



The Canadian Christian Relief and Development Association (CCRDA) is an association of Canadian Christian organizations and individuals involved in relief, development, and justice who are committed to integrated, transformational development.

Disability is not Inability

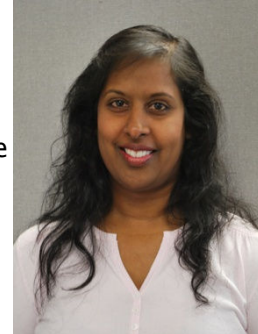
By Kay Bacchus-Kierstead, ADRA Canada

On the southeast shores of Lake Victoria in the Nyanza Province of Kenya, ADRA (Adventist Development and Relief Agency) is implementing a unique project. Not only is this program helping children with disabilities, but it is also helping mothers cope with the challenges they face in caring for and rearing these special-needs children.

In this area of Kenya, home deliveries are common and typically conducted by traditional birth attendants. Many infants are born with physical and mental disabilities which are not detected early on. Low immunization coverage, poor health facilities, inadequate nutrition, cerebral malaria and tuberculosis contribute to high incidences of disability.

In many parts of Africa, it is a common belief that if someone is born with or develops some sort of disability, that person is cursed, and nothing can

be done to help him or her. Traditionally, disabled children are a family disgrace and are kept hidden away from the community.



Kay Bacchus-Kierstead is a Communications Representative at ADRA Canada

Through the Community-Based Rehabilitation (CBR) program, which is being implemented in the Homa

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First Steps to a Life of Promise and Purpose

By Aaron Armstrong, Compassion Canada

In their earliest years, children are at their most vulnerable. Compassion's Child Survival Program rescues babies, toddlers and mothers from their desperate poverty, preparing them to take their first steps toward a life of promise and purpose by providing food, education and opportunities to hear and respond to the gospel of Jesus Christ.

Ferette, a 26-year-old mother from Haiti, shares her story:

My name is Ferette and I'm 26 years old. I have a one-year-old daughter named Andrée. We live in a one-room house made with mud and covered with metal sheets that we rent for \$62 a year.

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Chairperson's Message

By Julia Trotter

Dear friends,

We have all heard the statistics. Despite the wonders of modern medicine, every year 500,000 women die from complications in pregnancy and childbirth and nine million children die before the age of five. Perhaps the heartbreak of these statistics can be summed up in the experience of a woman I met in Congo who had given birth to 21 children, only five of whom were still alive. The fears and uncertainties attached to these figures are evident in the choice of a Malawian friend not to tell me of his wife's pregnancy until after the baby was born.

For those of us who have a range of birth control options, access to ultrasounds and blood tests, the choice of assisted home birth or hospital maternity suites, and access to professional advice on

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and Kendu Bay areas, ADRA is teaching people how to identify problems, helping mothers learn better ways of caring for their physically challenged children, and educating the community at all levels



A mother in Kenya participating in the Community-Based Rehabilitation Program with her daughter

everything from breast-feeding to potty training, such experiences are hard to comprehend.



Julia Trotter is the CCRDA Co-Chairperson and the Relief and Development Director at AIM Canada

All eyes are on maternal, newborn and child health initiatives following the commitment of US \$5 billion made at the recent G-8 Summit. The 2010 Millennium Development Goals Report tells us that while child and maternal mortality rates are going down, neither are falling fast enough to reach the 2015 targets.

Now, more than ever, we need to learn from our mistakes and achievements, share our experiences, and move forward with renewed energy toward a better future for women and children around the globe. ■

that "disability is not inability."

"By targeting and educating mothers, children with disabilities are no longer hidden away, outcast and forgotten. Their disabilities are addressed and in many cases, resolved to the point where the disability is no longer an issue," says Nick Trent, Project Coordinator for ADRA Canada's Africa Program.

Motari Omariba, Project Manager of the CBR Program says, "When disabilities are addressed early in a child's life, there is an opportunity to take drastic corrective steps which establish that child with a future of opportunity and hope."

In the last four years, the Community-Based Rehabilitation program has helped close to 6,950 people living with disabilities, improving their mobility and physical dexterity. ■

Education Key to Child Survival in Niger

By Carolyn Howarth, Projects Information Coordinator, Samaritan's Purse Canada

Zongo Dawa is the only traditional birth attendant in her village in Niger and has been trusted to help women give birth for many years.

Zongo also recently attended a training session offered by Samaritan's Purse, in collaboration with local health centers, to train more than 450 women and men as Community Health Workers. These eager students learned about breastfeeding, birth spacing, hand washing, and malaria prevention. They are now relaying these key messages to women in their communities.

"Before the training, I told women to give their newborns sugar water just after giving birth," Zongo shared. "But I now know that this is harmful for babies, so I will recommend only breastfeeding for the first six months."

Niger is currently facing a severe food crisis and equipping mothers to keep their children healthy is more important than ever. As a result, Samaritan's Purse's work in Niger includes therapeutic feeding centers as well as malnutrition prevention activities that address the root causes of malnutrition through

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My baby and I have been in the Child Survival program for six months. I was chosen because I am a poor lady struggling to survive. I sell candies in the street, but the money I make isn't enough to care for my baby. I like everything about the program, but the medical assistance and the nutritious food is crucial for my child as I am not able to provide those things.

Before I was in the program, I saw other mothers being taught about good manners and other things like sewing. I could not wait to be in the program, too. Since joining, I've learned how to sew and to read and write, and life is different for me because I know that Andrée will attend school when she graduates from the Child Survival Program. I want my child to become a

water filtration, hygiene training, livestock programming, and other development projects.

The training Zongo received is part of a three-year health education and child survival project that was launched in 2008 that targets 45,000 mothers with children less than five years of age. Positive behavior change is promoted at household and community levels with the goal of ultimately building capacity and increasing access to existing health services.

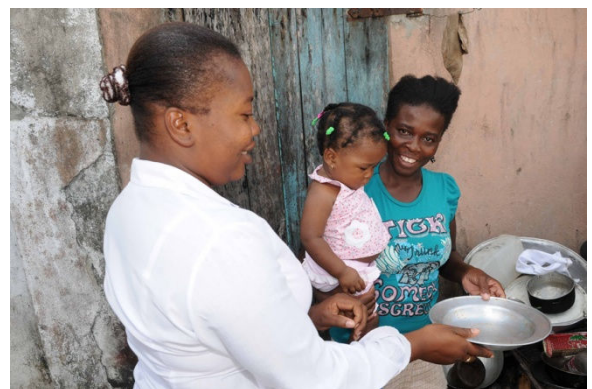
"We know that because of people like Zongo, many children's lives will be positively impacted," said the project manager in Niger.

At Samaritan's Purse, we look forward with great anticipation to what the Lord will do in Niger through 450 women and men like Zongo! ■



Community health worker training

nurse. I have seen how much the nurse cares for her when she gets sick. I want her to do the same when she gets bigger. This program is saving the lives of children in my community and my child is one example. ■



Ferette and her one-year-old daughter Andrée

Global Health and Innovation

By Grace Cheung, CCRDA Treasurer

In April 2010, I attended the two-day Global Health and Innovation Conference held at Yale University in New Haven, Connecticut. Over 2,000 attendees (including practitioners in international health and development work, medical professionals as well as students and volunteers) participated in a variety of workshops, covering areas as diverse as global health issues to specific topics such as innovative ideas for supplying power to rural Africa. These discussions helped me to recognize that enormous work has been done to advance humanitarian causes in the field of public health. This kind of conference allows experienced medical professionals to meet with practitioners and students in the international development field to share experiences and ideas.

One of the topics covered in the conference was Maternal and Child Health Care. “Three Unique Models For Services For Orphans and Vulnerable Children: Worldwide Orphans Foundation in Ethiopia, Vietnam, and Bulgaria,” “Reducing Childhood Malnutrition by Improving Children’s Oral Health in Rural El Salvador” and “Global Health Partnerships – Critical Success Factors and Lessons Learned From A Private Sector Perspective” were among the many workshops that left me with strong impressions.

A theme common to these presentations was the importance of creating strategic partnerships among key stakeholders in the development field. In some cases, these take the form of public and private sector partnerships. These partnerships require patient capital (i.e. capital that does not necessarily generate the type of return typical of the profit sector) and the commitment of dedicated professionals who guide the process while keeping the end goal in mind.

Despite the many challenges associated with such partnerships, one of the presenters from a U.S. multinational corporation offered encouraging news by giving a vivid example of a successful private-public partnership formed to fight against malaria in rural Africa. It was for the mass production of bed nets and made possible by leveraging the indigenous government’s expertise in local health and safety standards, the relationship building capability of a non-for-profit organization and a private enterprise’s financial and operating expertise in bed net production.

If you would like more information about next year’s conference, please visit www.uniteforsight.org/conference. ■

CCRDA Welcomes New Members

CCRDA welcomes two new members! **Partners Relief & Development** and **FH Canada** were unanimously approved by the Board.

Partners Relief & Development has its home office in Calgary, Alberta. All of their field work is run from their offices in Thailand. While they do some work in Northern Thailand with various communities and support Children’s Homes and work in five refugee camps, the majority of their work is in the country of Burma. They work cross border aid back into Eastern Burma offering crisis relief, medical programs, development training,

educational projects and counselor training. They support Bible colleges and from time to time do pastoral and church leadership trainings. They have started doing more human rights advocacy work and earlier this year they published their first human rights report. They constantly try to raise awareness about the ongoing conflict and repression in Burma.

FH Canada works with 11 developing communities in 10 countries. Through project

Please see *Welcomes* on page 5

Designing the Places Where Miracles Happen

By Michele Wiens, Engineering Ministries International Canada

Most of the volunteer engineers and architects heading to Niger hadn't heard the term obstetric fistula before signing up for the Engineering Ministries International (eMi) project trip. But they quickly got a crash course. Obstetric fistula is a childbirth injury that occurs after prolonged obstructed labour, creating tears between the mother's bladder, vagina and rectum. Left untreated, the woman leaks constantly, resulting in a strong odour – and in being ostracized from her community. Tens of thousands of women are currently living with fistula in Niger. Most fistulas are treatable – where treatment facilities exist.

That's where the engineers and architects come in. The Worldwide Fistula Fund (WFF) had a site picked out for their new Fistula Clinic, and invited an eMi team to come to Niger to assist with the site design and master planning. Engineering Ministries International volunteers surveyed the site, examined local building practices, and sat down with the WFF and other partner ministries to catch their vision for a 42-bed fistula clinic and surgical suite that would not only treat patients, but also train surgeons in fistula repair. Over the course of the week, the eMi team put this vision down on paper, preparing floor plans and 3-D renderings for culturally appropriate facilities and infrastructure specific to the site. Returning to North America, the volunteers spent the

next several months completing the detailed documents for their design.



Michele Wiens works in the office at eMi Canada

The Fistula Clinic is scheduled to open in early 2011. Construction is currently underway, and the eMi report has also been used to fundraise for construction. While the eMi team may not be there to witness the miracles that will occur in the buildings they designed, we eagerly anticipate these miracles.

If your organization is planning to construct facilities in the developing world, feel free to check out www.emicanada.org to see how we can help. ■



Foundation of 42-bed Fistula Clinic being built in Niger

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development, sustainable resources, child sponsorship, emergency relief and medical equipment distribution, FH Canada strives to meet the physical, spiritual, social and educational needs of each man, woman and child living in poverty. At the core of their activities is the philosophy of empowering and assisting those living in poverty to find innovative and long-term solutions to poverty – building a thriving, sustainable future for themselves and the communities in which they live. The communities they work with are involved in

development initiatives including education, agriculture, health and leadership training. There are currently community development projects in Burundi, Ethiopia, Rwanda, Uganda, Bangladesh, Cambodia, Philippines, Guatemala, Haiti, and Peru. The focus is on providing hope for the whole person.

The CCRDA Board offers a warm welcome to both agencies! ■

Maternal & Child Health in the Islands of Lake Victoria

By Julia Trotter, Africa Inland Mission International (Canada)

Tropical island life normally brings to mind swaying palm trees on white sandy beaches and lazy afternoons in a hammock, with fruit cocktails served by an attentive waiter. But for women on the islands of Lake Victoria, daily living means anything but ease and comfort.

In a world where the fishing industry creates lucrative opportunities for transient young fishermen, women are left with menial jobs like drying fish, seldom earning enough to survive and feed their children. The only lucrative opportunity that most women see is commercial sex work, making unwanted pregnancies and the spread of HIV and other STIs rampant.



Weighing a toddler at a child health clinic

In the fishing camps, permanent nuclear families are rare and fishermen often have a number of “wives” on different islands. Domestic violence is a daily occurrence, and young children are often left to fend for themselves and look after one another.



Julia Trotter is the Relief and Development Director at AIM Canada

For many women, pregnancy is an inconvenience, a hindrance to earning a living.

The prospect of another mouth to feed, without the support of a father, inspires dread. A community nurse in one of AIM’s island clinics in Tanzania says he often sees young women suffering from anemia, likely due to blood loss from home abortions. In one Ugandan fishing camp, a clean-out of community latrines revealed 150 infant skulls – the combined result of abortions and infanticide. A pastor in that camp tells of hearing a baby crying deep in one of these latrines, but being unable to rescue it through the small hole in the floor.

The women in these island communities need to know their worth. They need to be able to earn a decent living through means other than the sex trade. They need family planning and accessible pre- and post-natal care. They need medical services for their children.

Through mobile maternal and child health clinics in eight island communities, and regular MCH services at four permanent island clinics, AIM is beginning to meet these needs. Twice a week at the permanent clinics and once a month at the mobile clinics women receive counselling and education, contraceptives, pre- and post-natal care, and referral to mainland hospitals for major health concerns. Children receive immunizations, vitamins, growth monitoring and treatment for common childhood illnesses.

Thanks to the work of caring clinic staff and community health workers, we are even seeing changes in local customs that endanger maternal and infant health. Previously many women would not bring premature or underweight babies to the

Please see *Lake Victoria* on page 8

CCRDA Relief and Development Forum 2010

From June 23–25, CCRDA members participated in the 2010 Relief and Development Forum at Queen of Apostles Renewal Centre in Mississauga, Ontario. The theme of the Forum was *Leadership for Impact*.

Stanley Remple, Michael Van Pelt, and Rhoda Gyang delivered plenary sessions. Stanley Remple taught on various aspects of leadership. He is the Director of the MA in Leadership Program at Trinity Western University which focuses on transformational servant leadership. He also works with the China Business Leader Development Project.

Michael Van Pelt is the President of Cardus, a think tank and ideas lab for social innovation. They build intellectual capacity, social networks and policy alternatives to sustain a wide range of cultural entrepreneurs for the renewal of North American social architecture. He presented on *Charitable Trends in Giving and Influencing Public Policy*.

Rhoda Gyang is the Director of the Leadership Institute in Jos, Nigeria. Originally, Professor Hagher, the Nigerian Ambassador to Canada, was planning to attend the Forum but needed to cancel. He prepared a talk on *Leadership in Chaotic Situations* that Mrs. Gyang presented on his behalf.

AGM Highlights

The Annual General Meeting and Members Consultation covered a number of topics. The minutes will be sent to all CCRDA members. One highlight was a presentation of thanks to Wayne deJong, a long-term board member and treasurer as well as Emmanuel Isch, the Board chair. Both individuals have made recent job changes and have stepped down from the Board. CCRDA's Board is most grateful for their numerous contributions. They will be missed.

Grace Cheung, CCRDA's new treasurer, was introduced to the membership. She is a Chartered Accountant and is excited to use her skills to serve in this way.

In addition to the plenary speakers, five representatives participated in a panel discussion entitled, *What Can We Learn from Haiti?*

Christina Masching from ADRA Canada; Ken Little from CRWRC; Kelvin Honsinger from ERDO; Betsy Wall from FIDA; and Crystal Penner from World Vision Canada each shared their experience of how the badly affected infrastructure in Haiti influenced their response to the situation as well as what each agency had learned from the disaster in order to be better prepared.

Forum evaluation responses included the following statements:

"The two speakers were both dynamic; topics were very interesting and relevant; both very engaging – all this made the conference for me."

"The highlight was the unique opportunity to meet so many organizations and people within such an environment – and to bring a complete rethink on how to do leadership."

Plan to attend Forum 2011 next March. Dates and details will be sent to you! ■

CCRDA's new Board is listed on the back page. Two new members have joined: Federico Carrillo, the Regional Strategy Team Leader for Latin America & the Caribbean Region of World Vision Canada; and Philip Tanner, the Director of Global Programs at Christian Children's Fund of Canada.

Bernie Pennings and Julia Trotter are the Co-Chairs and Federico Carrillo is the Vice-Chair. The CCRDA Coordinator fulfills the role of the secretary.

The Board is currently planning a Fall workshop to be offered both out West and in central Canada. Stay tuned for more information! ■

Equality for All in the Millennium Development Goals

By The Leprosy Mission Canada

In September 2010, delegates will be meeting at the UN New York Head Quarters to discuss the latest MDG report. Although there are several positives which can be taken from this report, The Leprosy Mission Canada has some significant concerns about omissions pertaining to people with disabilities. Some reference has been made to disability and persons with disabilities, especially under MDG #2, however this is not enough. It is therefore essential to continue working for the inclusion of the disability perspective and persons with disabilities in all MDG processes as a basis for disability-inclusive development. Please find the latest MDG report [here](#).

In 2000, the United Nations established the Millennium Development Goals (MDGs). The eight MDGs – with a target completion date of 2015 – form a clear set of objectives to meet the needs of the world’s poorest. Except that they don’t. There are 650 million people with disabilities in the world and the MDGs do not include any of them. People with disabilities are disproportionately represented among those living in poverty. Without including them, the MDGs cannot be achieved. The MDGs include:

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clinic, because they were considered an anomaly. Now women readily bring these babies in, recognizing their need for special care. Also, while tradition tells women not to walk around during pregnancy, many women now come for pre-natal check-ups. Another custom in one tribe prescribes that a young girl is stolen from her home to become a wife and she is not allowed outside until six weeks after having her first child. Gradually, however, young women from this tribe are starting to come for pre- and post-natal care at the clinics.

We praise God for the improvements that are taking place for women and children in these island

- Goal 1: Eradicate Extreme Poverty & Hunger
- Goal 2: Achieve Universal Primary Education
- Goal 3: Promote Gender Equality & Empower Women
- Goal 4: Reduce Child Mortality
- Goal 5: Improve Maternal Health
- Goal 6: Combat HIV/AIDS, malaria & other diseases
- Goal 7: Ensure Environmental Sustainability
- Goal 8: Develop a Global Partnership for Development

The Leprosy Mission Canada supports and strives to ensure that these goals are realized. Unfortunately, people with disabilities were not taken into consideration when these goals were established.

The 2010 MDG Global Report, which has recently been issued, comes five years before the target date for the MDGs, and leaders from around the world will be gathering at the United Nations headquarters this September to review progress and plan between now and 2015. The upcoming MDG Summit provides an ideal opportunity to ensure that disability is addressed when working towards the achievement of the MDGs. We therefore request your assistance in order to make this a reality! For more information, opportunities for action, and sample letters, please visit their [website](#). ■

communities. Nevertheless, there is a long way to go before tropical island life in Lake Victoria means anything but a fight to survive. ■



New maternity room at health clinic

Member News

- **Samaritan's Purse Canada** is proud to have 12 young Canadians serving in El Salvador, Ethiopia, Cambodia, and the Philippines from May to November in partnership with CIDA. Since 1998, more than 100 interns have participated with Samaritan's Purse in the International Youth Internship Program, primarily working on clean water projects, but this year several are also assisting partners with issues surrounding women exploited in trafficking and prostitution.
- In 2010 **Christian Children's Fund of Canada** celebrates 50 years of helping thousands of children and their families throughout the world. Congratulations on this milestone!
- **Lifeline Malawi (LM)** is pleased to announce that Dr. Chris Brooks, President and Founder of LM has relocated to Canada to focus his efforts on sourcing new funding that will ensure the long term financial sustainability of the agency. Dr. Brooks will travel throughout North America communicating how LM continues to lead the way in bringing life transforming hope and healing to Malawi. Dr. Brooks will continue to provide overall vision and leadership to the organization.
- Canadians donated over \$7 million in 2009 to **The Leprosy Mission Canada**. While authorities do not know the number of people infected with leprosy every hour, they do know that within that hour, 46 people are diagnosed. Globally, close to five million people suffer from the permanent effects of leprosy, 90 percent of whom live in developing countries.
- Thousands of families in southwestern Kenya have few options for food and income after years of drought have wiped out animal populations. The **Christian Reformed World Relief Committee** is responding by distributing food to 4,000 families in eight communities from July through December. This will be followed up by a goat-restocking project to provide 1,000 families with three goats each.
- **El Canada** is celebrating its 35th birthday! September 11 will mark the 35th anniversary of the organization, which has, from the beginning, celebrated the "God with Us" core of its existence.
- **ERDO's** goal is to help women and men develop skills, employment opportunities and food resources that will help them in the long term. Microfinance is a unique opportunity to empower people through a small business loan. In the DR Congo, ERDO works with women, developing small microfinance groups and giving them the opportunity to increase their economic status and provide for the daily needs of their family.
- **EMCC Global Initiatives** and VANCOR are teaming up to offer a permanent housing solution for Haiti and other developing countries. These homes are hygienic, eco-friendly and offer just over 500 square feet of living space. Three bedrooms, a living room, dining and small kitchen area can adequately house up to a family of 10 people.
- In Malawi the maternal mortality rate is 984 per 100,000 live births. It is still common place for women to deliver their babies behind their family hut with an untrained birth attendant or traditional birth attendant traditional healer sprinkling powder on them to help when complications arise. **Lifeline Malawi** opened two maternity clinics in 2009 to help change the statistics and to stop babies being motherless from birth due to unsafe practices of lack of help.
- Lives are saved every day at Kamakwie Wesleyan Hospital through **World Hope Canada's** Alpha Project which has been successful at stabilizing malnourished children in Sierra Leone and educating caregivers in nutrition and child care.

Calendar of Events

November 2010 **CCRDA Fall Workshop**
2 Sessions: Western and Central Canada
More details to follow soon

March 2011 **CCRDA Forum 2011 and AGM**
Forum on Relief and Development
More details will be sent to you

Meet CCRDA's Board

Bernie Pennings – Co-Chairperson
Word & Deed Ministries Canada
Executive Director

Julia Trotter - Co-Chairperson
Africa Inland Mission International (Canada)
Relief & Development Director

Federico Carrillo - Vice-Chairperson
World Vision Canada
Regional Strategy Team Leader Latin America & Caribbean

Steve Clarke
Compassion Canada
Director of Special Projects

Ida Kaastra Mutoigo
CRWRC
Canada Director

Philip Tanner
Christian Children's Fund of Canada
Director, Global Programs



Now That's Progress is the quarterly newsletter of CCRDA. If you would like to suggest a theme for a future issue or have an idea about an addition to the newsletter, please let us know. We welcome your feedback! The Fall issue will be sent to you in October. You will receive a request for articles next month. Your general news and announcements are always welcome. Through collaboration, we can maximize the impact of our efforts in relief, development, and justice activities.



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