CURE International (CURE) Evaluation

🗸 strength 😑 caution 🔀 weakness

STRATEGY

Serving the Underserved. CURE serves the poorest third of the world's population who receive only 3.5% of all surgical procedures. By focusing on healing children with correctible disabilities in poor countries (like clubfoot, bowed legs, cleft lips, untreated burns, and hydrocephalus), CURE is preventing lifetimes of suffering that would not likely otherwise be prevented.



Clear Goals. By FY2025, CURE plans to "add plastics/reconstructive services at four hospitals to treat 1,000 additional children annually with cleft conditions and burn injuries" while simultaneously deploying "a new inventory management software and electronic medical system across the entire CURE network." CURE also hopes to add 164 ward beds across the network by renovating and expanding every hospital children's ward to help increase capacity for ministry and patients.



Leveraging Church Partnerships. CURE conducted 32 Theology of Disability training events, reaching 1,366 pastors. These pastors, some previously unengaged in disability ministry, proceeded to reach 30,667 people with disability advocacy, referred 375 children to CURE hospitals, and included 435 families impacted by disability into their church through intentional evangelism.

LEADERSHIP



Accountability Structure. CURE's board is fully independent, meets quarterly, has an up-to-date strategic plan, and conducts annual evaluations of both the CEO and staff. CURE is subject to independent financial audits and written financial controls.

Term Limits & Direct Reports. CURE does not have established board term limits, which has allowed the board chair to serve for 25 years, a tenure that is longer than 96% of board chairs in our database. The CEO has 10+ direct reports which can cause bottlenecks in decision making.

IMPACT

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Increased Capacity. CURE increased surgical procedures by 17% in just 1 year, performing 17,701 in FY23 compared to 15,131 in FY22. This increase included an additional 586 plastic procedures in FY23 compared to FY22 as a result of CURE's growing plastic and reconstructive programs. CURE continues to grow capacity to serve more patients and reach them with the gospel.

Measuring Strategy. In FY23, CURE implemented a network-wide M&E program to measure the success of its strategies. CURE developed a plan, hired and trained staff, and modified the hospital software to deploy WHODAS, EQ-5D, and spiritual ministry surveys. All hospitals had one external SafeCare assessment (an assessment that tracks, acknowledges, and certifies healthcare quality improvement using international clinical standards) in FY23–CURE's score increased from 46% to 62%.

FINANCES



Major Donor Growth. In FY23, CURE's largest gift was \$3.8M, and donors who contributed over \$100K almost doubled from FY22. As a result, budgeted donations in FY23 were exceeded by 10%.



Increased Cost Efficiency. CURE's total cost per client surgery decreased 62%, from \$5.8K in FY20 to \$2.2K in FY23, while performing 76% more surgical procedures. Staff increased at a smaller percentage of 42% since FY20 to meet the increased patient demand and grow ministry outreach.



Cashflow. Although CURE reached a 4-year \$24M surplus, and has \$63M in net assets, it operates with just 1-2 months of cash and cash equivalents on hand.

NOTE: Excellence in Giving's analysis is based on FY2023 data provided by the nonprofit in our Analytics report. Created: 9.25.2023



Nonprofit Analytics

GENERAL															
Organization Nam			U.S. T	ax ID#	58-224	8383	Year Four	nded	1996						
Donation Street A	ion Street Address 70 Ionia Ave SW, Unit #200								Grand I	Rapids	MI	Zip	49503		
Phone 616.512.3		Webs	ite(s)	www.c	ure.or	g	_								
Primary Contact &	С	Contact Email becca.caple@cure.org													
Organization Type	Report	ort Link https://issuu.com/cureintl/docs/cure_fy22_annual_report													
Nonprofit Accountability Listings	Strategi Partners		Mercy Ships, Build Health International, Tim Tebow Foundation, CBM, COSECSA, PAACS, CURE UK, CURE Canada, Engineering Ministries International, Hope Walks, Smile Train, TriMedx												
Primary Program /	Area Health	Peer Gro	er Group Mercy Ships, Partners in Health												
Other Program Are	ea(s) Evang	elism		Clients Served People with Disabilities											
GROWTH TRENDS															
	FY 2					Explanation									
Paid Staff (FTE)	901.0	981.0	1,115.5	1,28	33.4	42	% F)	′23 inc	ncrease for patient volume and ministry outreach.						
Clients Served	79,624	73,676	181,991	201,	,229	153	% #	reache	d with th	with the gospel. Increased mobile clinics FY23.					
Annual Income	\$63,265,840	\$40,738,189) \$44,71	14,871	29	% F)	'23 una	3 unaudited; capital giving growth. IA merger FY20.							
Donors	14,961	15,466	12,824	14,8	859	1	% F)	FY23 new acquisition efforts with direct mail and radio.							
Key Activity	10,038	9,414	15,131	17,2	17,701			Surgical procedures. Program shift FY22. COVID FY20-							
				FUN	DRAI	SIN	G	-			-				
Donor Retention F	Rate 75 %	Gov't	Funding %	1%	Co	st to R	aise \$	1 (^{NOT})	\$ 0.12	Se	elf-sustainabili	ty %	9%		
Largest Gift for FY2023 \$3,775,000 Reliance on Largest Gift 10% Last Capital Campaign 2021 - 2023 Endowment Fund \$0											0				
EV(2022 D	00 \$1	K - 4,999	\$	5K - 24	K - 24,999 \$25K - 49,999			99	\$50K - 99,999 \$100,000 +						
FY2023 Donor Diversification # of Donors 12				1,823	369			5			28		47		
¹ FY 2020-2021 Income a	Total Amour	1 = 7 = • 7		3,073,686		\$ 3,426			1,676,59 2 2024 B		\$ 1,817,096 xcludes capital cam		25,737,099		
Hospital, which transition	ned to True Sojo	urners in Oct. 2020		NCIAL	. MAI				³ Near-t	erm Exp	endable Net Assets	includ			
Cash & Equivalent		1-2 Months		Assets				59,832			rrent Debt \$()			
Written Financial (ed Rever			Inherent Contributions, Insurance											
Independent Fina FISCAL YEAR	No Prima	ary Types	s of GIK	`	Medical Equi			uipment and Supplies, Donated Leases							
07/01 TO 06/30		FY 2020	21	Y 2022	2022 F		FY 2023		2024 O BUDGET ² O ACTUALS		2020-2023 FY TRENDS				
Farnad Dava				996 \$3,22		20,645	20,645		\$3,387,478		\$2,066,140		72 %		
Gifts in Kind Cash Donati			\$7,018,9				92,694 \$1		701,387		\$2,000,000		<mark>93</mark> %		
Cash Donati	Cash Donations \$26		\$25,049,2			96,511	96,511		\$39,626,006		\$35,691,150		50 %		
	Total Income \$63,265,840		\$40,738,1	\$40,738,189 \$47			09,850 \$44,		4,714,871		\$39,757,290		<mark>29</mark> %		
	F0 02 of	620.0	10 420	04.04	622	204 207	02.04	622 400 000	02.04	30.0/					
Program Ser	Program Services \$52,					10,439 06 010			384,297		\$32,480,896		38 %		
Program SerAdministratiFundraising		005,574 5 %			-	96,019 74 254			258,056 828,305		\$2,288,025 \$4,739,483	6% 17%	25 % 43 %		
Total Even			\$31,922,3			74,254 80 712			470,658	12 %	\$39,508,404	12 %	45 % 33 %		
Total Exper									5,244,213 \$248,886				0% ور		
JOHI LOJ/DLIT	γ τ ,	107,200	0,010,0	00	γ τ ,0.	27,150		עק.	277,213		72 1 0,000				

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LEADERSHIP																
CEO Name & Tenure Justin Narducci					3 yrs	CEO Age 40-49 yrs				Total CE	EO Co	n \$26	\$ 268,109			
CEO Annual	Evalua	tion 🧿	Yes ONo CEO has Board Vo				e 🔿 Yes 💿 No CEO				CEO Su	Successor Identified OYes 🤇				
Total Paid St	aff by T	f by Type FT: 1,214 PT: 114 Staff Turnover Ra				nover Rate	7 % T			Total Volunteers			347	347		
Yearly Staff E	ivaluati	luations OYes ONo CEO Direct Repo				ect Reports	5 10+ staff Annu				Annual	al Board Meetings 4				
Board Chair	Chair & Tenure Jerry Tubergen 25 yr				25 yrs	Во	ard Size	1	10	Board Composition			8 Me	en 2 Women		
Donation % from Board 11%				Board Co	mmittees	3	Tei	Term Lengt		3 yrs	Consec	utive ⁻	Ferm Limit	s None	2	
Additional A	dvisory	or Develo	pmei	nt Board	• Yes	O No	Nu	imber of	Boa	ard Mem	bers Rela	ated to	o the CEO	0		
STRATEGY																
MISSION To heal the sick and proclaim the Kingdom of God by operating a global network of pediatric surgical hospitals that serve children living with disabilities with high-quality medical care and intentional ministry outreach.																
CLIENTS SERVEDCURE serves children living with treatable disabilities and their families while training church leaders and health workers in underserved countries and sharing the inclusive gospel message of God's love with communities.LENGTH of Primary Vear(s)1Year(s)																
The poorest third of the world's population receives only 3.5% of all surgical procedures, which results in minor, treatable disabilities becoming permanent debilitating conditions, often with a lifetime of physical pain, shame, isolation, and poverty. The most vulnerable kids in the world are affected as a result.																
Your CURE provides access to surgical and rehabilitative care to children with treatable disabilities in our hospitals and trains local health workers, all while sharing SOLUTION the Good News about Jesus. Its pediatric charitable teaching hospitals operate in eight low- and middle-income countries (LMICs).																
1-3 year PLAN 1) Add plastics/reconstructive services at four hospitals to treat 1,000 additional children annually with cleft conditions and burn injuries by FY2025. 2) Add 164 ward beds across the CURE network by renovating and expanding every hospital children's ward to help increase our capacity for ministry and patients. 3) Deploy a new inventory management software and electronic medical record system across the entire CURE network by 2025.																
Up-to-date Board-approved STRATEGIC PLAN OYes ONo CUT (or Modified) PROGRAM in last 3 years OYes ONo																
						IMP										
Long-term VISION CURE envisions a world where children with disabilities reach their full potential through God's hope and healing.																
 RESULTS Report outcomes not activities 1.) Serve More Children: CURE performed 17% more surgical procedures in FY23 (17,701 procedures) compared to FY22 (15,131 procedures). This includes an additional 568 plastic procedures in FY23 compared to FY22 (3,928 from 3,360) as a result of CURE's growing plastic/reconstructive programs. 2.) Ensure Quality Care: All hospitals have had one external SafeCare assessment in FY23, CURE's score has moved from 46% to 62%. 3.) Partnership with Local Churches: CURE conducted 32 Theology of Disability training events reaching 1,366 pastors. Pastors previously unengaged in disability ministry then reached 30,667 people with disability advocacy, referred 375 children to CURE hospitals, and included 435 families impacted by disability into their church through intentional evangelism and outreach. 																
Measure outcomes against benchmarks OYes ONo Track Key Pe					Track Key Perf	ormance Indica	ators	⊙Yes (DNo	Comple	eted indeper	dependent impact evaluation			Yes 💽 No	
Completed program logic model(s) OYes ONo Survey program be						ım beneficiarie	S	⊙Yes (DNo	Comple	eted a Theory	\odot	Yes 🔘 No			
CURE Malawi was struggling with effectiveness using a hybrid private pay and charitable operational model that was inefficient, underutilized the facility, and treated very few children. In three years, under new management, CURE Malawi has ended its private practice, refocused its services to serve children, and now performs nearly three times the number of surgeries in FY23 compared to FY21.																
Recent Program Monitoring & Evaluation: CURE identified the need to measure our long-term impact and implemented a network-wide M&E program in one year. IMPROVEMENT CURE developed the plan, hired and trained staff, and modified our hospital software to deploy WHODAS, EQ-5D, and spiritual ministry surveys.																
GEOGRAPHY																
Where do your programs operate? O Local O Regional O National (USA) O International (List nations or regions served below alphabetically)																
CURE Hospitals: Ethiopia, Kenya, Malawi, Niger, Philippines, Uganda, Zambia, Zimbabwe																
S.W.O.T. ANALYSIS																
STRENGTHS WEAKNESSES						S	OPPORTUNITIES THREATS									
Strategic plan. Long-term physical presence with training for health systems strengthening. Excellent reputation forMonitoring and evaluating outcomes to measure long-term success (addressing). Lack of a system for enterprise resource						ddressing). e resource	Invest in facility improvements to increase patient volumes and the overall quality of care. Integrate enterprise software systems to improve operational efficiency									
global surgery. Unique approach toplanning to manage all of CURE's activitiesintegrated spiritual ministry/clinical care.and improve its resource utilization.							ninistry follo					and political i				
SOURCE				runner-Caple	2		Title	e: Grants	Con	npliance	Manager		Date:	09/15/	2023	

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