This note contains updates on projects supported by the 2015 Poverty and Hope Appeal

Poverty and Hope Appeal: 2014 update from Myanmar

A Myanmar Success Story

Health programme, Toungoo diocese. Partnered with Us (USPG)

Introduction
Myanmar has a structured health-care system based on the primary-care approach. The public health-care system however is critically under-resourced, with major problem areas concerning issues of access and coverage. Myanmar experiences important disparities between conditions in rural areas, where about 70% of the population live, and urban areas. Recent economic development has largely left rural areas behind.

The Church of the Province of Myanmar (CPM) has been in partnership with Us for more than 150 years. CPM has been addressing health concerns by training health volunteers in each diocese.

Tower of Strength: A Myanmar Success Story
Pregnant mothers of Thandaung Myo Thit have full confidence in Naw Takura, a Traditional Birth Attendant (TBA) with over ten years’ experience because she has delivered many of their children and especially because she has better skills after attending the health training organized by Toungoo diocesan health committee. No more child mortality occurred in her village and this is happening in other TBAs villages in Toungoo diocese too. The health committee has been conducting the health training for health workers and traditional birth attendants, provided by experienced medical doctors, nurses and mid-wives. The health committee holds annual refresher courses and quarterly regional meetings in the diocese, upholding the towers of strength, who are the real blood line in the community.
"Murah, (aunty for Karen) we trust you to deliver our babies. You are our tower of strength," pregnant mothers of Thandaung Myo Thit like to tell Naw Takura, a traditional birth attendant (TBA) woman in her fifties. She has been delivering many babies in the village where she lives, up in the hills and about one hour’s drive from the nearest city.

Although the distance is not so far, transportation in the past years was bad and not safe so, mothers in the village always seek the help of Naw Takura to deliver their babies instead of going to the hospital in the city. Because she is a resident, the villagers know her skills in delivering babies and generation of mothers always seek her help. Sometimes, minutes after delivering one baby, she has to rush to another expectant mother, waiting for her to come and help her give birth. Even though there is peace in her area now, pregnant women still choose to come to her.

Like Takura, other TBAs live in over twenty villages which are located on the hills where some can be reached only on foot. The villages usually have about fifty households each but the TBAs are the towers of strength in the villages as they are the only source of health facility in miles around.

Therefore the Toungoo diocese has organized health trainings, nurse trainings and midwifery trainings for volunteer health workers and TBAs for over ten years. Through the yearly trainings, TBAs are delivering healthier babies.

One TBA about thirty-five years of age said, "I delivered a seven pound a half baby girl two days before I came to this meeting. Her thigh is this big," she circled her fingers to show how big the thigh is with a proud smile. The health workers also enjoy the refresher course, where they can share their experiences and learn more from one another as well as from the health committee.

The health workers enriched their experience through these gatherings. Bishop John Wilme, the Toungoo diocesan bishop said, “Now, these workers have a lot of knowledge in health work and I want them to be sought by the communities, where they are acknowledged and trusted, not just in health but in many leadership areas.”

It is truly said because the health workers could participate in the discussion very knowingly and talked very confidently about their work. They enjoyed the educational games, which free them from the all the stress they have had in their work. They laughed and danced and could discard the pressures of hard work for half a day. They are also provided spiritual food from the Bible, ensuring them that they are leaders in their communities.

Over the years, there are now over sixty health workers who remain active in the health work in Toungoo diocese. They shared about their difficulty and received advice from the senior midwives, who have worked in the government service for many years.

Like Toungoo, other dioceses are doing tremendous work in places where people without deep commitment cannot stay for long. Some health workers are doing environmental health activities like having a clean village, road and sanitary latrines. In Hpa-an diocese, the health workers are able to ensure that sanitary latrines are used, where they did not believe before. These are villages in the mountain range, five hours drive away from the city. In the rainy season, people
have to walk for miles, cross the stream in boats, before they reach the city. The health workers also have good relationship with Buddhist monks in the village. "You do really care for the health of the villagers including me" said the monk to the health worker, Hser Gay Paw. Each diocese is working for their communities in their own unique ways with the numbers of health workers varying from twenty to forty in each diocese.

The health programme of the Church of the Province of Myanmar will go on and many more health workers will be trained whereas some will retire because of old age or marriage responsibilities. Nevertheless, there will always be towers of strengths like Takura, for mothers and pregnant women because they are the ones who can throw light and warmth and life all around the homes and their lives, building the communities stronger and stronger.

Background to the Programme
The Community Based Health Programme in the Church of the Province of Myanmar, through Us funding, supports more than 270 health workers across the whole province in six dioceses. This programme is carried out in some of the most remote parts of the country. It includes training Village Health Workers from each of the dioceses on primary health care. It also provides medicines to needy population in the remote areas. The programme aims to improve the health of marginalised and isolated communities in a holistic way, concerned with the whole of the lives of individuals and communities, in an integrated way. Each diocese has its own health, mission and development committees which support and work alongside the community health workers.

Impact
At the end of 1st year implementation (Oct 2013 - Sep 2014), the programme has benefitted 4,282 men, women and children in Myanmar. There is notable improvement in maternal health, child health including reduction in cases of malaria in six dioceses of CPM. Health staffs have been able to refer patients to hospitals with good networking skills and love for the patients. Fewer children need to take health treatment. Village Health Workers are able to provide health care services for common diseases. They are coordinating with local health authorities so the villagers are receiving better health care. General health of villagers has improved due to change in behaviour and practices such as washing of hands, controlled blood pressure, and drinking sterilised water. Some villages have received access to clean drinking water and sanitation.

/ more below.........
Poverty and Hope
Appeal: 2014 update
from the Dominican Republic

Seeds of change in the Dominican Republic

‘The kingdom of heaven is like a mustard seed…’ Partnered with Christian Aid, supported by Poverty and Hope since 2012.

Seeds are strange things. They are small and seemingly insignificant. But Jesus said that the kingdom of heaven is like a mustard seed. To the unseeing eye it is the tiniest of all the seeds, but the wise know that it will grow into a gigantic tree.

When Marismenia Antonio was given a pack of seeds, she saw their potential. The seeds meant more than food; they meant a secure and sustainable future, free from anxiety.

Through Christian Aid’s partner in the Dominican Republic, Solidaridad Fronteriza – and because of the support of churches like those in Diocese of Rochester - Marismenia learnt how to set up and manage a small kitchen garden next to her house. She has increased the range of nutritional food for her family by growing lettuce, cabbage and onions. The garden means that today, Marismenia can protect her harvests and her family from the devastating effects of climate change. Importantly, she has also taken part in human rights training, changing how she views herself and the world around her.

‘I used to think that I would never be able to learn but now I know so much more than I did before. .. I now able to recognise my rights and I am able to defend the rights of others. If I had known what I now know, I would not have been a victim of violence with my first husband.’

Now Marismenia is a seed. She may look like one woman but through the training she received, she can slowly change her community for the better.
Often as we sit and talk to friends and colleagues, one little phrase keeps coming into our conversations: “if only!” Let us share some of these conversations with you.

“If only his parents had listened and took him to the doctor on time.” We met Patrick at a Tuesday Bible club we help run for boys. Patrick is a young man of 18. He was progressing well with his education in Aru, DR Congo, and had reached Senior 3. One day he started having pain in his eyes but his parents thought that he was reading too much in bad light. The pain progressed and he then noticed that his eyesight becoming poor and was finding it difficult to read, so his parents bought him a pair of glasses. Now Patrick is completely blind and can only see light and dark, and is not able to make out shapes. He had glaucoma, which went undiagnosed until it was too late. He is now at the blind unit in Arua, having had to go back to P5 in his education. He has had to leave his own country, as they have no blind schools, learn English as French is the language of education in DR Congo, and learn braille so he is able to read.

“If only” there was better specialised eye care, many young men and women would have better eyesight and not struggle with blindness.

Heather would often come home from community visits saying: “If only there was not such a cultural taboo about saying you are pregnant.”

Zillah was a 23 year old lady and was expecting her third baby. She was advancing in her pregnancy, but had not attended any antenatal clinic as it was not culturally right to tell anyone you were pregnant until the baby had arrived. She developed a severe headache and went...
to the “local clinic” and was given some painkillers. Two days later she had a fit and was taken to the hospital. Her baby boy was delivered by caesarean section and died within three hours; Zillah died five days later. “If only” Zillah had gone to the antenatal clinic for a check-up, they would have discovered her high blood pressure. If she had known about the danger signs in pregnancy, she would have gone straight to the hospital and perhaps we would be attending a naming ceremony rather than a funeral.

At this time of year, it is hot, the air is full of dust and black ash falls on everything. David often says: “If only, they did not burn their fields, as a way of land preparation for planting.”

David has been teaching on a series of farmer interactions about caring for your land, ways to maintain your soil fertility and how you can get a good crop. Maua was one of the young men who attended the training. He went home and talked with his father and uncles about what he had learnt but when it came to the time of preparation of land, the father was not convinced it would work on his land. They decided to burn the land to get rid of the old grass and shrubs. Unfortunately, the wind came when they had started several small fires, which quickly got out of control and consequently burnt their land and home with all their possessions. “If only” we had listened and practised what you taught us, we would have our home, our bicycle, and the children would have their school uniforms.

These are some of the conversations that encourage us to press on to show God’s love and care to the friends and neighbours He has given to us for this time.

We pray as we work and minister in Ma’di & West Nile, may we listen to God’s guidance and hear what He is saying to us; may we not have the mantra “if only”.

/ more below………
Communities coming together to bring safety for mothers and babies

Maternal and child healthcare project partnered with Christian Aid, supported by Poverty and Hope since 2014.

With Kenya’s dangerously high maternal mortality rate, our partners’ work in Narok County continues to be of utmost importance. The significance of the issue of maternal healthcare has united three of our partners to deliver lasting change for men, women and children in Narok County. The collaboration is between the Narok Integrated Development Programme (NIDP) and Transmara Rural Development Programme (TRDP) both part of the Anglican Church of Kenya and Christian Missionary Fellowship (CHP).

Coming together
Coming together is a theme that runs throughout this project. Mother-to-mother support groups are the main way that information is given to prospective mothers. Pregnancy is an overwhelming time for many women around the world regardless of their situation. It is even more daunting when the risks are so high and very little information is available. Pregnant women come to these groups to learn about what to expect in their pregnancy and how to better care for their babies as they grow up.

In the mother-to-mother groups, pregnant women come together to receive information about labour, breastfeeding and hygiene, and receive support and friendship from other mothers in the group. The groups are run by community health workers, trained by our partners thanks to your support. These health workers also monitor the pregnancies of the women and encourage them to give birth at the local health clinic or hospital where there are trained nurses and doctors. The aim was to establish 60 groups but our diligent partners have managed to establish 72, reaching over 2,500 women. That’s 2,500 women who are now empowered thanks to the vital health messages they receive.

Kisoolu’s Story
Kisoolu is one such woman who has been in contact with Community Health Workers. She is unsure of how old she is now, but knows that she was married at the age of 18. She had five children with her husband who died 10 years ago. It has been difficult bringing up her children without a father but she knew that she had to stand firm to support her family. Her faith is her strength.

‘When I have a problem, I ask God to help me and my children.’
Although her children were all delivered by the same Traditional Birth Attendant, her interactions with the Community Health Worker has influenced what advice she will give her daughters once they are of reproductive age—"love your husbands and go to the clinic."

Through the efforts of the Community Health Workers, Kisoolu’s advice to her children has changed from the practice of Traditional Birth Attendants to suggesting that they go to the safety of the clinic to give birth.

**Number Crunching**

- 100 Community Health Workers issued with mobile phones
- 243 mothers called and reminded to attend Antenatal Clinic
- 863 Community Healthy Workers trained
- 9,222 malaria nets given to pregnant women
- 14,740 skilled deliveries carried out

**Other exciting work**

Another exciting development has been that almost 10,000 children have received Vitamin A supplements. Because of your support, thousands of children are growing up to be strong and healthy, able to enjoy their childhood without suffering from the preventable blindness that Vitamin A deficiency brings.

Although maternal health primarily affects women in Kenya, men make the majority of decisions around healthcare and generally decide about family planning methods and where women give birth. They often choose for women to give birth at home, assisted only by traditional birth attendants with no formal medical training. If complications arise they are miles away from the clinic and the long journey can be fatal. Because men are so influential, it is imperative that they are included in the project, learning the same important health messages as the women.

Through 13 father-to-father support groups, over 1000 men have come together to be taught about family planning.

Our partners are getting these vital health messages across in innovative ways. For example they are using sport and theatre events to bring young people in Narok County together. In this way more than 4,000 young people have received information about family planning and sexual and reproductive health. Educating a new generation of young people is vital for any long-term change to come about.

**Thank you**

Thank you for your ongoing support of this project. Your donations are bringing a community together to be empowered through education. These last few months have seen thousands of women give birth in safety, attended by skilled nurses and doctors. Mothers are surviving to meet their babies - you are bringing families together.

**What next?**

- Training is planned for this September for 50 health workers
- 2 motorbikes have been ordered and they are awaiting a specific model
- Training of motorbike riders in ongoing
- 60 women are to be trained in teaching future Mother to Mother leaders.

/ more below........
Poverty and Hope Appeal: 2014 update from Cambodia

Resilience in Cambodia

*What a difference two years can make. Partnered with Christian Aid, supported by Poverty and Hope between 2011 and 2013.*

Two years ago, Chea Kimson was one of Cambodia’s many poor and landless. In a country where many are dependent on farming for their livelihood, Chea was powerless to change his situation. He had no hope that life could be any different. Through our partners, Life with Dignity, Chea now has a small farm which provides enough for his livelihood. He is happy to have secure land; a secure future. Through your generous giving, you haven’t just given hope for the future to Chea but to many of the poorest families in Cambodia as well. Despite the success, achieving such results wasn’t easy, as our partners had to battle with unfair land laws. Land ownership can be unclear in Cambodia, with land at risk of being grabbed by large companies, leaving the poorest communities vulnerable.

*Cambodia was once one of the wealthiest rice producing countries in south-east Asia but after decades of civil conflict, it has been left impoverished and traumatised.*

Political instability, environmental hazards and gender inequality all result in families living in poverty with little hope of a solution. By giving families the necessary tools, they can increase their resilience to severe flash floods that have repeatedly destroyed homes, roads and rice fields, making life even harder for poor communities. Together we have funded a fantastic project working with communities in areas affected by natural disasters. We don’t have the power to stop the floods but we can equip and empower communities to survive them.

Unfortunately, not every family has been equipped to be resilient to natural disasters. Last year, extensive flooding affected thousands of families. Thanks to your help, 4,200 people received emergency food and other essentials.

At times poverty feels like a flood, relentless and overpowering. It robs whole communities of dignity and a secure future. Thank you for your generous giving. Your gifts are more than financial. You have given a family the ability to survive turbulent weather and the means to protect themselves against an unpredictable future. You are providing hope.
Commonwork working with schools

Supported by Poverty and Hope for many years.

Commonwork supports schools in Kent to explore complex global issues such as injustice, conflict, peacebuilding, and sustainability in our interconnected and interdependent world.

It does this through:

- exploring issues around global sustainability and citizenship with students;
- working with teachers and trainee teachers to develop innovative programmes that encourage critical and creative thinking;
- working with other similar organisations to develop global citizenship resources for schools and other groups.

It also has a programme of hands-on, creative activities for individuals, families and community groups designed to help make the links between ourselves, our choices and the consequences for people across the world and the planet that we share. One such event was our 2014 Summer Open Day, attended by over 500 people.

Schools and Teachers

During the 2014 summer term we worked with Year 7 and Year 8 students in a number of schools on global sustainability, encouraging young people to consider how our choices and actions have consequences for people and the environment across the world.

We hosted a conference for a group of Kent TeachFirst trainee teachers at the start of their two-year programme, and recently ran a session at their end-of-course residential at Bore Place, trialling activities to measure how global learning affects values and attitudes. We also ran a similar session with newly qualified teachers from Kings College London.

We are working with local primary schools to support staff to embed justice and sustainability in school life and curriculum, and helping them to champion this work with the schools in their global learning networks.

We are also working with a network of global learning centres to trial and develop activities to evaluate how global learning affects values and attitudes.

We are working with the Rochester Diocese Board of Education and Christian Aid to produce a series of lessons exploring the complex issues around Poverty. This is to coincide with Poverty and Hope’s focus on Challenging Poverty during 2015.