PARTNERSHIP AND DEVELOPMENT PROGRAM

ANNUAL REPORT
APRIL 2017 – MARCH 2018
The Development Team Report covers the period of April 2017 to March 2018. During the reporting period, PWRDF provided funding to partners in 32 countries including 19 countries that received emergency and relief funding. The total amount disbursed was $6,364,738.00, of which $5,859,126.71 were allocated to community development projects and $681,045 allocated to relief and emergency response. In addition to that PWRDF also disbursed $397,268.00 through CFGB equity.

Approximately 2,096,321 people including 705,907 refugees and displaced people benefited from support provided by PWRDF. The amounts listed in this report do not equal the total amount disbursed in the financial year 2017-2018 due to the fact that at times project disbursements are carried out to the next fiscal year.

Projects co-funded by PWRDF and Global Affairs Canada received a majority of the funding. Funding provided by Global Affairs Canada projects is designated to the All Mothers and Children Count (AMCC) project. As such, PWRDF has to match this funding with one dollar for every six dollars provided by the Canadian Government. Projects that are not part of the AMCC program receive funds from PWRDF only. PWRDF programs have achieved considerable results both, in the area of maternal, newborn and child health and other community development sectors.

In Burundi, Village Health Works (VHW) reported that 94% of births were attended by skilled birth attendants and 99% of mothers and newborns received postnatal care within two days of birth. Seventy-seven percent (77%) of pregnant women attended at least four antenatal care sessions as recommended by WHO (World Health Organization). In Mozambique, 20,703 pregnant women gave birth in health facilities, including 11,590 night deliveries that were made possible due to the installation of solar suitcases. In Rwanda, Partners in Health (PIH) medical staff whom improved their skills after attending training on obstetric complications management. Fifteen health providers working in maternity care services in three district hospitals participated in a training session of 16 days to improve their skills on comprehensive emergency obstetrics and neonatal care. In Tanzania, the Diocese of Masasi drilled 25 boreholes, providing clean water to 33,150 people. Access to clean water has reduced the amount of time women, female youth and children collect water. This has also contributed to the reduction of waterborne diseases such as diarrhea, cholera, typhoid, dysentery and conjunctivitis. Due to the vaccination awareness raising and mobilization, 5,247 pregnant women and 78,595 children under 5 received vaccinations as recommended by the World Health Organization.

In Philippines, 10,720 farmers in Central Visayas from 241 communities participated in programs to build their capacity to organize to claim their land rights. Farmers also implemented sustainable agriculture practices to increase land productivity and strengthen their resilience to climate change and natural disasters. In Uganda, ARUWE has created 15 farmer village savings groups, which to date have saved approximately $12,846 dollars.

PWRDF carried out an Impact Evaluation of two projects that were funded through the “Partnership for Life” Campaign. Two partners South African partners participated in the evaluation. The findings are very insightful and the final reports will be shared with everyone.

As an integral part of the Indigenous Midwifery program, Ryerson University’s Aboriginal Initiatives carried out consultations and reviewed a selection of midwifery curriculums in existence in Canada (Inuit midwives in Nunavik, Manitoba’s Aboriginal Midwifery program, and Six Nations Midwifery centre in Ontario). This foundational work has allowed the Indigenous Midwifery program to continue the collaboration and coordination with KINAL and CHIRAPAQ to prepare
and present a joint presentation on their project at the United Nations Permanent Forum of the Indigenous Peoples meeting in April 2018 in New York City.

The Humanitarian and Emergency Response program was very active during the year responding to a myriad of emergencies around the world and in-Canada. PWRDF continued to work collaboratively with ACT Alliance and CFGB to respond effectively and efficiently to emergencies around the world. PWRDF also provided relief to the Anglican Parishes of the Central Interior who were deeply affected by wildfires in July 2017. The Fort McMurray emergency response lead by the Diocese of Athabasca has ended. PWRDF worked closely with St. Thomas and All Saint's Anglican Church to respond to the last part of this emergency.

The M&E Coordinator carried out a major survey on Sexual and Reproductive Health and Rights with partners. The findings of the survey provided significant insight and areas of focus for future programming and were well received at presentations to GAC and other venues were the survey results were presented. The survey also informed substantially the contents of PWRDF’s unsolicited project proposal “My Body, My Future” which was submitted to Global Affairs Canada in October 2017.

The Development Team staff was very diligent in carrying out all tasks connected to the managing and monitoring of projects. This included but not limited to visits to partners, running workshops for partners on RBM (results-based management), gender, report writing, financial monitoring, and preparing and delivering survey questionnaires. Staff produced all the reports required by funders, which were approved. Staff traveled to visit almost all projects and also took the opportunity to meet with Canadian Embassy staff in a number of countries while traveling.

Development Team staff participated actively on several networks (KAIROS, Can-WaCH, ACT Alliance, CFGB) and contributed with their expertise and knowledge to move forward on a common agenda. Staff also hosted several meetings with sister agencies such as ERD and Episcopal Church of Cuba.
During the reporting period, 4,537 (3,738F/799M) patients were transported to the clinic by the ambulance provided by PWRDF/GAC. The clinic saw an increase in the number of patients (especially women and children under 5) visiting the clinic, averaging over 150 per day. 94.22% of births were attended by skilled birth attendants and 99.38% of mothers and newborns received postnatal care within two days of birth. 76.85% of pregnant women attended at least four antenatal care sessions. This positive result was partly attributed to the ultrasound machines purchased by the project. Pregnant women and their partners anticipate the ultrasound during their third and fourth antenatal care session. This is a unique experience for pregnant women to see the image of their baby growing in their womb. The high percentage of pregnant women having skilled birth attendants present during their delivery, mothers and newborns receiving postnatal care within two days of birth, and improvements in pregnant women attending at least four antenatal care sessions illustrates changes in attitudes and behaviours.

VHW implemented a referral system for ambulance use for patients referred by community health workers to access the clinic. Maternal, newborn and child health related care at the health clinic continued with the support of a strong team of doctors and nurses, and a good stock of medicines and supplies to increase and improve health service delivery and performance. The clinic continued its morning education sessions during triage when nurses or doctors provided thematic lessons before starting to see patients. The clinic also continued screening videos daily for patients who were waiting to be seen on varying themes such as gender, early marriage and related consequences, family planning as it relates to HIV prevention and unwanted pregnancies, and mental health. Health education programs were featured on the radio and broadcast throughout the clinic and pharmacy area where patients would listen.

During education sessions, community health workers and health providers emphasize the importance of women, female youth, pregnant and lactating women, infants and children accessing health services. Maternal, newborn and child health education sessions include antenatal care, postnatal care, having a skilled birth attendant present during delivery, delivering in a health facility and family planning. The information is resonating with women and men, especially pregnant and lactating women. Even though pregnant women may not have had a skilled birth attendant present during labour, they are aware of the necessity of receiving postnatal care within two days of giving birth. Overall, the project provided services to approximately 556,498 people.
Women, men, female youth and male youth participated in 1,872 education sessions on antenatal care, postnatal care, the importance of institutionalized births, family planning, nutrition, malaria, acute respiratory infection, and diarrhea prevention. In addition, community based workers carried out 34,408 home visits to provide health education and raise awareness on maternal, newborn and child health. 45 (25F/20M) nutrition promoters facilitated 474 enriched porridge cooking demonstrations, which were attended by 12,947 (7,898F/5,049M) community members. 60 (26F/34M) gender promoters facilitated 809 education sessions on gender equality, equitable food distribution, family priorities, gender-based violence and women's empowerment. These sessions were attended by 29,376 (15,664F/13,712M) community members. Community health workers organized 435 education sessions on adequate nutrition for pregnant women, lactating women and children under 5 attended by 17,763 (9,057F/8,706M) community members. An additional 12,020 women and men participated in education sessions on the importance of exclusive breastfeeding during the first 6 months of life. 1,703 family planning education sessions were facilitated in health facilities and communities participating in the project, which were attended by 11,791 (6,041F/5,750M) community members. Safe motherhood promoters referred 5,552 women and 3,208 men for family planning consultations. In addition, safe motherhood promoters referred 10,316 pregnant women for antenatal care consultations.

Solar suitcases are having a positive impact because they enable health providers to deliver babies safely during nighttime. Previously, flashlights were used during nighttime deliveries because there was no electricity in the health facilities. The AMCC Project has also emphasized the importance of pregnant women delivering their infants in health facilities where they will be assisted by health providers during labour and delivery. Awareness has increased among community leaders, husbands and male partners, who make decisions as to whether their wives and partners may access health services, including delivering their babies in health facilities with skilled birth attendants present.

The combination of improved maternal, newborn and child health infrastructure, and increased awareness among community leaders, women and men on the importance of delivering in health facilities has resulted in 20,703 women giving birth in health facilities (including 11,590 night deliveries) in the 30 health facilities with solar suitcases. Before the AMCC Project, the average number of births in the 30 health facilities was eight per month. After the installation of the solar suitcases and education sessions facilitated by safe motherhood promoters to women and men, the average number of births is 140 per month. Because more pregnant women are delivering in health facilities and there is reliable access to drugs through the AMCC Project, an increased number of women who experience postpartum haemorrhage are being treated with Misoprostol. Furthermore, newborns who experience asphyxiation are being resuscitated in the health facilities. Improved delivery of gender-equitable health services to mothers, pregnant women, newborns and children under 5 is having a positive impact for women (pre and post-partum) and newborns, as well as their health and survival rates. Approximately 135,629 people received services from the project during the reporting period.
A number of new materials and resources were developed by the AMCC Project during the reporting period. This included both clinical job aids for healthcare providers in addition to educational materials to support better counseling and patient education. Job aids for healthcare providers included reference books for hospital neonatal unit staff on early intervention for feeding difficulties based on the Community Management of Acute Malnutrition in Infants guide, as well as, quick reference posters on preterm labour management and focused antenatal care protocols. A case study booklet is under development that highlights positive and negative scenarios from a Rwandan context to use in teaching neonatal care and health provider advocacy for patients. Several posters were developed to promote early and exclusive breastfeeding and kangaroo mother care in hospital neonatal and maternity units. The patient education posters address a huge gap in the availability of patient education materials for newborn care in Rwanda.

Fifteen health providers working in maternity care services from the three district hospitals (Kirehe, Rwinkwavu and Butaro) participated in a training session on comprehensive emergency obstetrics and neonatal care. The training was divided into three parts: didactic teaching sessions for 6 days, individual guided practices on mannequins and validation for 2 days and practical training in hospitals for 8 days. The training was facilitated by four master trainers and assisted by one national training coordinator from the Ministry of Health in collaboration with PIH training coordinators. After the training, participants developed an action plan in which they set measurable objectives to implement learned skills in their respective hospitals.

Increasing gender sensitive, obstetric and pediatric knowledge of health providers is integral to improving gender-equitable health services to women, pregnant women, newborns and children under 5 in Rwanda. Training and mentoring health providers is a significant component of the AMCC Project in Rwanda to enhance the health services provided to women, female youth, pregnant and lactating women, infants, children and men. PIH has identified infants with feeding difficulties as one area for health providers to improve their neonatal care knowledge, skills and capacities. In developing countries, half of the infants born within the 32 week gestation period die due to insufficient breastfeeding support, late initiation of breastfeeding, inaccessibility of formula and inadequate health provider knowledge. The project is addressing this challenge by increasing awareness among health providers to promote early and exclusive breastfeeding for all newborns, including premature and low birth weight infants. Nurses and safe motherhood promoters also increased their capacities in essential newborn care and helping babies breathe to address gaps in critical neonatal resuscitation skills. 421,433 people received health services during the reporting period.
Long walking distances for women (including pregnant women), female youth and children to and from unclean water points of between 4 and 8 km have decreased. During the reporting period, the AMCC Project drilled 25 boreholes in 20 communities and the walking distance to clean and safe water has reduced to less than 1 km. 8,288 households equivalent to 33,150 (17,020F/16,130M) community members are benefiting from the 25 boreholes. Improved household access to potable water reduces the amount of time women, female youth and children collect water, families are bathing with clean water, dishes and laundry are washed with clean water and food is prepared with potable water. Women, men, youth and children are less prone to waterborne diseases and symptoms such as diarrhoea, cholera, typhoid, dysentery and conjunctivitis.

The importance of vaccinating infants, children U5 and pregnant women were discussed with women and men during maternal, newborn and child health meetings, home education visits and education sessions. According to the mid-project household survey, 81.13% (817/1,007) of community members understand immunization reduces susceptibility to measles, polio, pneumonia, hepatitis B, tetanus, whooping cough and diphtheria. 120 joint vaccination campaigns were facilitated by the project with government stakeholders including district midwifery nursing officers, nutrition officers and pharmacists. The project team, community health workers, and health providers facilitated joint vaccination campaigns in very remote areas where community members have difficulty accessing health services. Due to the vaccination awareness raising and mobilization, 5,247 pregnant women and 78,595 (40,037F/38,558M) children under 5 received vaccinations recommended by the World Health Organization. Pregnant women and children under 5 were also treated for parasitic worms and received vitamin A supplements to increase immunity.

Eating healthy, nutritious meals is a key component of the AMCC Project. Families are changing their eating practices by providing children their own plates to eat from rather than eating from communal plates shared by all family members. As a result, children do not have to compete for preferred food or wait for their elders who have first choice. Access and availability to healthy, nutritious food has improved due to the sustainable agricultural practices promoted by the project, providing farmers with seed and distributing livestock and fowl to families. On average, community members who participated in the mid-project survey stated they were food secure for 7.25 months of the year compared to 6.35 months in the first project year. Livestock and fowl provide protein and nutrient rich food such as milk, meat and eggs and families sell the surplus, which increases their food budget and income. The project is encouraging families to grow vegetable gardens by providing seeds and training. This is contributing to dietary diversity and a viable income generating activity to sell the surplus to neighbours and markets. Sharing food equitably between family members, producing more nutritious food and ensuring pregnant and lactating women, children U5 and infants are consuming healthy diets is positively contributing to their health and nutrition. During the reporting period, the project worked with 20,566 small farmers to improve their agricultural practices in a more sustainable way. They also received a total of 16,408 kg of seeds (maize, groundnuts, pigeon pea, green peas, and cowpeas). They also received 2,200 kg of tomato, cabbage, okra, amaranth, onion and sweet peppers, passion fruit and pawpaw seeds. Beneficiaries also received dairy cows, milking goats, chickens, ducks, guinea fowl, rabbits and pigs.
Refuge Egypt is a ministry of the Episcopal Church, located in Cairo one of the world largest urban refugee city center. Refuge Egypt provides several services to newly arrived African asylum seekers waiting for UNHCR refugee status determination, repatriation, resettlement or local integration. The situations in Sudan, South Sudan and Syria continue to displace people, increasing the number of arrivals. Acute needs relate to family medical care, specifically in the area of maternal and child health. PWRDF supports education for basic health care prevention and health care at a general family clinic and an antenatal clinic. In 2017, the project increased the health status of 7,921 direct beneficiaries through health education sessions on preventable diseases. There were 885 new primary health cases at the Arba Wa Nus -AWN clinic. 391 new families attended Well Baby and Well Child Clinics to monitor child growth and developmental benchmarks, and screen for malnutrition-related diseases. 617 children were follow-up for malnutrition and 96 new cases were detected and treated. 2,081 food parcels were supplied to support refugee household nutrition. 188 women received family planning services, 281 women attended Obstetrics and Gynecology (OBGYN) care, and there were 462 new antenatal care (ANC) cases and 2523 follow-up visits.

**Burundi**  
**Diocese of Buye**  
**$80,501.95**

Construction of Pediatric Ward – This is a connections project. Since 2008, the Diocese of Buyé has had a partnership with the Anglican Diocese of Edmonton, Alberta Canada. Working with PWRDF’s Connection program, Edmonton has provided financial and other support for development projects in Buye. The pediatric ward in Buyé hospital was built in the 1930s. However, the population has increased tremendously since then, overwhelming the capacity of the ward. The intent of this project was to build a pediatric ward with 2 big rooms so that children can be admitted comfortably and treated properly according to their individual needs. By the end of the reporting period, the walls had been erected, and roofing, plastering and installation of windows had been complete.

**Guatemala**  
**Asociacion Nacional de Mujeres Guatemaltecas**  
**IXMUCANE**  
**$21,804**

IXMUCANE is a grassroots women’s association working on women’s rights and health program in Petén-- the northernmost region in Guatemala. The focus of the project is to empower rural Indigenous women to assert their voices to rights to education, sexual and reproductive health, end violence against women, and prevent discrimination. The project has reached 1,200 people in 9 rural communities across Peten. Women were trained on several areas to help them to become self-sufficient and able to apply for funding from different donors. This is part of an exit-strategy developed by IXMUCANE with guidance from PWRDF. The organization had several meeting with donor organizations including ActionAid Guatemala, USAID and Entre Mundos.
Madre Tierra is a grassroots women’s association established in Guatemala’s South Pacific Coast region. The focus of the organization is women’s health, economic self-sustainability to improve the quality of life for beneficiaries in 7 rural communities. Banana and palm agro-business are the main employers in the region. Women’s health are affected by the chemicals and pesticides used by the agro-business companies. During the reporting period, 28 beneficiaries received training on organic composting, 60 women learned about micro-entrepreneurship and how to breed small farming animals, small plot agricultural production, and how to setup group savings. A group of women are now producing organic produce for self-consumption, and to sell at farmers’ markets. This has contributed to the improvement of their families’ nutrition and diversification of their diets. The organization has also invested on membership development to equip the organization to become self-sustainable. Three women received training on project management and funding proposal writing, and fifteen were trained in communication and technology strategies to produce videos to promote the organizations’ work and the production of seeds, one of the core competencies of the membership.

Guatemala
Madre Tierra (MT)
$33,504

The mandate of PIH/ZL is to improve women’s quality of life by providing comprehensive, community-based health care in Haiti’s rural areas where, in most cases, medical services were not previously available. Gender-based violence (GBV) against girls and women in Haiti is a serious health and human rights issue. Access to care, health, psychosocial and legal remedies is limited by a lack of resources, lack political will, economic insecurity, and gender power imbalances.

In 2017, the project tracked 896 cases across the six project sites of Hinche, Mirebalais, Belladere, Verrettes, Petite-Riviere and St-Marc. Of all cases reported, about half were classified as either physical abuse or psychological abuse, followed by sexual abuse, and the remainder 50% were sexual violence. Collecting and reporting tools were standardized, meaning standard information was collected at each project site, and compiled in reports. From July 2017 – Jan. 2018, the project saw 349 cases of gender-based violence, including 162 categorized as sexual violence, 186 cases of physical violence and one case of psychological violence. Seventy-seven cases of sexual violence were committed against girls 15 and younger.

Haiti
Partners in Health and Zanmi Lasante -PIH/ZL
$50,000

Besides loans, ECLOF Kenya provides clients with access to micro insurance for health or agricultural purposes, and non-financial services and training. ECLOF Kenya is currently transforming to a socially motivated deposit-taking microfinance institution and scaling its work to be both broader and deeper, i.e. reaching clients at the lowest income segments and in more remote areas.

Kenya
ECLOF Kenya
$46,200

ECLOF carried out “training of trainers” initiative and designed training programs and teaching material. 3,944 microfinance solidarity group leaders are now trainers on financial literacy. Group leaders trained an average of 8 members per group resulting in enhanced customer retention, improved product uptake, repeat borrowing, and improved portfolio quality and staff productivity. The direct and indirect number of beneficiaries was estimated at 33,000.
NCCK has worked in Kakuma refugee camp since 1994. They deliver services and education on reproductive health care, and HIV and AIDS prevention. They also carry out projects to improve the livelihood of refugee communities, such as food production and income generation for youth. The refugee camp now has a population of 182,000 refugees, and the number still increasing due to regional conflicts and famine affecting the region.

In 2017, the project provided services to an estimated 17,108 (8,759 F/8,349M) beneficiaries. NCCK conducted 100 focused group discussions with both pregnant and lactating mothers. The sessions reached 4,883 adults and 747 children. All women attended the mandatory four antenatal care visits, as recommended by the government. NCCK made 760 school visits to deliver age appropriate information on reproductive health. Over 50% of the 55,000 students shared this information through peer-to-peer counseling. 998 chicks were distributed to the 50 families who are involved in poultry production. Families were supported with vaccination and chicken feed to supplement the locally available food. 12 women produced peanut butter and sold it at the community market. The money generated helped women to supplement the food obtained with the food voucher, buy uniforms and stationary for their children and secure medication. The project also identified 30 vulnerable girls for short vocational training courses. 30 students qualified and are waiting for their start-up capital. Meanwhile, some of them have connected to local businesses in town while others are offering volunteer services to sharpen their skills further in preparation to start their own businesses.

Spring Ministries is a Connections project that receives a designated donation from the Flecks Foundation. The funds are a contribution to an orphanage and provide assistance to HIV/AIDS orphans and widows. The support allows for outreach and sustainable empowerment of widows, educational support and shelter for orphans and vulnerable children attending primary and high schools with some in colleges and universities, and skills training and economic empowerment for adolescent girls and orphaned youths. Beneficiaries are 50 children (40 at the orphanage) and 10 attending High school and Colleges. The funds are used for orphans’ basic needs such as clean water, fuel, food, sanitation materials, medicine, cloths, utility bills and medical checkups. The funding also covers school fees for children in primary and high school.

CCM Pemba is a micro finance institution with the mandate to empower women from low-income backgrounds through the lending of micro-loans at very low interest rates. Their vision is to grow into an alternative savings and lending credit-union institution at the service of their membership to counter the high interest rates of almost 25% of traditional banks in Mozambique. The funding allowed the organization to make 452 loans to low-income women. Women set up a number of diverse business including chicken rearing, catering and cake decoration, convenience stores, hair-dressing salons, restaurants, production of animal feed, food trucks, construction materials stores, etc. The delinquency rate was very low at 1.8%. The impact of the project is growing as more poor women see the possibilities of becoming economically independent. Women who were surveyed told stories of their personal growth, feeling empowered, providing for their families, and educating their children. Some of the women were, for the first time in their family history, sending their children to universities. The organization also improved its institutional capacity by having several of its staff trained by the Bank of Mozambique.
Through the Ride for Refuge initiative, CCM Pemba was identified as one of the recipients of funds raised by PWRDF riders. The funds allowed the organization to give loans to low-income women to set up small business. A total of 79 women receive loans that averaged $700 per person to set up small businesses.

10,720 farmers from 241 communities participated in the program, which is building their capacity to organize to claim their land rights and to mobilize them in engaging with duty bearers in the government. Furthermore, the farmers are participating in training on sustainable agricultural practices to increase land productivity and strengthen their resilience to climate change and natural disasters. They participate in trainings on media work, radio broadcasting, writing news stories and how to effectively relay what is happening in their communities. They become field correspondents for FARDEC Radio Programs “Sowing on the Airwaves” and “Spring of Truth”. This allows farmers’ issues (often overlooked by mainstream media) to reach a larger audience.

CPA promotes and defends indigenous peoples’ rights, human rights, social justice, national freedom and democracy. The organization is seeking self-determination for indigenous people in the Cordillera region. CPA is implementing the Empowerment and Socio-Economic Development Project in collaboration with people’s organization to mobilize and advocate on four issues. The issues include (1) food sufficiency, sustainable agriculture, and people’s welfare, (2) indigenous people’s rights and right to self-determination, defense of ancestral land and environmental protection, (3) human rights, international humanitarian law and peace talks and (4) empowerment of youth, women, tribal elders and tribal leaders. Approximately 16,000 women, men and youth were reached on these issues through indigenous people’s rights advocacy and mobilization and approximately 6,500 of these women, men and youth actively participated in indigenous people’s mobilization activities. In the midst of intensifying repression, indigenous people continued their collective actions. These included: seeking justice for victims of rights violations while campaigning against militarization and other forms of repression; opposing aggressive natural resource development by corporations; and consolidating their capacity and expanding to more organizations and communities for a stronger voice and action in asserting their rights.

Mining Watch Canada works to change public policy and mining practices to ensure the health of individuals, communities and ecosystems. MWC support communities in Marinduque, Mindanao, and the Cordillera region in Philippines, which are negatively impacted by the activities of Canadian mining companies and also in El Salvador and Nicaragua. MWC worked to pressure these companies to be responsible and law abiding.

In 2017, funding from PWRDF contributed to improving communities’ knowledge on their rights and legal options. This lead to enhanced understanding of Canadian legal context and viability of legal action. The project strengthened awareness and protection of human rights in the Cordillera, supported the creation of a concerted campaign around OceanaGold in Canada and El Salvador. The project also, supported community voices raising concerns about B2Gold between Philippines and Nicaragua, and exposed the role of diplomatic missions in the advancement of corporate interests. Research on mapping the interests of Canadian
companies in the Philippines helped to expose the role of the Canadian embassy in supporting corporate projects that undermine the interests and decisions of the local communities and its leaders.

**Rwanda**

**Vunga Vocational Training Center (VUNGA VTC)**
Diocese of Shyogwe

$50,000
(Designated funds for Connection project)

Vunga is an isolated, impoverished, extremely rural village with a population of 9,521 people. The majority (99%) of people make a living from traditional agricultural practices. While some members of the younger generation practice subsistence agriculture with their parents, the majority are unemployed due to the lack of affordable education, or lack of jobs, leading youth to become “youth at risk.”

The vocational school, inaugurated in 2007 with support from the Rwanda Education and Discovery Committee (READ) of Saint John's Anglican Church in Port Rowan, offers theoretical and practical courses in hairdressing, tailoring, welding, carpentry and construction.

In 2017, a total of 73 students (35 female/38 male) attended training. Of these, 30 sponsored students had a meal a day, assistance for job apprenticeship placement and field training. Children preparing for a better future and becoming financially self-sufficient improved the wellbeing of 150 family members. Also, a daily meal for one child helped to increase the family daily food intake. The school provided employment opportunities to community members at large through the various school initiatives like construction projects and markets. Workshop installations were brought up to Government required standards. Vunga VTC received government accreditation in the trades of Hair Dressing, Masonry and Welding. A saw protector was installed to protect carpentry students from injury. The Centre harvested banana that were planted last year and bought a cow to replace the one that had died. Milk and bananas are part of the meal a day program to reinforce a balanced diet.

**Rwanda**

**Vunga VTC School Water Supply**

$20,000
(Designated funds for Connection project)

In Vunga, there is raw water available, but potable water is very scarce, and usable water sources are extremely limited. To improve the water supply infrastructure, increasing sanitation and reducing diseases, the Shyogwe Diocese built a storage tank and a small pump house. Some construction such as, the protecting roof, door and windows, were built by Vunga welding students and teachers. There is now potable water at the VUNGA VTC Campus for daily activities such as showers, flush toilets, hand washing and cooking. Hygiene and sanitation practices among the school community surrounding the VTC have improved. Domestics animals (cows, goats, rabbits and pigs) having clean water to drink in their sheds. Garden and leguminous plants are water regularly. Close to 230 people benefited from the water supply.

**Thai-Burmese Border Area**

**Drug and Alcohol Recovery and Education Network (DARE)**

$34,273

DARE provides addiction prevention and treatment services for Burmese refugees who fled to Thailand-Burma border refugee camps due to conflict and persecution. Many are life-long residents of the camps in existence for more than 25 years. People, particularly youth, face a high rate of mental health issues including depression, post-traumatic stress disorder, and addiction. DARE seeks to address cause and effect of substance abuse in 6 settlements through community based, culturally appropriate gender education and addiction treatment.
Results achieved during the reporting period include increased outreach to 60 villages. Prevention education among youth continued as addiction rates rose due to uncertainty in the camps. DARE provided prevention education to 20,798 students and teachers. More students participated. Students began expressing more of their fears, especially in regards to drug dealers. DARE engaged with families to provide information on substance abuse and treatment. 7,000 home visits were conducted reaching -14,343 directly and 1,390 through the patients receiving services. DARE has seen a reduction in domestic violence and an increase in women and youth seeking treatment. There is a growing community ownership of the role of members in substance abuse prevention and recovery. The youth program is a key method of prevention. The influence of young people on their leaders and family members is bigger than that of other adults and DARE Staff. The rate of addiction recovery is 61.41%.

The project targets marginalized people in rural Uganda, especially women and children. ARUWE focuses on food security, nutrition and income generation; rights awareness and leadership education; water, hygiene and sanitation, reproductive health and HIV/AIDS; environmental protection and conservation and promoting access to quality education. The overall goal of the Women’s Sustainable Livelihood Improvement Project is to increase agricultural productivity and access to markets among 250 female farmers to increase food security and incomes.

Results at the end of the fiscal year 2017-18 included: 15 farmer village savings groups were establish and began saving, accumulating UGX 36,377,400 (approx CAD 12,846); 542,942 kilograms of maize, beans and soy harvested; average income from maize production UGX 877,044 (approx CAD 310) per farmer; average income from bean production UGX 278,155 (approx CAD 98) per farmer; 40 women were leading their groups through record keeping, and mobilizing members; 9 women acquired their own plots of land; 43 women acquired solar energy for lighting and power.

St. Jude’s mission is to support poverty eradication efforts of smallholder farmers through promotion of integrated organic farming for sustainable livelihoods. The main goal of the Food Security and Livelihood Improvement Project is for vulnerable women, particularly widows, to become fully involved in enterprises that can generate both food and income to improve their livelihoods. Participants are trained in sustainable farming practices, crop production, agro-enterprises, nutrition awareness, and soil and water conservation technologies, (composting, mulching, water retention ditches and agro-forestry).

By the end of March 2018, 90% of the 210 female beneficiaries were able to afford two nutritious meals a day, a shift from one uncertain meal at the beginning of the project. The project has helped beneficiaries to double their overall agricultural productivity. The participants have also adopted soil and water conservation practices and planting of early maturing food crops to address immediate food deficits. Over 60% of the beneficiaries produced food surpluses.
The overall goal of The Rakai Orphans Livelihoods Project was to ensure 80 orphan families (including 640 children) had increased food security, and resilience to environmental shocks. The project trained farmers groups in gender and social development, sustainable organic agriculture, animal management, entrepreneurship, peer farmer training and community support.

By the end of the project, 70 households were able to eat at least 2 diversified and nutritious meals a day and 71 households reported reduced number of food insecure months. This is compared to the baseline from August 2016, in which 92% of households reported either moderate or severe food insecurity. 69 households joined and were saving with Village Savings and Loans Associations, representing 86.3% of the targeted households. As a result, members were able to borrow and acquire basic necessities like medical treatment and food. Households planned to use savings to acquire more agricultural inputs, as well as, set up non-agricultural businesses like retail shops and tailoring. This will make them more resilient to shocks. 81.25% of the targeted households reported joint planning and sharing of roles within the family. 86% of women in targeted households were participating and held group leadership executive positions compared to a target of 50%. Of the 15 executive positions of Chairperson, Vice Chairperson, Treasurer, Secretary and Publicity within the groups, 13 were held by women.
FNAHEC develops courses on Cosmology, Blackfoot Epistemology and other Blackfoot knowledge for on-line delivery. The FNAHEC’s courses offered by college members are now a key component of training programs and professional development; for instance Social Work Diploma Program, Licensed Practical Nurse Program, Indigenous Education Assistants’ Diploma, Indigenous Management Program and Language and Culture courses for teachers. More than 1,100 individuals have participated in various training and workshops offered by FNAHEC. Participants have shared their knowledge and information with over 2,200 indirect beneficiaries. A cumulative number of 7,000 people have been exposed to the teachings of FNAHEC.

The training program is designed based on recent demands from local communities for individuals, who are fluent speakers in Blackfoot language with skills and knowledge to carry out research initiatives and museum management, as well as cultural curricula development and training materials.

KORLCC works to preserve and strengthen the Kanien’kéha language and increase community access to culturally relevant programs and cultural workshops that promote, reinforce and increase the transmission of cultural knowledge, history and traditions. In 2017-2018, 15 students graduated from Ratiwennahni:rats language program, part of the KORLCC program. Students were provided with a better understanding of the Kanien'kéha:ka traditional cultural teachings, linguistic and literacy skills. Oral Proficiency interviews conducted at the end of the year showed definite advancement in their speaking abilities. The production and postproduction of Season 14 of Tota Tanon Ohkwari (a total of five, 22 minute episodes) was completed and broadcast to the community in Kanien’kéha language programming. Additionally, 2 workshops were held on stop motion animation and puppet making animation. Over 11 young women benefited from the Ohero:kon teachings and workshops, which have contributed to increasing their overall self-esteem and understanding of their identity. Over 200 community members took part in beading and basket making workshops. Approximately 12 films were shown, 8 filmmakers were in attendance to answer questions and roughly 300 people came to see the films.

Nuu-chah-nulth Economic Development Corporation (NEDC) started a new program, the Indigenous Youth Business Strategy aimed at responding to the needs of Indigenous youth in Canada. Indigenous (First Nations status and non-status, Métis and Inuit) youth faces some of the most challenging statistics in Canada from low graduation rates, high teen pregnancy, high suicide rates, and increased health challenges. The project provides the opportunity to youth to break such cycle of dependency and to empower them to their journey to self-sufficiency. This initiative offers a low cost, high benefit Indigenous Youth Business Strategy. By applying for a micro-loan, Indigenous youth across Canada can learn valuable skills like budgeting, marketing, increased confidence, and even start building their future business and career. Approximately 100 Indigenous youth are receiving training and accompaniment from NEDC.
The Pikangikum Working Group (PWG) that works in coordination and collaboration with the Pikangikum First Nation Community appointed Habitat For Humanity Manitoba (HFHM) as their partner to implement Phase 2 of the project, which benefited 10 more families in the community. The funds for this project were donations from Anglican parishes and dioceses across the country and other ecumenical donations, such as from the Mennonite Central Committee. The Pikangikum First Nation Band Council, provided secured warehouse and transport support for the project, and selected a group of community youth members to participate as trainees in order to provide ground support and any needed post-project maintenance.

Phase 2 included storage sheds that hold 1,200-gallon water tanks and renovation of bathrooms and kitchens to connect to the clean water source. HFHM completed the retrofit all 10 homes by October 2017. The construction ensured that the water pipes did not freeze in the winter during power outages when the diesel generating electrical system was not working. Beneficiaries were delighted to be able to bathe children to prevent skin sores, which were prevalent because of lack of hot water during the winter. The 5 youth (2 women and 3 men), trained as ‘Construction Assistants’ learned skills that will provide them with an opportunity for future employment, while they assist in the retrofit of the homes. The 6 youth who were trained in Phase 1 are all working in construction in Pikangikum or in other communities. Some of them were able to retrofit their own homes with water systems. Two of them were hired to train the youth in Phase 2.
to reflect on national and international sexual and reproductive health rights and their personal situations. Some beneficiaries received monthly medications, lab workups and injections. In addition, 16 home visits to persons living with HIV to monitor their health status. 8 self-HIV support group meetings with clinic patients took place, with 20 participants. Five similar meetings held in the Sensuntepeque Prison were attended by 18 people.

PWRDF provided support to COCOSI to implement the Educators for Solidarity Initiative in July 2017. This initiative was also sponsored by the Sastchwan Council for International Development (SCIC). The initiative hosted a delegation of 14 people from Canada.

The Canadian youth were able to get hands-on experience in the field and met with a youth artisan group. They also visited a youth organic greenhouse project, participated in the recording radio spots at a youth run Community Radio, contributed to a youth-led monthly magazine, and met a youth theatre troupe. They accompanied facilitators during workshops in rural communities and schools, visited families living with HIV in rural settings and self-support group. Canadian youth had the opportunity to live with and share their skills with the Salvadoran youth and provided a global experience and an international perspective for young Salvadorans. Youth from Canada and El-Salvador learned about their respective struggles and cultural contexts. It was important for the Canadian youth to witness how in spite of the challenges faced by El-Salvador youth they were agents of change in their own communities.

The three partners implementing the Indigenous Maternal Health and Midwifery Program (Kinal Antzetik, CHIRAPAQ, and Ryerson’s Aboriginal Initiatives), submitted an abstract to participate in a panel presentation at the ICM conference in June 2017 in Toronto. The three organizations were very happy to be chosen amid thousands of submissions. The partners made a panel presentation titled “Indigenous Midwifery – Best Practices.” The panel highlighted best practices at all stages of MNCH including pregnancy, childbirth and postpartum. PWRDF joined the 3 partners at the event and ensured successful sharing of insightful learnings and knowledge gathered by and from Indigenous partners, their communities and their local university partners involved in the project. The initiative seeks to address the lack of official recognition of ancestral knowledge of Indigenous midwifery.

The Aboriginal Initiatives from Ryerson University is co-implementing the Indigenous Maternal Health and Midwifery Program in partnership with Kinal Antzetik in Mexico and CHIRAPAQ in Peru. A survey was carried out during the reporting year. A final report of Indigenous midwifery practices final report to be submitted by Ryerson in early 2019.

Ryerson reviewed 3 Indigenous midwifery curriculums in existence in Canada (Inuit midwives in Nunavik, Manitoba’s Aboriginal Midwifery program, and Six Nations midwifery centre in Ontario) and relevant information was shared with Kinal and Chirapaq. In addition, Ryerson adapted the AOM (Association of Ontario Midwives) ESW (Emergency Skills Workshop) to carry out a training session with
the other 2 participating partners. Ryerson worked in collaboration and coordina-
tion with KINAL and CHIRAPAQ to prepare and present a joint presentation on
their project at the United Nations Permanent Forum of the Indigenous Peoples
meeting in April 2018 in New York City.

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<th>Mexico</th>
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<td>Kinal Antzetik</td>
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KINAL completed the collection of data on regulations and good practices on
maternal health. KINAL, with the other 2 program partners, scheduled further
discussion on mutual findings of this research phase and after comparative anal-
ysis a report highlighting best practices will be compiled and produce in both
English-Spanish languages. The Autonomous University of Guerrero committed
to share their Training Model “Midwife to Midwife” as best practices with KINAL.
The Ministry of Health in Oaxaca will also share their experience on institutional
partnership with Indigenous midwives in the region, and training methodologies
for midwifery teachers and apprentices as best practices. The Centro de Investi-
gaciones y Estudios Superiores en Antropología Social (Center for Research and
Higher Studies in Social Anthropology) CIESAS is providing technical expertise
on participatory research and curricula development.

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<td>CHIRAPAQ Centro de Culturas Indigenas de Peru</td>
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<td>$54,613</td>
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CHIRAPAQ has compiled data on regulations and good practices on maternal
health. CHIRAPAQ has maintained regular discussions with the other 2 imple-
menting partners on mutual findings during their project research phase and is
collaborating on the joint final report. CHIRAPAQ is also assessing the report
publication in both English-Spanish. CHIRAPAQ carried out several consultations
with the University of Huamanga (UH) and midwifery teachers and apprentices
to finalize a MOU between CHIRAPAQ and UH. The MoU terms of collaboration
were agreed to and signed in early 2018. The MOU provides guidance for appro-
priate and relevant curricula development and training program for participating
midwives. CHIRAPAQ has designed an outreach program promoting the maternal
health program with Indigenous youth groups in Ayacucho. CHIRAPAQ, in joint
collaboration with the other 2 partners, reviewed 3 Indigenous midwifery curric-
ulums in existence in Canada (Inuit midwives in Nunavik, Manitoba’s Aboriginal
Midwifery program, and Six Nations midwifery centre in Ontario).

CHIRAPAQ also participated actively on the project presentation at the UNPFII
in April 2018 in New York City.
PWRFD contributed to the ACT appeal for Rohingya refugee crisis response in Bangladesh. From October 2017 through the end of May 2017, ACT members collectively reached out and provided support in the form of food aid to 2,880 households, 75,908 individuals were assisted with protection and psychosocial support. 5,000 households received NFI (non-food items) kits. 43,281 households received shelter upgrade kits. 166,157 Individuals received WASH (Water, Sanitation and Hygiene) services. 44 community leaders received risk awareness sessions to prepare for the monsoon season.

Bangladesh is the one of the most adversely affected regions on the planet by climate change. It is projected that, by 2020, 500 to 750 million people will be affected by lack of water caused by climate change around the world. With funds provided by PWRDF, four (each roughly 250 meters long) bamboo bindings (locally known as Chatka) were built to reduce effects of river erosion. Ten thousand Mangrove saplings were planted as part of the effort to regenerate Mangrove in coastal areas to improve coastal ecosystem and reduce vulnerabilities to cyclones. Thirty vulnerable women received indigenous goats to help them reduce their vulnerabilities to the effects of climate change.

This project responded to the immediate needs of the Rohingya refugees. 7 different campsites covering 257,645 individuals in phase 1 and 169,327 in phase 2 received food rations. The food basket included lentils, vegetable oil, sugar and salt. Rice was provided by the World Food Program, and that allowed CFGB to reach out to higher number of beneficiaries.

Due to access constraints, the ACT appeal has started targeting IDPs in Central Rakhine but progress was slow in 2017. Reporting on results will be done in 2018 when details are made available by the implementing members.

This marks the final disbursement of the designated donations which PWRDF received to respond to the Fort McMurray wildfire in May 2016. The diocese of Athabasca ensured that funds would be used as per two criteria: (a) to fund activities and pay for expenses that respond to changes that took place because of the wildfire emergency and (b) to ensure that these activities are broadly supportive of the affected community as a whole.

The two large centres of Kamloops and Prince George absorbed the majority of evacuees. Included among them were many of the parishioners from the communities of Ashcroft, Williams Lake and 100 Mile House, as well as, individuals from small communities in the region. The Cathedral in Kamloops made space for people to gather, have a coffee, a snack, talk, and relax in smoke free air in a city that was inundated with smoke. The parishes in Prince George responded similarly. Expenses also included toiletries. The Diocese provided a rapid response as they saw fit.
The PWRDF grant supported activities of The Friendship Centre, located on the grounds of St. Timothy’s Church, 100 Mile House, which is called “Stemete7uw’i. After the wildfires, monthly dinners hosted by the centre doubled in size, largely due to the mental, social and emotional trauma that the fires caused. These dinners are a great stepping stone to get those in need to come into the centre during regular weekday hours, when the centre is able to facilitate referrals to other agencies to provide the appropriate support for those affected. The dinners also help create a sense of hope and support within the community, helping to heal after the tragedy. The Centre ran a free store that PWRDF helped to keep operating at a crucial time for the community. The store was a major hub during and after the fires, allowing those in need to get necessary supplies. It also became a source of social interaction for visitors to the centre, allowing community members to shop together and socialize. The store became so popular it now has a constant donor base, many of whom have very little themselves, but are pleased to give and help redistribute wealth among the community.

Recognizing the increased risk of suicide, two Anglican Churches, St. Peter’s Williams Lake and St. Timothy’s 100 Mile House, received $5,000 each for suicide prevention training in their communities. ASIST (Applied Suicide Intervention Skills Training) is a two-day course that educates community leaders and those in helping professions. Safe Talk events are for the entire community and focus on recognizing the signs and risks associated with suicide and provide training on how to refer at risk individuals through the right channels to receive help. The ASIST course took place in February 2018 and despite a heavy snow and ice storm, nearly 23 people made their way to St. Peter’s. Fifteen participants were in helping professions, five were Indigenous and three were clergy. The St. Timothy’s ASIST course had 12 participants, despite bad weather and scheduling conflicts. However, the course evaluations for both churches received scores of good to excellent. The project partnered with the 100 Mile House office of the Canadian Mental Health Association who recruited the course facilitators.

Mr. Rudy Loy, an avid wood-worker crafted 30 wooden crosses that were given away during the day of community gathering organized by the local municipality to observe the first anniversary of the Fort McMurray wildfire. There were about 100 people at the Community Gathering at that time of day, and about 20 people attended the Morning Prayer. All Saints Parish, in cooperation with YMCA Wellness Program and with support from the Canadian Mental Health Association - Wood Buffalo Region set up a community garden behind All Saints Parish, along Hardin Street between Manning and Fraser Aves. The land is owned by the Diocese of Athabasca. The Community Garden provides green space to the community.

The Cuban Council of Churches responded to the devastating effects of Hurricane Irma, mainly in the town of Punta Alegre, in the municipality of Chambas, Ciego de Ávila province, located on the country’s north coast. The hurricane recovery provided psychosocial support to facilitate emotional and spiritual recovery of the people. Recovery efforts also provided various families with the means necessary to start the recovery of their small businesses, provided services for the community, and held educational activities in hygiene promotion. Food kits, household non-food items, newborn care items, basic hygiene items and equipment for access
to safe water were also part of the support being offered, thanks to the collaboration of the Embassy of Canada in Cuba. Relief was mainly focused on elderly persons, persons with disability, persons with chronic diseases, pregnant women and single mothers who were heads of households. The implementation of this appeal targeted 20,000 households.

PWRDF responded to an ACT appeal for which implementation began in 2018. Kasai Province in the Democratic Republic of Congo is experiencing one of the most severe crises in their history. Violent ethnic/tribal conflicts have caused unrest among the population and ACT members are responding to the needs arising from this situation.

This project provided WASH (Water, sanitation and hygiene) support to South Sudanese refugees in Gambella region of Ethiopia. A total of 800 beneficiaries received 10L water storage containers, of which 261 (171F/90M) were new arrivals, 292 (242F/50M) were refugees with disabilities (visual impairment in particular), and 247 (120F/127M) belonged to vulnerable groups, such as elderly and members of large families (greater than five). Six reservoirs were installed in Ngunyyiel and Terkidi Camps, serving a total of 16,015 refugees.

Hurricane Irma, a category 5 hurricane, with maximum sustained winds of 295 km/hour, one of the most powerful hurricanes ever recorded in the Atlantic, made landfall in Haiti’s northern coastline on September 7, 2017. 967 households in 4 municipalities: Ouanaminthe, Fort-Liberté, Caracol, and Ferrier were supported with 800 food kits, 400 hygiene kits including 400 water filters were distributed.

There are approximately 27,000 children born to Sri Lankan Refugee parents in India who will become stateless unless their births are registered with the Sri Lankan Deputy High Commission in Chennai. Slightly over half of such children (and most of their parents) still remain without these vital civil documents, without which their return to homeland won’t be possible or will be met with several complexities. Obtaining these documents for the refugees is a complex and bureaucratic process. With PWRDF’s support, the partner assisted 600 (375F/225M) most vulnerable children and their parents living in rural camps to receive civil documents by the end of December 2018.

PWRDF contributed towards an ACT appeal to support Internal Displaced Persons (IDPs), returnees and their host communities. The ACT Alliance planned to assist 183,956 beneficiaries including Internally Displaced Persons (IDPs), refugees, host communities and returnees. Special attention is given to the needs of the most vulnerable groups: women and children, elderly people and persons living with disability. The appeal is ongoing and will end in December 2018.

The appeal was implemented in response to the drought in Kenya that was declared a national disaster in February 2017. PWRDF funds were earmarked to the Church World Service (CWS) for project activities that included emergency water trucking, desilting of water pans and repair of wells through cash for work to support pastoralist communities in Baringo region. Three primary schools and one secondary school were supplied with a total of 32,000 liters of water. CWS, with its local partner in Baringo, collaborated with the National Drought Management Au-
authority at the county level and conducted community based disaster risk reduction trainings. The training covered disaster preparedness, mitigation and recovery and mainly focused on three major disasters namely drought, inter-communal conflicts and diseases (both human and livestock). A peace forum was conducted and inter-community peace working groups strengthened between Tugen and Pokot communities in Baringo County.

Mexico
Kinal Antzetik
$10,000
On September 2017, San Mateo del Mar was one of the populations most affected by the 8.2 scale earthquake. Ten Indigenous women midwives were supported to buy construction materials to rebuild their houses. Through a partnership between PWRDF and Kinal Antzetik all selected households were rebuilt.

Nepal
LWF (Lutheran World Federation)
$27,318
Devastating floods struck almost all areas of Morang district in south eastern Nepal, along with 27 other affected districts in Nepal. This project supported a total of 53 households covering 269 individuals (133F/136M) to have access to safe drinking water facilities. A total of 113 households and 4 schools have access to sanitation facilities. 1,372 people (880F/492M) participated in sanitation campaigns organized at different locations of the flood affected communities. 95 safe houses have been constructed in Morang district. This has benefitted 318 individuals (153F/165M) from these households. A total of 742 members from 140 households have benefited from Cash for Work initiatives receiving employment opportunities in their locality.

Nigeria
ACT Alliance
$48,000
ACT member Christian Aid supported 44,732 households and over 280,000 internally displaced people and host communities in over 19 local government areas within 3 states (Adamawa, Borno and Gambe) of north east Nigeria. Interventions included food security, nutrition, livelihoods, protection and WASH.

Palestinian Territories
Diocese of Jerusalem (Al Ahli Hospital)
$5,530
Al Ahli hospital run by the Anglican diocese of Jerusalem provides free medical care for the vulnerable women, men, and children once a week, where the medical team provides medical examinations, diagnostic services, medicine, health education and free transport and light meal for each participant. The designated funding was used to treat 220 beneficiaries among them 57% were women, 20% men and 23% children. For such interventions, the hospital partners with the community based organizations in its catchment area, who are working in the impoverished communities.

Peru
ACT Alliance
$20,000
ACT Alliance provided two rapid response funds during the first quarter of 2017 in response to the needs created by the heavy floods and mudslides in Peru. The project provided temporary shelters for 105 households, food items to 200 households, non-food items to 50 households, hygiene awareness to 460 households and 600 students from two schools, as well as community based psycho-social care to 1,015 individuals.

Sierra Leone
ACT Alliance
$20,000
On the evening of August 14, 2017 mudslides triggered by three days of heavy rains poured in and around the capital of Sierra Leone, Freetown. The ACT Alliance sent rapid response fund which benefitted 100 affected households with food, hygiene kits (soaps and sanitary pads) and non-food items such as clothing and bedding.
This project is ongoing in response to the drought situation (most extreme El Niño phenomenon in 50 years) compounded by protracted conflict which is causing displacements, seasonal climatic shocks and disease outbreaks. ACT Alliance members are part of the overall humanitarian effort to prevent famine in the country. PWRDF funds are being utilized by Finn Church Aid (FCA) for unconditional cash-transfer to 720 households to bring immediate relief and prevent communities from displacement and migration.

In February 2017, the Government of South Sudan declared famine in parts of South Sudan. 4.9 million (about 42% of population) were estimated to be severely food insecure and this was projected to increase to 5.5 million people, (47% of the national population) at the height of the 2017 lean season in July. PWRDF funding was used by Finn Church Aid in Northern Fangak. FCA conducted a one-off distribution of cash grants to 1,000 vulnerable households in February 2018. FCA also supported 500 households with seeds, tools and trainings to improve food production to assist them cope-up with food insecurity through agriculture based livelihood activities in Fangak County.

13,506 individuals from 3,376 households in Kapoeta North County received food assistance for the months of May through July 2017. The food basket included Sorghum, beans, vegetable oil and salt. This project was funded through PWRDF equity contribution at CFGB.

The project reached 1799 households comprising 8,960 individual beneficiaries (3,607 men and 5353 women) in 7 Payams of Kapoeta North county. Monthly household ration of 45 kg sorghum, 6 kg beans, 4 liter of cooking oil and 900 gm of salt were distributed for 3 months. Total food quantities included 201.60 MT of sorghum, 26.88 MT of beans, 16.13 MT of cooking oil and 4.03 MT of salt.

*involves funding from GAC through CFGB plus PWRDF equity. PWRDF was the lead organization

South Sudan Council of Churches Regional women program in Wau conducted the following consultative meetings with women from the former 4 states of Greater Bahr El Gazal Region: Kuajok, Aweil, Yirol, and Wau. The project objective was to train SCCC regional women on peace-building in Greater Bahr El Gazal and emphasized the role of women in peace building. These meetings have laid the groundwork for Women Link for Peace initiative.

This SUDRA appeal was shared with and jointly responded to by agencies related to the Anglican Communion and beyond. Funds were used to cover the urgent needs of the famine affected people in Rubkona county of former Unity state. Beneficiaries were provided with cash for food rations that included sorghum, beans, vegetable oils and salt.

This project has increased confidence, healing and skills of some 500 women in Bor, South Sudan by providing sewing and literacy training through healing circles. Stephen Mou (based in Juba) was hired as a project consultant who visited the project in Bor. He carried out a detailed assessment and presented his findings and recommendations to WWRCB and PWRDF.
The project ran two basic HROC (Healing and Rebuilding our Community) workshops in Bor, Jonglei State at the end of November/beginning of December 2017. The first workshop was help for youth. The definition of youth was flexible and the workshop included some individual who were 35 years or even older. There were 22 male and 2 female participants, both females were younger school girls. The second workshop was held with 24 women, most of whom were illiterate and the local language had to be used.

**South Sudan**  
Winnipeg Women’s Resource Center in Bor/United for Peace and Community Development, Kenya  
$2,519

**Sri Lanka**  
OfERR Ceylon  
$32,967

OfERR (Ceylon) has formed six women’s Self-Help groups in Kilinochchi district with a membership of 108 women, including 54 refugee returnee women. In addition, under the SLRRR project, there were 16 Welcome Groups formed in Kilinochchi and Mullaitivu districts, with the membership of 51 men and 145 women, of them, 115 are refugee returnees. A total of 17 refugee returnees were trained on agro technology. 23 households were selected for the provision of livelihood in-kind support. Beneficiaries are those who received no benefits from any kinds of livelihood schemes by the government or NGOs upon return. Of them, eight beneficiaries were provided support with agricultural tool kits to engage in farming, whereas other refugee returnees were provided support to engage in other income generation activities. In addition, 20 returnee households have been selected to support animal husbandry (cattle and goats). This project is ongoing and more vocational training, especially for the members of the self-help groups are being planned.

**Syria, Jordan and Lebanon**  
ACT Alliance  
$33,167

ACT Alliance Syria Humanitarian Response is responding to the protracted emergency in the three countries. Despite the funding constraints, ACT members carried out a heartfelt response and continue to do so in their capacity. ACT members have been responding to the Syria Humanitarian Crisis since 2011 and have the understanding, trust and access to continue to reach those affected by the crisis (in Syria, Jordan and Lebanon).

**USA**  
Episcopal Relief & Development  
$6,236  
($5,000 USD)

The diocese of West Texas responded to the damages created by Hurricane Harvey in August 2017 by providing gift cards, temporary housing and counselling to affected individuals.
Looking Ahead

In mid-March 2018 Global Affairs Canada launched a call for preliminary proposals: Her Voice, Her Choice. The project is aligned with Canada’s Feminist International Assistance Policy. PWRDF applied for funding under this call and has identified the Democratic Republic of Congo (DRC) as one of the areas most in need. As a possible partner for this call, PWRDF has identified Panzi Foundation. Dr. Denis Mukwege is the founder of Panzi Foundation and Panzi Hospital in Bukavu, DRC. Because of the war, Dr. Mukwege founded the Panzi Hospital dedicated to treating women with fistula and other complex gynecological injuries – both obstetric and traumatic injury due to gender-based violence. As a direct outcome of the war, maternal mortality was on the rise. The safety of all women and girls is affected by brutal assaults that ravaged their bodies in unimaginable ways. Dr. Mukwege’s first patient was a survivor of rape, whose reproductive organs had been brutally destroyed. As violence against women and girls escalated dramatically in the context of Congo’s wars, Dr. Mukwege and the staff of Panzi Hospital dedicate many resources treating the victims of violence and also providing counseling and help them to reintegrate into society. In 2014, Dr. Mukwege received the Sakharov Prize for Freedom of Thought.

Panzi Hospital has earned a world-renowned reputation for its best-in-class service treating survivors of sexual violence and complex gynecological injuries. Its impact on the lives of women and girls, and on the broader communities in which they live, runs much deeper. Their holistic model of care provides patients with services that meet the full spectrum of their needs: physical recovery, psychosocial and emotional support, community reintegration and legal assistance.