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.

No Man is an Island
Helping HIV/AIDS Sufferers in Uganda

By Alexis Harrison, Samaritan’s Purse Canada

Since 2006, almost 2,000 families have received support from their fellow community members through the Samaritan’s Purse HIV Church Mobilization Program, which has benefitted over 100 communities across northern Uganda. Today the program focuses on the Kalangala District—84 islands scattered across Lake Victoria. Between 20 and 30 per cent of its estimated 46,500 inhabitants are infected with HIV.

Samaritan’s Purse works with each community to identify their HIV-related needs and design activities to mitigate the disease’s devastating effects. As part of this strategy, 20 church action groups comprised of over 600 individuals motivate and mobilize their communities to respond to HIV/AIDS issues.

These groups are in the process of educating over 10,000 people about HIV. They’re also helping communities identify factors that drive HIV transmission, and together with local health providers,

Improving Community Health
In Senegal

By Kristen deRoo VanderBerg, World Renew

When World Renew and its partner, Comité Evangélique de Coordination de Santé (CECS), were asked to go to the village of Loul–Séssene in Senegal to help improve overall health, they knew they were in for a challenge. The community on the outskirts of Dakar had seen many organizations come and go. Literacy classes, mosquito net distributions, micro-credit for market trade and other good ideas had all been tried.

“But we don’t know what difference these programs have made and if the wider community has benefited,” said the pastors of the local protestant churches that were asking for World Renew’s assistance.

World Renew and CES decided to start by telling the pastors and village members a story.

Please see Improving Community Health in Senegal on page 3
It is my pleasure to greet you as incoming CCRDA Chair. As I assume this position, I owe a great debt of gratitude to my predecessor. Dr. Phil Tanner of Christian Children’s Fund of Canada served so ably in this capacity over the past year, to the conclusion of his term in March. I am grateful that he is still a board member of our association. And with the board, I look forward to the ongoing benefits of Phil’s ideas, his advice and his hearty enthusiasm for this work.

With each CCRDA newsletter we are blessed with exciting reports from our member organizations, bringing us up to date on their work. This issue is no exception. Our theme revolves around the sixth millennium development goal to combat HIV/AIDS, malaria and other diseases.

Whenever I reflect on the HIV/AIDS theme, I am reminded of a long-term development partnership. Recently, Compassion Canada engaged in a joint initiative with Christian Mission Aid – Kenya (CMA) and CIDA, spanning 11 years and three phases of project work. It involved HIV/AIDS measures in seven districts of western Kenya’s Nyanza province. This region suffered great devastation from AIDS dating back to the late 1980s, as it is located on a heavily traveled trade route. When AIDS arrived the disease spread rapidly. One of the strong contributing factors was the cultural practice of wife-inheritance. In our partnership we participated in community leaders AIDS education campaigns, home-based care for people living with AIDS and support for AIDS widows and orphans. In recent years the arrival of anti-retroviral treatment has brought great encouragement in the midst of a very dark story. The ARVs have led to the survival of these Kenyans living with AIDS. More than that, they have regained their strength. We have seen many AIDS widows and orphans recover their status as fully-functioning members in communities, flourishing in the wake of livelihoods training.

In Compassion’s child development work around the world, in our ongoing Complementary Interventions (CIV), 30% of CIV revenue is devoted to HIV/AIDS concerns. In the quarter January to March 2013, our Compassion Global Partners supported US $458,834 in HIV/AIDS initiatives.

One particularly noteworthy effort in early 2013 was spearheaded by Compassion’s Togo country office, in West Africa. Togo implemented a media campaign designed to raise awareness of both HIV/AIDS and Compassion Togo’s work with the church. Three television, five radio, two press and three web spots were developed and released. Due to this activity, Compassion Togo has been featured several times in the national newspaper and has increased its visibility on the web.

For this newsletter we contacted our CCRDA members, posing the following question: “What are you doing to reverse the spread of HIV/AIDS, increase access to treatment for HIV/AIDS, and reverse the incidence of malaria and other major diseases?” We are delighted with the variety of submissions that came back. You will be challenged in the messages of articles from World Renew, FH Canada, SIM Canada, Samaritan’s Purse Canada, Visionledd and Loving Arms.

On behalf of the board, I wish to thank our article contributors and all of our member agencies for your ongoing diligence in the Lord’s work, serving people throughout the two-thirds world. Our calling is one where the demands can be very burdensome. As we stand in the gap for those facing poverty and circumstances of injustice, often we feel worn down. But remember God’s promise to the prophet Jeremiah: “I will refresh the weary and satisfy the faint.” (Jer. 31:25). May God bless you and strengthen your hands – and those of your partners – and may He continue to build you up in all things, in Christ.
There once was a village where people called themselves ‘the fishers,’” said Jacques and Abdallah of CECS. “They spent much time defining ‘fishing’ and discussing new slogans and logos but they never went out to sea. They organized a ‘month for the fishermen’ and conferences to exchange ideas on fishing. They built warehouses, docks and classrooms to teach courses on fishing. Each year, some people persevered and obtained diplomas. But they did not fish.”

Jacques and Abdallah went on to explain that instead of planning activities that one has seen in neighboring villages or that another organization is willing to fund, the villagers should think about the results and changes that they’d like to see. The programs they try should flow out of that desired outcome. Because the ideas would flow out of group goals, there would be more ownership of the activities being done.

Following the advice of the workshop, the pastors and villagers met together and decided on two main goals. They wanted to improve public health and become closer as a community.

From there, their plan of action flowed easily. They decided to organize informative talks on malaria with members of their community, to organize an HIV/AIDS test event, and to participate in World

Improving Community Health in Senegal from page 1

Renew’s adolescent health program for young girls. They are already seeing results. Community members are working better together and have learned to see the value in respecting everyone in the community. The stigmatization of young girls is already decreasing and the community plans to start a broader adolescent health program in May. HIV testing events are also being planned.

“Had I known of this system for setting up projects before, my previous development activities could have been much more successful,” one of the pastors concluded.

The community is looking forward to seeing many more positive changes.

Kristen deRoo VanderBerg, Communications, World Renew (formerly Christian Reformed World Relief Committee)

Peer educators lead a discussion on stigma as part of a health program for young girls in Senegal. The program targets girls age 13-18 and will soon be started in Loul-Sessene village.
Cascade Learning Model Combats Disease and Social Stigma in Developing Countries

By Tom Gage, FH Canada

Once a physically strong man, Jure Gaston worked as a karate teacher in Port-au-Prince, Haiti, until he became so ill he was unable to stand. Gaston didn’t understand what was happening to his body or how to care for himself so he mentally prepared himself to die.

When he was diagnosed with HIV/AIDS, Gaston enrolled in Food for the Hungry (FH) Haiti’s HIV/AIDS program to receive home visits and social support. The program educates those living with HIV/AIDS about proper nutrition and specific practices like using vitamins and purified water to boost the immune system.

Physical care is only a part of the need facing people living with HIV/AIDS in Haiti, as they suffer many hardships that go beyond the physical symptoms of the disease. The stigma associated with the disease robs them of social support; they become feared and are ostracized.

In an effort to make the greatest impact on people living with HIV/AIDS, Food for the Hungry (FH) uses a Cascade Learning Model to empower community members to teach, serve and promote health and wellness to others. These leaders then teach 10 others who agree to teach 10 more until the knowledge has rippled out to the entire community.

After Gaston received care, support and training from FH, he regained his life. He became physically stronger and went back to teaching karate. He also took the knowledge he learned from FH and spread it, speaking out about HIV/AIDS to communities to support those living with the disease and educate those who fear it. He has become a seed in his community, planting hope to those who once had none.

Hope for Mothers

Watoto Canada

Margaret Ayubu comes from northern Uganda, a region that was scourged by the Lord’s Resistance Army (LRA) rebel revolt for over 20 years. As if living in the war ravaged region wasn’t traumatising enough, she also lost her husband to HIV/AIDS and was left with the responsibility of raising their two children on her own.

Margaret joined Watoto as a housemother in 2008 after careful screening and training. Her two children also joined the Watoto family. She gave her life to Christ and is determined to empower people and restore the lives of hurting and traumatised children.

“I love what I do. My life has meaning and purpose, and I am enjoying the blessing of the Lord daily,” comments Margaret. Sponsor a mom like Mama Margaret this Mother’s Day Month and help raise a future leader.
Cecilia Mumba travelled miles and miles to reach clinics when her family fell ill. Getting into the city wasn’t easy for the 54 year-old widow, with no steady job and nine children and grandchildren relying on her, she walked great distances and often slept in line-ups in the hopes of seeing a nurse. Today, a clinic comes to her, in the rural community of Makululu, Zambia once a week.

When we met Cecilia she was suffering from sore eyes, abdominal pains, and chest pains. Years of hard work and poor nutrition have taken their toll on her body. Eating basic cornmeal once or twice a day, she told us her family eats meat only once every three months. Access to medical care has lifted at least one burden from her life. The nurse recorded her symptoms and prescribed some ointment for her eyes, magnesium for her abdominal pains, and panadol for overall pain relief.

Cellia told us, “I praise God for this medical ministry and for the workers. I often find a lot of difficulties going to other clinics, because they are long distances to walk but this clinic comes right into my community. This clinic is free of charge and the medicines are free. Here, they are helping us a lot and I’m very thankful.”

Visionledd’s mobile medical clinics provide widows, orphans and other vulnerable persons access to healthcare and medicines in areas with extremely high HIV and AIDS prevalence rates (23%). Through our local health partner, we serve over 54,000 patients in 18 Zambian communities, a number that continues to grow. Offering HIV testing and counseling, public health education, and treatments for opportunistic infections and other ailments that plague compromised immune systems, mobile clinics are an essential component of our wholistic, community transformation model.

Visit our website, www.visionledd.com to learn more!

Cheryl Martin, Donor Management & Communications, Visionledd

CCRDA Welcomes Childcare International Society

During the CCRDA Board meeting last month, the Board unanimously voted to approve the membership application of Childcare International Society. They are loyal to the mission of breaking the cycle of poverty one child at a time, through resourceful and education–based child sponsorship. Their primary purpose is to ensure that the children God has placed in our care become transformed and able to reach their God given potential. Although their primary program is Child Sponsorship, these processes also including providing Relief during emergencies, Rehabilitation after short-term emergency needs are met and Development that will lead to Transformation. Once transformed, children will break the cycle of poverty for themselves and their families through the fruit of their work. The CCRDA Board and membership warmly welcomes Childcare International Society!
HIV Testing

Trevor Russell, SIM Canada

The CIDA program, in partnership with SIM Canada, participates in HIV testing in three different projects in two different countries, Niger and Ethiopia. The results after five years are significant:

- 71,839 people have been tested for HIV
- 3,917 people have been identified as HIV-positive

HIV is an unfair virus with women affected in greater numbers than men. Biologically women are more likely to contract the virus, while they are also sadly more affected by gender inequality, poverty and reduced access to education. In the past year, statistics from all 3 project locations revealed that 4.2% of all women tested were HIV positive, compared to 3.9% of men. In one of the project locations, in Ethiopia, the incidence rate for women was 2.1% compared to 0.4% for men. Staff in all three project sites actively initiate income generation programs that help to reduce the effects of HIV/AIDS on the lives of those affected by the disease. Whether it is constructing community showers and mills for grinding grains that are operated by a cooperative of HIV+ beneficiaries, or providing practical skills training in the form of cobblestone production for road construction, tailoring, hairdressing training, and driver’s license training our beneficiaries are given an opportunity to earn an income that is used to support themselves and their families. These programs offer hope to those living without it and as a result lives are being changed, people are being empowered, and stereotypes and stigmas are being removed.

Member News

- Write “June 1st – Bike-a-thon” on your family events calendar and join Word & Deed for an awesome bike ride and a free barbeque! It will be a truly unique 52 KM Bike-a-thon along the scenic Niagara Parkway from Fort Erie to Niagara on the Lake that helps raise money for Word & Deed’s support of the Nakekela AIDS clinic in South Africa. This is an event that promises to be a memorable family day, a valuable fundraiser, and an opportunity to witness as you gather sponsorship money in your community.
- Wycliffe College would like to highlight a summer course titled “Community Development: The Art of Facilitation and Workshop Design” by instructor Clayton Rowe from May 27–30, 2013. At the core of every community developer is a commitment to transformational teaching which unleashes within people the competencies to change their local community. Individual and group learning is possible when community members are treated with respect, feel safe to explore new ideas and can readily apply new learning to their present context. Based on both the theory and practice of adult learning and the biblical principles of discipleship, participants will develop their personal capacity to facilitate both trainings & meetings and design workshops to move the community a step closer to peace and well-being. This course is also valuable for lay and ordained leaders in the church who may be called to lead adult Christian education courses, focus groups, or other organizational
One of our goals as a charity is to improve the general health and promote ongoing wellness of the people we serve in Guatemala. Loving Arms’ Health Program provides medical and dental care, medical supplies, medications and also clean drinking water.

Doctors at the local medical clinic and on our medical missions say that the number of cases of gastrointestinal diseases has decreased since the installation of the water filters. To date, Loving Arms has installed over 70 filters and is providing the necessary education program, deworming, clean water pails and follow-up household visits.

The biosand water filters greatly reduce gastrointestinal diseases such as; diarrhea, arsenicosis, cholera, fluorosis, guinea worm disease, intestinal worms and typhoid. These diseases cause sick children to miss school and can render adults unable to work.

providing by the nursing staff and Health Surveillance Assistants (HAS) and various treatment options.

Lifeline Malawi reports that in some areas of Malawi up to 25% of the population are HIV+. Their HIV/AIDS program consists of testing in laboratory facilities, counseling meetings. All course credits obtained through Wycliffe College can be applied to programs at other ATS affiliated schools and most academic institutions. Through their eligibility for government support and because of their generous donors, Wycliffe is able to offer these courses at affordable rates. For further information or to register for this course visit www.wycliffecollege.ca.

Foundation of Ontario.

The Guatemalan Health Department has reported that these biosand water filters are 95% efficient in the removal of bacteria and parasites. Doctors at the local medical clinic and on our medical missions say that the number of cases of gastrointestinal diseases has decreased since the installation of the water filters. To date, Loving Arms has installed over 70 filters and is providing the necessary education program, deworming, clean water pails and follow-up household visits.

Improving Health through Biosand Water Filters

By Paola Di Clemente, Loving Arms Charitable Corporation

How does the biosand filter work?

- Contaminated water (from any source) is poured into the top of the biosand water filter at least once per day.
- The water slowly drips through the holes in the diffuser and flows down through the sand and gravel. Treated water flows out of the outlet tube into a clean collection pail.
- No power is required as the filter works by gravity alone. In roughly one hour, the filter will produce 12–18 liters of filtered, clean, drinking water.
- This technology was perfected by CAWST of Alberta.

The biosand water filters greatly reduce gastrointestinal diseases such as; diarrhea, arsenicosis, cholera, fluorosis, guinea worm disease, intestinal worms and typhoid. These diseases cause sick children to miss school and can render adults unable to work.

Foundation of Ontario.

The biosand water filters greatly reduce gastrointestinal diseases such as; diarrhea, arsenicosis, cholera, fluorosis, guinea worm disease, intestinal worms and typhoid. These diseases cause sick children to miss school and can render adults unable to work.

The biosand water filters greatly reduce gastrointestinal diseases such as; diarrhea, arsenicosis, cholera, fluorosis, guinea worm disease, intestinal worms and typhoid. These diseases cause sick children to miss school and can render adults unable to work.
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 Summer issue will be sent to you in July. You will soon receive a request for articles. Your general news and announcements are always welcome. Through collaboration, we can maximize the impact of our efforts in relief, development, and justice activities.