CORUS INTERNATIONAL is a family of long serving, global leaders in international development and humanitarian assistance committed to ending poverty and building healthy communities across Asia, Latin America and the Caribbean, the Middle East, and Africa. Founded in 2020 and drawing on a combined heritage of nearly 150 years, Corus connects and catalyzes nonprofit and for-profit subsidiaries that include IMA World Health, Lutheran World Relief, CGA Technologies (formerly Charlie Goldsmith Associates), Ground Up Investing and Farmers Market Brands. Alongside communities and local partners in fragile settings, our dedicated experts across our organizations integrate disciplines, approaches and resources to overcome global health challenges, develop productive and stable economies, improve resilience in the face of climate change, and respond to natural disasters and humanitarian crises. With the support of our family’s diverse set of partners and funding — from multi- and bilateral institutions and foundations to the private sector and individuals — we invest in solutions that are innovative, scalable, holistic and move the needle towards transformational change.

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When IMA World Health and Lutheran World Relief joined forces last year and founded Corus International, our goal was to expand our capabilities, expertise and reach, working more holistically to achieve greater impact. We embarked on this journey confident that by blending Lutheran World Relief’s work in rural economies and humanitarian assistance with IMA World Health’s expertise in public health, we could better help families and communities achieve and retain the resilience they needed to truly thrive.

The fact is that people’s lives are complex, and they defy a sector-by-sector approach. To truly transform lives for the better, our approach must be integrated. This is the rationale driving Corus International, and 2020 was certainly the year to put it to the test.

Thanks to the cooperation and generosity of donors, and because of our broad geographic footprint, Corus’ subsidiaries were able to quickly pivot funding and programming to address the COVID-19 pandemic in countries around the world.

IMA World Health’s relationships with ministries of health and partner networks across Africa provided a deep and trusted well of colleagues for immediate collaboration. Lutheran World Relief effectively brought IMA’s health expertise to bear on its portfolio of economic development and humanitarian assistance projects, ensuring project participants and their communities received important COVID-19 information, as well as distributions of food and household sanitation supplies. IMA World Health drew upon the generous support Lutheran World Relief receives from U.S. Lutherans to substantially invest in personal protective equipment (PPE) on behalf of its network of health partners in Africa.

In addition to the pandemic, chronic needs remained, and emergencies occurred in 2020. We rejoiced with the Democratic Republic of Congo as their longest and deadliest Ebola outbreak ended, knowing our support of local health facilities and workers played a role. We safely returned families in Beirut to their homes after a deadly explosion at a warehouse devastated the city. We helped youth in Tanzania and Central America launch entrepreneurial careers and earn increased incomes. We ensured gains against malnutrition rates and neglected tropical diseases continued even as programming adjusted to new COVID-19 operational realities.

Corus is seeking to address the connections between health and poverty. COVID-19 has devastated low-income families who may have built up some assets, or were living on the edge, pushing them over the precipice into extreme poverty. The damage done isn’t yet fully apparent, but helping these communities recover economically will take years of renewed effort and commitment, which Corus International stands poised to make.

With thanks and in partnership,

[Signature]

AMBASSADOR
DANIEL SPECKHARD
President and CEO
In 2020 alone, your love reached more than 37.3 million people in 40 countries.

**LATIN AMERICA**
- COLOMBIA
- ECUADOR*
- EL SALVADOR*
- GUATEMALA
- HAITI*
- HONDURAS*
- PERU

**AFRICA**
- BURKINA FASO
- DEMOCRATIC REPUBLIC OF CONGO
- ETHIOPIA
- KENYA
- MALAWI
- MALI*
- NIGER
- RWANDA*
- SIERRA LEONE
- SOMALIA
- SOUTH SUDAN*
- TANZANIA*
- UGANDA

**ASIA & MIDDLE EAST**
- INDIA*
- INDONESIA
- IRAQ*
- LEBANON*
- NEPAL
- PHILIPPINES
- YEMEN

**MATERIAL RESOURCE DISTRIBUTION**
- ANGOLA
- BAHAMAS
- CHILE
- DJIBOUTI
- GEORGIA
- GUINEA
- JORDAN
- MONTENEGRO
- SENEGAL
- SERBIA
- UKRAINE
- ZAMBIA
- ZIMBABWE

*Material Resource distribution in addition to program work*
**Direct and Indirect Reach**

- **Total: $37,381,312**
- **LED: $868,607**
- **Indirect: $850,665**
- **Direct: $533,058**
- **Health: $33,517,881**

Material Resources distribution only; other HA data may be included in LED/Health columns.

**Spending by Sector**

Program Expenses by Category

- **Health: $90,367,976**
- **Emergency: $13,447,077**
- **Agriculture: $11,210,003**
- **M&G: $10,812,834**
- **Cost Pool: $8,665,568**
- **Fundraising: $5,979,113**
- **Impact Investing: $123,560**
- **Climate: $2,118,543**
- **Livelihood: $941,655**

Total: **$142,764,728**

**Number and Size of Active Projects**

- **FY20**
  - Less than $1 million: 75
  - $1-5 million: 15
  - $5+ million: 11

- **FY19**
  - Less than $1 million: 94
  - $1-5 million: 20
  - $5+ million: 10

**Restricted / Unrestricted Revenue**

- **Unrestricted**
  - Private Contributions: $4,502,140
  - Non US Gov’t Awards: $4,720,724
  - Material Resources: $0
  - Investments and Other Income: $753,093

- **Restricted**
  - Private Contributions: $2,042,555
  - Material Resources: $5,079,113
  - US Gov’t Awards: $44,189,481
  - Non US Gov’t Awards: $55,723,087
  - Investments and Other Income: $315,593
IN OCTOBER 2019, IMA World Health and Lutheran World Relief acquired Charlie Goldsmith Associates (CGA), a U.K.-based company that develops and applies context-suitable technology to meet the needs of the world’s poorest communities.

CGA’s staff of more than 50 will continue projects in fragile and emerging countries such as South Sudan, Somalia, Sierra Leone, Kenya, and Malawi. They specialize in developing practical management systems for governments and supporting organizations to deliver basic services more effectively with disaggregate and near-real-time accountability, transparency and results data.

Their technology facilitates cash transfers for education, health and social protection; tracks school attendance and health records; and supports government ministries with payroll and Human Resource systems. They also train civil servants and others to effectively use and maintain those systems.

CGA clients and partners have included the U.K.’s Department for International Development (DFID), the European Union (EU), the United States Agency for International Development (USAID), the World Bank, UNICEF, and international NGOs and governments. In South Sudan, its work with DFID, the EU, and the country’s government helped to more than double school enrollment in five years.

Charlie Goldsmith, who founded the company as a spin-off of a global consulting firm in 2011, noted the beginning of a new era. “We look forward to offering better and expanded services, in more places, to help more people as well as to lending our technology expertise to Lutheran World Relief’s and IMA World Health’s programming as opportunities arise,” he said.

CGA’s work has been recognized by DFID, which in 2016 gave the firm its “commercial high recognition” award for youth and social mobility work and recently appointed the firm as one of four organizations on its Education Framework for assignments up to 3 million GBP. Trade association British Expertise named the company its “International Small and Medium Sized Enterprise of the Year” in 2014.
IMA WORLD HEALTH LEADS $200 MILLION USAID AWARD TO IMPROVE MATERNAL, NEWBORN AND CHILD HEALTH IN FRAGILE SETTINGS

IN JUNE 2020, IMA World Health was selected to lead a five-year cooperative agreement of up to $200 million from the U.S. Agency for International Development (USAID) to improve the health and well-being of women and children in fragile and conflict-affected settings globally.

MOMENTUM — or Moving Integrated, Quality Maternal, Newborn, and Child Health Services and Family Planning and Reproductive Health Care to Scale — is a suite of USAID projects that aims to accelerate reductions in maternal, newborn, and child mortality and morbidity in high-burden countries by increasing host country commitment and capacity to provide high-quality, integrated health care.

The IMA-led MOMENTUM Integrated Health Resilience award will improve the access to and availability of high-quality, respectful, and person-centered maternal, newborn and child health services and voluntary family planning and reproductive health care in fragile and conflict-affected settings. This project will enhance coordination between development and humanitarian actors and strengthen the resilience of individuals, families, and communities, supporting countries to progress on their Journey to Self-Reliance. As a faith-based international public health organization, IMA World Health will draw upon its 60 years of expertise in working with and through local partners in fragile settings, including the Democratic Republic of Congo and South Sudan, to implement this MOMENTUM project.

IMA World Health is leading the consortium. Other core members include JSI Research and Training Institute, Pathfinder International, CARE and GOAL. Additional members of the consortium include the Harvard T.H. Chan School of Public Health, Johns Hopkins Bloomberg School of Public Health, Brigham Young University, and Premise Data.
Almost two years since the onset, the World Health Organization declared an official end of the Ebola outbreak in eastern Democratic Republic of Congo on June 25, 2020.

The outbreak started in an isolated corner of northeastern DRC in July 2018 and eventually would spread to 29 health zones across three provinces. By June 2020, the total number of persons infected was 3,463, including more than 150 Ebola response workers.

With a duration of 23 months and the loss of 2,280 lives, this outbreak of Ebola is DRC’s longest and deadliest on record. A WHO advisory committee has described this as, “without doubt, one of the most complex outbreaks ever faced by the health community.”

A coordinated response saves lives

With support from USAID’s Office of Foreign Disaster Assistance, IMA World Health led a consortium of faith-based partners (Tearfund, PPSSP, and Heal Africa) to respond to the outbreak. I have been privileged to have led a highly committed and multi-talented team of doctors, nurses, engineers, community health workers, counselors, logistics experts and more. Our team, like many others, lived and worked in the Ebola hot zone from the early months of the outbreak, through times of conflict and strife, to prevent the spread of this deadly virus.

Reflections on the end of DRC’s longest, deadliest Ebola outbreak

By Dr. Bill Clemmer
Fighting Ebola in a conflict zone

Such accomplishments, achieved in the middle of a war zone, were largely possible due to IMA’s focus on partnering with national organizations such as Heal Africa and PPSSP, known and trusted by local communities. As one WHO report made clear, this is “the first Ebola outbreak to occur in a highly active conflict zone and is taking place in the midst of one of the most protracted, severe, and neglected humanitarian crises the world has ever seen.” Our partnership with local organizations enabled us to traverse the climate of fear, mistrust, and daily threats of attacks from armed militia, to render life-saving support to hundreds of thousands of people who otherwise would have been left aside.

As COVID-19 cases have begun to present themselves in eastern DRC, the lessons learned and gains we’ve made in confronting this protracted Ebola outbreak will only serve us well as we turn our eyes to the next crisis, confident of our ability to make an essential and lasting difference, together.

Dr. Bill Clemmer is a physician and public health expert based in Goma, Democratic Republic of the Congo. He led IMA World Health’s response to the Ebola outbreak.

Dr. Kasereka “Jo” Lusi (left), an orthopedic surgeon who founded HEAL Africa, consults with Dr. Bill Clemmer, who leads the Ebola response for IMA World Health. (Paul Jeffrey for IMA)
April 22, 2020, marked the 50th anniversary of Earth Day, and this year, as the world faces the health and economic threats of COVID-19, we saw more clearly than ever the interconnectedness of our world.

At Corus International, we think about interconnected systems every day. We look for opportunities to reduce the inequalities in those systems so that the world’s most vulnerable people have the opportunity to flourish. We do this by understanding smallholder farmers’ needs and how other members of value chains can be part of systems that deliver fair prices and safe working conditions. We do this by supporting national and local governments’ capacity to build and maintain health care systems that deliver evidence-based prevention and treatment for a variety of diseases and health needs.

TODAY, WE PUBLICLY REAFFIRM OUR COMMITMENT TO ANOTHER IMPORTANT SYSTEM: THE CLIMATE

Lutheran World Relief and IMA World Health are now proud signatories of InterAction’s NGO Climate Compact. The Compact is a pledge to hold ourselves and those around us accountable for our actions to mitigate greenhouse gas (GHG) emissions and reduce the effects of climate change on the most vulnerable.

We have established an internal Environmental Stewardship Committee that focuses on strengthening our operations and programming in line with the Compact:

Four ways Corus is committed to reducing effects of climate change

By Wendi Bevins, Technical Advisor for Resilience
1) EDUCATION AND ADVOCACY
When our staff from Latin America, Africa, Asia and the Middle East are in the U.S. for necessary visits, we make every effort to connect them with influential legislators, donors, and others to share their stories from the field. We are committed to continuing to lift the voices of those most affected by climate change to speak truth to power. Whenever possible, our programs support the local and national climate adaptation priorities in countries where we work.

2) CROSS-SECtorAL PROGRAMMING
We have long worked to support smallholder farmers to adapt to the local effects of climate change, such as by linking them with drought- or flood-tolerant seed varieties. We have incorporated resilience practices into our projects to prepare for disasters and reduce their negative effects on communities. Many of the practices we developed for climate preparedness also buffer communities from other disasters, such as economic, security, and health shocks.

3) INTERNAL OPERATIONS
We are beginning to develop systems that monitor our GHG emissions, water use and waste. We are expanding our understanding of risk mitigation to include environmental factors that both affect our operations and are created by our operations. We are developing ways to deepen our global staffs’ understanding of climate change and other environmental issues and to solicit their suggestions for ways we can improve.

4) LEARNING
As we collaborate with other implementing organizations, research institutions, and donors on climate issues, we are developing processes to better identify and share lessons about the most effective approaches to building climate resilience across our health and livelihoods work around the world.

We are committed to climate justice in our relationships, our programs and our operations. We will seek to continuously improve our efforts in all these areas.