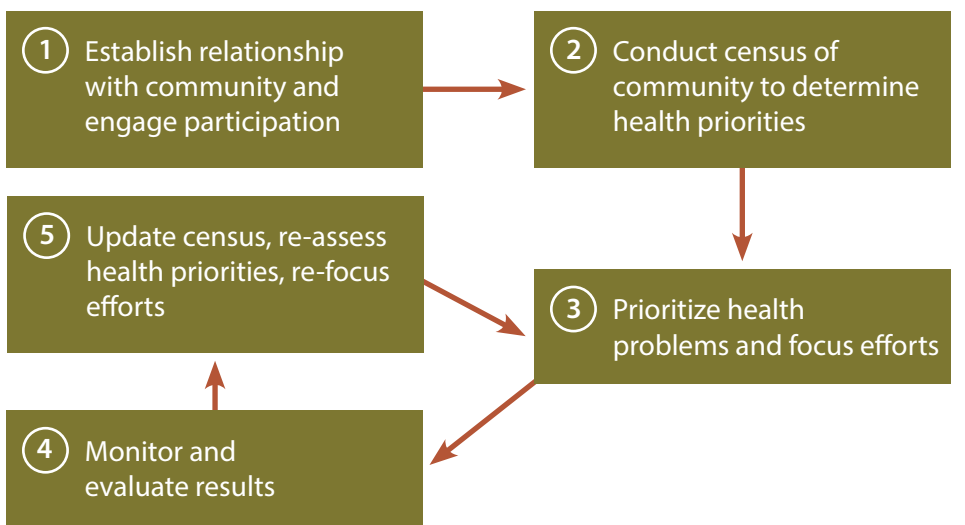


CBIO

What Sets Us Apart From Other Nonprofits

The CBIO methodology is a unique approach to providing health care services that allows local health care providers to better understand, more effectively treat, and accurately measure outcomes and impacts for the most commonly found causes of unnecessary suffering, sickness and death within their communities. This matters because our programs and services are designed to meet the specific needs of each person in each community.

How it works



Young kids in Guatemala hold their health card as they wait to be weighed and measured at a monthly community meeting. Sharing health data is central to our work, empowering community members to see improvements in their health and where needs still exist.

GUATEMALA

We're proud to say that this year, there were **ZERO maternal deaths** in the partner communities of the *Casa Maternas*. What's more impressive – we **nearly eliminated deaths in children** between 1 and 5 years old.

YOUR DONATIONS AT WORK IN 2015

29
educators trained

149
Community Facilitators
who trained and supervised

779
Care Group Volunteers
who reached

14,488
women with important
health messages

We saved
31
mothers by getting
them to the hospital
when needed

15,738
children served⁶

70%
of women **delivered in
a health facility** – far
exceeding our project
goal of 45%⁷



“Everyone deserves adequate health services that are geographically, economically and culturally accessible. The Casa Maternas have served over 1,000 mothers during childbirth, and is an example for other communities, the country of Guatemala and other nations to improve their quality of life, their nutrition and to reduce maternal and child mortality.”

– Dr. Mario Valdez, Director of Curamericas-Guatemala, pictured above with Carmen Laureana, Health Educator, and Alma Dominguez, Head Nurse.

Casa Materna: A model for the future of Guatemala

Inspired by its success, the *Casa Materna* model has been adopted by the Ministry of Health in San Miguel Acatán. This means that government services are now being adapted to the Mayan culture and offered in the Mayan language. This will enable the project to expand through the creation of a network of integrated services, reaching hundreds of more beneficiaries. Additionally, we have been approached by the mayor of a community in a neighboring department to establish a *Casa Materna* in his community. These two developments validate the principals of the *Casa Maternas* model (supported by Ronald McDonald House Charities) and show how it is gaining notice and momentum in Guatemala, which attests to its positive impact.⁸

In 2015, we continued our partnership with the General Board of Global Ministries of the United Methodist Church and the Liberia Annual Conference to support Ganta United Methodist Hospital in its sustainability phase. Funding from USAID helped start the Nehnwaa Project in Nimba County in 2008, which reduced child mortality by 63%!

This year, Nehnwaa staff visited **168 communities**, where they:

Conducted
834
Ebola awareness
sessions to reach
34,479
people

Although Liberia has been declared Ebola free, the team continues to educate communities on Ebola prevention in order to build a resilient and prepared community

Referred
483
pregnant women
and children to
health facilities



“The Nehnwaa project taught us the preventative methods for pneumonia, malaria and diarrhea. It helped us understand all the methods there are to take better care of ourselves.”

— Kou Gweh, Care Group member from Zarsonnon

Established
2
additional financial
life saving clubs
Financial life saving
clubs are community
insurance programs that
provide transportation
to a health facility for
complications during
child birth

Reached
343
people with
Family Planning
services and
279
individuals with
related counseling



Allen Zomonway leads a CPIO training for staff members at our new project in Sierra Leone.

One of the keys to the sustainability of our projects is equipping our partners to source their own funding, which our partners at the Nehnwaa Project have successfully done, allowing them to continue providing primary health services to the communities they serve.

In addition, we've facilitated mutually beneficial connections between our partners. As a result, Allen Zomonway, former Nehnwaa Project Coordinator, helped train staff members at our new project in Sierra Leone. This type of inter-project cooperation allows for invaluable experiential learning between our partners, further promoting sustainability.



A community health worker conducts an interview with a young mother to collect health data, which is used to determine health priorities in the community and to design program interventions to address community needs.

LIBERIA



KENYA

Mothers attend a Care Group session to learn about water and sanitation in the Kibera slum outside of Nairobi.

Kibera, located outside of Nairobi, is the largest urban informal settlement in Africa, and one of the largest in the world. In Kibera, the cost of health misinformation is life-threatening. Although community members are aware of the health facilities that exist in Kibera, there is a serious lack of health service utilization at these facilities. To address this dangerous gap, Curamericas Global, in partnership with Carolina for Kibera, and with support from Ronald McDonald House Charities, works with Community Health Volunteers to provide health education and bridge the gap between health facilities and the community.

This year, our partners at Andean Rural Health Care (CSRA) **reduced chronic malnutrition to 0.3% and acute malnutrition to 0.1% in 3,301 children under two years old.** This was done by educating mothers on the importance of nutrition and vitamins at clinics and through home visits and cooking workshops. Our partners also **established family health records for 3,914 families** using our CBIO methodology, which provides the tools to analyze the health situation of families and communities, and to devise strategies to effectively address prominent health issues.

Dengue and Chikungunya Prevention

Dengue and Chikungunya are illnesses caused by viruses spread through mosquito bites that can have devastating health effects for humans. In 2015, our partners at CSRA **reduced the population of mosquitoes that spread Dengue and Chikungunya to 2%** through educational campaigns for families to reduce mosquito breeding grounds and implement preventative measures.

A health worker uses a visual education tool designed for non-literate audiences to teach a new mother about the importance of hand-washing to prevent illness.



BOLIVIA

27
staff and
volunteers
trained to use
Care Groups

210
pregnant
women reached
with vital health
education and
support

2,252
household visits
to pregnant women
and households
with children
under age five

90%
of deliveries
took place at a
health facility
with a skilled
birth attendant



“For a very long time the formal ways of health facilities have posed financial and technological barriers to our community, in particular to expectant women, but since the formation of these Care Groups, the barriers have been mitigated and have made it easier for us to access some services that were mirage previously.”

– Akina Kadima, a Care Group beneficiary from Kibera, Kenya

SIERRA LEONE



Community members celebrate at the opening of the Kuimei Project, which will bring vital maternal and child health services to a population greatly in need.

In 2015, we started a new program in Sierra Leone, a country known for having the 2nd highest child mortality rate in the world¹⁰ and where women face a 1 in 23 chance of dying from causes related to pregnancy and childbirth.¹¹ Our project, in partnership with the General Board of Global Ministries of the United Methodist Church, Helping Children Worldwide, United Methodist Women, and the Sierra Leone Annual Conference, will **reach over 4,000 people with lifesaving health services and education** in its first year. The program will:

- Increase demand for and use of **prenatal services**
- Increase the number of births attended by a **skilled birth attendant**
- Increase access to **emergency obstetric care**
- Increase demand for and use of **prevention and treatment services for malaria, diarrhea, pneumonia and HIV**
- Increase access to **potable water** and practice of **proper sanitation**
- Increase knowledge of and access to **family planning services**

There is no quick-fix to Sierra Leone's high maternal and child mortality rates. However, by training and deploying local primary health care teams, including community health workers, traditional midwives and Care Group Volunteers, we will be able to impart sustainable change to improve the health and well-being of the people of Bo District.

The Kuimei Project

Kuimei (pronounced "kwee-me") means "mother" in the local Mende language. The definition encompasses mothers and grandmothers who may or may not have had children of their own, but serve as a mother to the children in their community. This name, chosen by the community, reflects the role of the project as a caretaker of the community.



“The vast majority of the Sierra Leonean population in the rural communities live in life-threatening conditions each day. No doubt, the KUIMEI Community-Based Health Care project will be of tremendous advantage in changing the social and health conditions of these impoverished communities.”

– Bishop John Yambasu, Sierra Leone Annual Conference



VOLUNTEERS

Volunteers from Fayetteville Academy help install a family garden while on a volunteer trip to Guatemala. Teaching mothers to grow their own vegetables is one way we are working to increase access to healthy foods and improve nutrition.

HEADQUARTERS

In 2015, 27 interns and volunteers donated over **2,500 hours** to our main office in Raleigh. These wonderful volunteers increased our organizational capacity by working on a range of projects, including:

- Program management
- Grant writing
- Fundraising events
- Social media
- Administrative support

Thank you to all of our incredibly generous volunteers – your work helps us save more lives in forgotten communities around the world!



“It’s been amazing learning from staff and being able to all work towards a common goal that we believe in. I am constantly impressed with the loyal support Curamericas has from donors and the praise we receive from those who learn about the work we are doing.”

– Caitlin Showalter, Programs Intern

INTERNATIONAL

In 2015, we took groups from Duke University School of Nursing, Fuquay-Varina United Methodist Church and Fayetteville Academy to our community-based primary health care program in rural Guatemala. While on site, volunteers:

- Gave **120 child vaccinations**
- Conducted **15 prenatal checkups**
- Distributed de-worming medicine to **562 school children**
- Weighed and measured **114 children** under age five
- Helped **3 families** start a household garden to improve family nutrition
- Tested the water supply in **15 communities** for bacteria
- Taught **2 classes** on neonatal resuscitation and the role of a Doula (birth companion)

A heartfelt thank you to all of our international volunteers for being so adventurous, curious, respectful and hard-working. Your interest in getting to know the locals and their culture and the time and energy you give to our partners has an enormous impact on the people we serve. Thank you for helping us create sustainable change for communities in need.



“Utilizing indigenous health care is a crucial part of the acceptance and success of the project. Curamericas’ method of entrusting local leaders in the process of delivering health care ensures that the project has a sustainable future.”

– Susan Payne, FVUMC

PRACTICUM STUDENTS

This past year, we were fortunate to have five volunteers complete their practicum at our site in Guatemala. These volunteers, all students of global health or a related field, donated nearly 1,000 hours assisting project staff in collecting and sorting mass amounts of data as our USAID Child Survival Project came to a close. Many, many thanks to these bright, inspiring students - Kristen Gardener, Corey Gregg, Shayanne Martin, Nina Modanlo & Mayriam Robles - we can’t wait to see the impact you have on the global health field in the future!

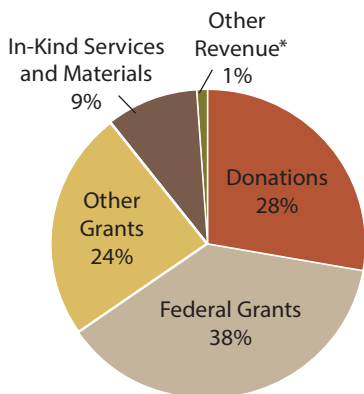
Interested in volunteering at our office, going on a volunteer trip or completing your practicum with us? Contact us at info@curamericas.org.

When you **invest in Curamericas Global, you invest in long-term, sustainable solutions.** Your donations do more than provide temporary services to the communities we serve: they build capacity and improve healthcare systems, help create lasting partnerships and affect lasting change that improves the health and well-being of communities for generations to come.

Together, we can save more lives.

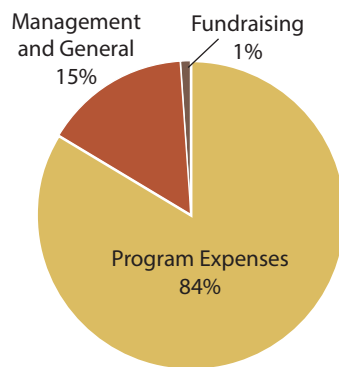
Donate to Curamericas Global today and join us in creating a world free of suffering and death from preventable causes.

SUPPORT AND REVENUE



Total support and revenue:
\$1,398,667

EXPENSES



Total expenses:
\$1,349,587

Net Assets for FY 2014-15

• Change in net assets: **\$49,118**

*Other income includes restricted individual donations, Employee Matching and State Campaigns.

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

Ready to take action in helping us save more lives?

\$50

supplies 2 trained midwives with Safe Delivery Kits

\$100

gives prenatal vitamins, a safe birth, pre-natal check-ups, and vaccinations to a mother in need

\$250

provides vitamins and de-worming medicine to combat malnutrition for 200 children

\$600

covers the cost of a Community Facilitator, who teaches life-saving health practices to mothers. Each worker reaches over 30 households!

A Care Group Volunteer reviews health information with a new mother in rural Guatemala. Rather than traditional facility-based health care models, which rely on beneficiaries seeking services, our programs take health services door-to-door to ensure they reach every beneficiary in the communities we serve.



FINANCIALS

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.

SUPPORTERS

For gifts made October 1, 2014 - September 30, 2015

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.

\$50,000+

Feed the Children
Hillsdale Fund
Ronald McDonald House Charities
United States Agency for
International Development
Wes & Lucy Jones

\$15,000-49,999

Anonymous
Carolina for Kibera
David & Karen Barkman
Rick & Brenda Booth

\$5,000-14,999

David & Elizabeth Nimocks
East Bay Jewish Teen Foundation
Haymount United Methodist Church
Helping Children Worldwide
Meridian Street United
Methodist Church
Rob & Beth Fields

\$1,000-4,999

Avery & Pam Manchester
Baker & Patience Perry
Barbara Hotelling
Barbara Robison
Bart & Elaine Boyer
Christ United Methodist Church of
Greensboro
Cisco Systems, Inc.
Danielle Pipher
Dave & JoAnn Heiser
David & Patricia Markoff
David & Rachel Bell
Deutsche Bank Americas Foundation
Dinesh & Kaplana Chandra
Drew Thabault
Eleanor Manning
Elizabeth Barricklow
Elizabeth Keeney
Elton & Suzi Smith
Florida United Methodist Foundation
Fuquay-Varina United Methodist
Church
George Hanna & Niveen Iskander
Grace United Methodist Church
Jessica Moreno
Jim & Millie Keener
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John & Lynne Matheson
Kelley Holsinger
Kristen Gardner
Lani Dickey
Lisa Chowthi
Madison Horizons Rotary Club
Mark & Patricia O'Donnell
Missions of Hope NC
Molly Smith

Mount Olivet United Methodist
Church

Myron and Celeste McDaniels
Oak City Law
Okemos Community Church
Patricia Middleton
PECO Foundation
Preston & Pat Baumgartner
Ramon and Virginia Yarborough
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Shana Webb
Sheila Gudiswitz
Suzanne Abbott
Susan & Charlie Payne
Takeda Pharmaceuticals
North America

Timonium United Methodist Church
Townson United Methodist Church
Walter G. Canipe Foundation

\$500-999

Alice Weldon
Anders & Marianne Ekernas
Arapaho United Methodist Church
Ashley Dolman
Carol Ann Blanton McMann
Cecil & Maggie Gay
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David & Shirley Tucker
Haywood Rotary Foundation
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Jill Hall
John & Laura Pinger
Jordan & Elizabeth Jones
LeGrand & Jayne Smith
Mark Jayne
Mary Anne Nidiry
Michael & Melina Burroughs
Nicolas & Johanna Huacani
Patricia Dye
Peter & Emily Millard
Robert & Amy Gage
Robert & Barbara Marley
Ronnie Rondem
Tammy & William Laurence
Tara Hart
Triplett United Methodist Church
Waynesville Sunrise Rotary Club

\$100-499

Anonymous
Aaron Goldfarb
Andrew Herrera
Annie Jones Link
Apple Lane Foundation
Bette Camit
Bill & Maryann Roper
Bonnie Shinneman
Candelin Wahl
Carole Deily
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Carol Ward
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Charlie Wheeler
Christopher Clement
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Daniels Memorial United Methodist
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David & Karen Silas
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David Morris
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First United Methodist Church of
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Tabernacle United Methodist Church
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Teresa Wolf
Tiffany Barnes
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Thompson & Janet Smith
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Tony Fuller
Vincent Murray
WorkSmart

< \$100

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Adrienne Martinez
Alex Lombardi
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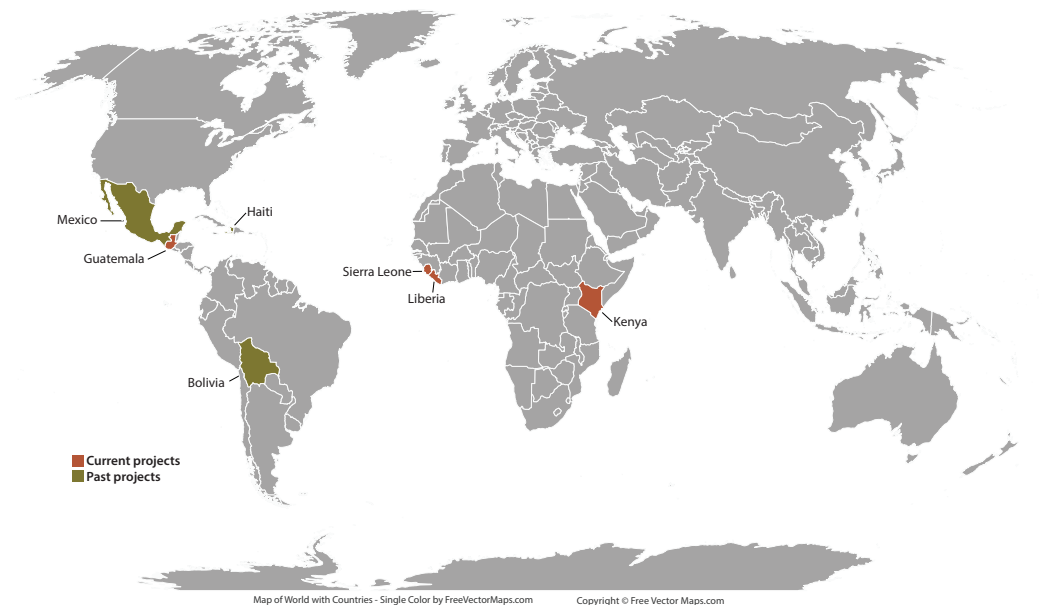
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Susan Carmichael
Suzanne Walker
Thomas Elkinton
Tiffany Denny
Tom Heath
Ty Clark
Virginia Stahl
Warren & Jane Baldwin
Willard & Susan Dickerson
Zach Nissen

AT A GLANCE

Curamericas Global is a 501(c)3 that works in maternal and child health in communities with limited access to basic health care services. We build the capacity of in-country partners to identify and address local health problems using evidence-based solutions. Our projects have always exceeded program objectives and have drastically reduced child and maternal mortality in communities around the globe.

WHERE WE WORK



We employ and engage local staff and community members at all of our projects. **All of in-country personnel are from the country, and often community, in which they work.**

MISSION

We partner with underserved communities to make measurable and sustainable improvements in their health and well-being.

VISION

To create a world free of suffering from treatable and preventable causes.

BOARD OF DIRECTORS

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Tina Jones, J.D. Vice Chair

Nathan Robison Treasurer

Wes Jones, MD, FACP, AGAF

Brenda Booth, APRN-C

Betsy Jordan-Bell, MPH, RD

Henry B. Perry, MD, PhD, MPH
Founder of Curamericas Global,
Director Emeritus

NOTES

- ¹ World Health Organization. (2015, November 19). *Global Health Observatory (GHO) data: Under-five mortality*. Retrieved from World Health Organization: http://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/
- ² World Health Organization. (2015, November 19). *Global Health Observatory (GHO) data: Causes of child mortality*. Retrieved from World Health Organization: http://www.who.int/gho/child_health/mortality/causes/en/
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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.

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Curamericas Global
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**318 W. Millbrook Rd. Suite 105
Raleigh, NC 27609**

(919) 510-8787
www.curamericas.org
info@curamericas.org

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