



**IMPACT**  
FIRST INTERNATIONAL



**IMPACT FIRST INTERNATIONAL:**

# Progress Report

2007-2010

[www.impactfirst.net](http://www.impactfirst.net)





# What is Impact? – At a Glance

*Impact First is the Canadian pioneer at combining microfinance and health. Founded in 1982, Impact First has worked in remote and marginalized communities in 15 different developing countries. Impact has no religious or political affiliations.*



*The following are our fundamentals:*

## **VISION**

A world with equitable access to social and economic opportunities for all.

## **MISSION**

*Impact First* is committed to promoting the well-being of women and their communities in the developing world through integrated microfinance, health and basic education initiatives.

## **VALUES**

*Entrepreneurship* – We build our business by helping our beneficiaries all over the world build their own.

*Passion* – We care deeply about what we do, and put in the same efforts required of our beneficiaries.

*Innovation* – We work together with local leaders and communities to continually approach problems in new and unique ways.

*Integrity* – We operate with the highest ethical standards and in partnership with our supporters and beneficiaries.

*Respect* – We value each stakeholder in a project and engage them at all stages to ensure success.

## **PRINCIPLES**

Impact First is a member of the Canadian Council for International Cooperation and adheres to the Council's Code of Ethics. You can find a complete copy of the Code on our website: [www.impactfirst.net](http://www.impactfirst.net).

## **STRATEGIC GOALS**

1. Promote local economic development.
2. Improve maternal and newborn health.
3. Strengthen the capacity of local partner organizations.
4. Enhance public awareness and engagement.

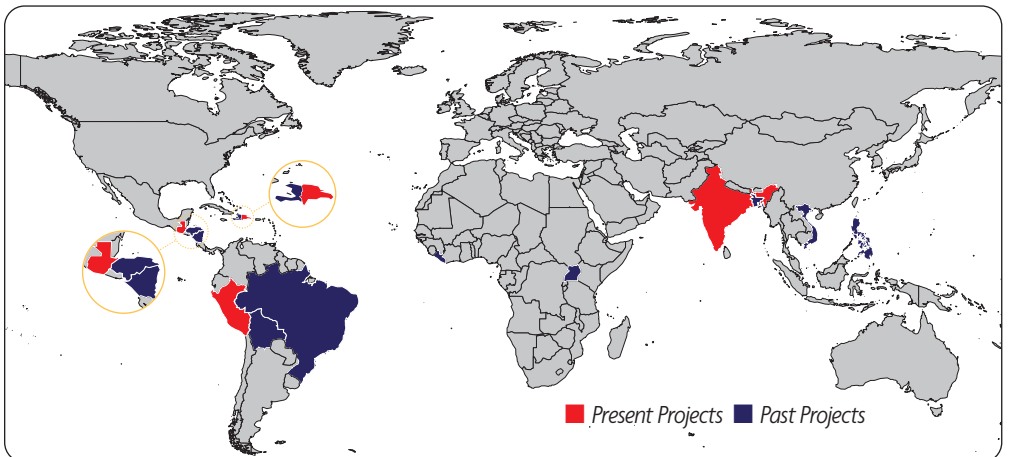
We make gender a mainstream issue which is crosscutting in our work.

# Our History & Today

*The years 2007-2010 have seen an exciting rebirth and strategic refocusing of the energies of Impact First International (formerly “Gems of Hope”), a charity which will soon turn 30. A Canadian pioneer at combining microfinance and health, Impact First International was founded by Doreen Wicks (wife of famous cartoonist Ben Wicks) after she returned home from a trip to Africa, where, as a nurse, she was profoundly effected by the state of healthcare that she witnessed.*



**S**ince 1982, Impact First International has grown and changed dramatically, but we have always held strong to our vision of a world with equitable access to social and economic opportunities for all. From shipping sorely lacking medical supplies to more than 50 developing nations, to implementing community development projects in 15 different countries, the organization today known as Impact First has tirelessly demonstrated entrepreneurship, passion, innovation and integrity.







### Microfinance

*Microfinance is the provision of financial services to low-income clients, including consumers and the self-employed, who traditionally lack access to banking and related services.*

*More broadly, it is a movement whose object is "a world in which as many poor and near-poor households as possible have permanent access to an appropriate range of high quality financial services."*

The beginning of 2009 was a key moment for Impact. New leadership both on the Board of Directors and at the Executive level brought the desire to help the organization grow. A complete revisiting and reworking of the organizations' structures, systems, policies and procedures was undertaken, culminating in a number of exciting achievements:

- The successful launch of new projects in the Dominican Republic, Guatemala and Peru;
- The hiring of several key staff members to help strengthen Impact First's small team;
- The opening of a new office in Cobán, Guatemala;
- The moving of head office to 33 Britain St., 3rd Floor, Toronto, ON, M5A 1R7; and
- The name change from *Gems of Hope* to ***Impact First International***.

Each of the strategic changes that have unfolded in the period from 2007-2010 was made with a clear focus: to improve our ability to eradicate poverty.

Impact First has always understood that poverty is multifaceted and complex; we need to tackle it with a comprehensive delivery of services that engage communities as active partners. The following pages discuss our development strategy and each of the specific and unique contexts in which we are putting it to work and witnessing concrete measures of its impact.

# Development Strategy

*Millions of poor people worldwide still lack access to microfinance. At the same time, the World Health Organization reports that every year more than 100 million people are driven below the poverty line as a result of disproportionate spending on health.*

**P**overty can't be properly addressed simply by increasing a person's income or assets. Imagine one simple illustration of this point: someone gets a raise but loses his or her improved income on gambling instead of investing in the education of their children. There will be no improvement in this family's levels of poverty. The point is that poverty can take different forms and is complex. Many of its causes are structural. Addressing only one cause, such as improving income generating opportunities, is at best a very slow and imperfect means of addressing poverty.

The unique strategy of Impact First International starts with providing microcredit to groups of women. But we don't stop at just these small loans. Impact First uses microfinance as an entry point into remote communities. Most of the women we work with live in a culture dominated by men. They rarely participate in activities outside of the home, and do not have the opportunity to meet and learn or discuss common problems. Microcredit, through our Women First Banking methodology (explained on page 14), offers the perfect reason for women to get together – to receive their group loans and to pay off interest each month.

When a Women First Bank meets, it gives our field teams the opportunity to provide business skills training, as well as health education workshops on key topics, such as:

- hygiene
- child nutrition
- anatomy
- pregnancy
- family planning
- sexually transmitted diseases
- domestic abuse
- women's rights

These trainings start to show results quickly. The lack of access to information about health and gender issues is one of the major factors contributing to the poverty of entire communities.

Our model also recognizes the importance of scale. In the remote rural areas where we work, health service providers are more than happy to negotiate agreements where they provide our clients with high quality services at significantly reduced costs due to the volume of referrals they receive. In this way, not only do we help women improve their incomes and economic independence, teach them to properly care for themselves and their families, we ensure that they have improved access to key services like healthcare and also micro-savings accounts and basic micro-insurance.

The end results of this integrated approach to supporting local entrepreneurship are many. Most importantly, women become economically productive outside of their homes and have greater decision making power because of it. They gain new skills to improve their businesses and to help prevent medical emergencies in their families, avoid unwanted pregnancies, and to be more self-reliant.

We measure all of these results and have seen that over the decades, 95% of our clients have repaid their loans on time with interest, the majority has had improved incomes, and almost all of them have had improved health knowledge and self-esteem.

### **We make sure that these results will hold up over the long term by:**

- Aligning with the national development priorities of the countries where we operate;
- Building strong and effective partnerships with local NGOs, community leaders and volunteers, healthcare providers, and municipal authorities;
- Ensuring there is local participation in each program's design, implementation and evaluation, including the active involvement and participation of women; and
- Being accountable for each program's design, management and results.



**“95% of women have repaid their loans on time with interest, the majority have had improved incomes, and almost all of them have had improved health knowledge and self-esteem.”**

# Choosing New Projects

*How did Impact First choose the 5 new projects it started over the last 3 years? We receive requests for partnerships on an almost daily basis from organizations all over the world. We also actively research and search for new partners; specifically micro-lenders who we feel are well positioned to benefit from our unique strategy of offering both health services and education to their client base. So what are the steps we take to ensure that our work will achieve results?*

## **There are 5 phases:**

**1. Partner Identification** – the first phase involves communication with potential partners, information gathering, assessing strengths and weaknesses in key areas (governance, management, financial situation, past project successes, etc.), assessing “fit” with Impact First (mission, practices, accessibility), reference checks, and an analysis of the context where the potential organization is operating (political and economic stability, human rights and human development situations, relationship with Canada, geographic and climate conditions, treatment of international non-governmental organizations, etc.)

**2. Project Identification** – Impact First and the local partner start to do research and gather necessary information, without creating any expectations yet. A rapid assessment is made of the feasibility and likelihood of success of each concept. Potential risks and mitigating strategies are also assessed now. Finally, the best concept is chosen.

**3. Preparation/Formulation** – a detailed project proposal is developed, refining and fleshing out the concept. The final proposal will include goals, how to reach them, concrete indicators which can be used to measure results, a budget, and much more. An analysis is done of all stakeholders to identify risks and ensure that work will not “double-up” on



projects already being done by local governments or other organizations. As in phase 2, ideas and feedback are constantly collected from the people the project will be serving. They know the context and the needs better than anyone. Care is taken that the project is culturally sensitive, realistic, that the results can be sustained in the long run, and that the activities are well aligned with national development strategies.



**4. Implementation & Monitoring** – the project can now be launched by hiring necessary personnel, developing work plans, and conducting a baseline study so that results can be measured. A formal agreement is signed between all project partners, outlining roles and responsibilities, and the strategies for sharing risks and accountability.

**5. Evaluation** – this critical phase helps us learn lessons from our work and build these into future projects. Just as importantly, it helps us demonstrate scientifically the contribution we've made to enhance the wellbeing of women and their communities in the developing world.

### Examples of Indicators

- Percentage change in the level of women's household decision-making power
- Change in the number of house assets (e.g. chickens)
- Percentage change in self-reported feeling of self-worth (women, youth)
- Percentage change in the number of community residents accessing a specific type of health service (e.g. PAP smears)
- Percentage change in pre-, peri- and postnatal mortality rates
- Percentage change in maternal death rates
- Percentage change in the level of knowledge of good health practices
- Percentage change in the number of women actively participating in activities outside of the home related to social and political issues of their communities
- Percentage change in reported instances of domestic violence

So how does all this look in the field?

“ **Choosing Partners: ...specifically micro-lenders who we feel are well positioned to benefit from our unique strategy of offering health services and education to their client base to improve the value of the small loans they are receiving.** ”

# Impact in Practice: Guatemala

*Guatemala has recently become a focus country for Impact First International and one where the organization has decided to set up its own small office to offer on-going programming in a direct and efficient way.*



## **Training midwives and microcredit clients**

In the Municipalities of San Juan Sacatepéquez and San Martín Jilotepeque in Western Guatemala, Impact First is partnering with Fundación de Asistencia para la Pequeña Empresa (FAPE) to improve maternal and newborn health. The project's goals are:

1. to expand the availability and accessibility of community healthcare services for rural women and their families; and
2. to improve the ability of traditional midwives to provide care. We do this by training them on everything from basic hygiene to how to deal with emergencies, and by strengthening their partnerships with the local Ministry of Health.

The project offers health promotion and education sessions to recipients of micro-loans during group meetings. In addition, we supply health equipment and negotiate agreements with

## **Realities:**

**2** women die every day in Guatemala from pregnancy related causes.

**155x** Women have a lifetime risk of pregnancy related death that is 155 times higher than in a country like Canada.

**7%** In the Municipality of San Pedro Carcha where we're working, only 7% of women were considered economically active according to a study done in 2008.



local health providers to improve access to quality health services in the communities.

A key to sustaining the project's benefits over the long term is the training and engagement of local "Health Guardians", community health promotion volunteers who assist in things like stocking health posts and ensuring people know about upcoming health service and education campaigns.

### **Impact First Guatemala: Microfinance Plus**

In Northern Guatemala (currently focused in San Pedro Carcha and San Juan Chamelco, Alta Verapaz), Impact First has started its own microlending program. We identified this area as one of the most neglected and under-served parts of Latin America. The vast majority of the small and remote communities we are entering have never received assistance from any Microfinance Institutions or other development organizations. They are simply too remote and disbursed and so, according to so many of our clients, feel abandoned.

**“ Two women die every day in Guatemala from pregnancy related causes. This means that women have a lifetime risk of such a death that is 155 times higher than in a country like Canada. ”**



**“ Our holistic development approach is providing basic education on key topics, together with the economic independence necessary for women to empower themselves. ”**

**Women’s Words:**

*“This is a great opportunity that you are providing us with. It is much better and different from the other institutions or people that have come here. At first they said they would help. Then they didn’t come back.”*

*“I didn’t know that there was an institution that works to support the women here in Guatemala. We’re going to work hard to pay back our loan within our 9 months so that we can get another one.”*

*“Thank you for thinking about*

*us, the women, because we have very few opportunities to go out and work so now with these loans you’ve given us we can work from home.”*

*“This is so new for me that I am a little bit frightened. This is the first time I will ever have a loan.”*

*“As women, we have been ignored. That’s the reason I am very content to be working with this new Institution.”*

*“A loan is a great way to help us because without money we can’t look after our crops properly.”*

*“I’m afraid to go into a bank and cash this cheque. This will be the first time I have ever gone inside a bank.”*

*“I couldn’t believe that we were really getting this microcredit. Sometimes here in the community it is really tough to find a loan of 6 or 12 dollars.”*

*“As women, we aren’t used to being taken seriously or to having meetings together like this.”*



The situation is indeed challenging: In Alta Verapaz, the average daily income is under 50 cents. The villages where we are lending are very small (often fewer than 200 families) and most are very remote and can be reached only on foot or over



broken roads. Many of the places where we work lack electricity and the vast majority of our clients do not read or write and can speak and understand only the Mayan language Q'eqchi.

Such conditions, combined with a culture of male dominance, mean that women often feel isolated. They do not understand the Spanish spoken in most of the country and do not have income to allow them to take the irregular transport required to connect with other villages or towns.

Our holistic development approach is providing basic education on key topics, together with the economic independence necessary for women to empower themselves. This leads to long-term change.

At first, women come together in group meetings to pay interest on their microcredit each month. However, very soon the meetings themselves prove to be of as much interest as the promise offered by the original microcredit. Women begin to engage in discussion and develop leadership qualities; they learn about their rights, health, and self-esteem. The changes can often be dramatic.

Microfinance is demanding. It is a tool which required hard work, and can therefore benefit the right people but is not for everyone. That's why the utmost care is required in order to achieve our mission of improving the wellbeing of women and their communities.



# Women First Banks

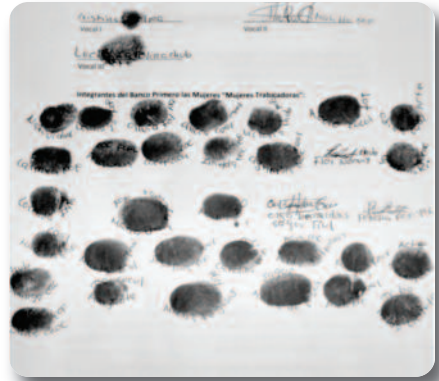
*Impact First Guatemala uses a microlending model we call Women First Banking. Here's how it works...*

## **Getting a Bank Started:**

- Impact First's Loan Promoters, themselves local Q'eqchi speaking women, visit various villages and informally collect information from community leaders and potential clients.
- The information is used to compare villages and select the ones best suited to Women First Banking.
- Once a village is chosen the potential for each interested woman to benefit from a microloan is assessed by Impact First's Loan Promoters through visits to their businesses (mostly run from home) and filling in surveys.
- A Women First Bank must be comprised of a minimum of 25 clients.
- The prospective clients of each Women First Bank elect a President, Vice-President, Treasurer, Secretary and three general members to a Board of Directors.
- Board members are given special training by Impact First's Loan Promoters so that they can run meetings, and learn how to keep records in their Cash Book, Fines Book and Acts Book.
- Clients are trained in the principles of Women First Banking and join the Bank. They sign a document and receive their bank book and loan cheque.

## **The Rules:**

- Loan terms are for nine months and amounts are between \$127 and \$186 Canadian dollars.
- There are two meetings every month, one to pay interest savings, and the second to receive training
- Each client is responsible for ensuring that others use their loans properly and repay them on time.
- New loans are not disbursed until all clients in a bank have repaid their loans from the last cycle.



Above: Women who can't write their names use their thumb prints to sign a group loan contract with Impact First.

- Each bank has a name and certain rules and regulations decided on by the members. For example, how much of a fine will be charged for members arriving late to bank meetings, or the terms served by Board members, differ in each Women First Bank.
- Each client pays 64 cents insurance per \$127 loan. This serves to repay loan capital in the case of a client's sudden death.

**Our Clients:**

- While we focus on women, we do lend to male clients on occasion.
- Our clients are involved in a number of businesses including: raising animals (chickens, pigs, cows), small variety stores, sale of tortillas, farming (cardamom, corn, coffee), traditional blouse making, production of cloth, candle making, sale of wood, shoe making, fruit stands, and carpentry.
- Currently our clients are between the ages of 14 and 78, and have an average of 6 children.

**The five core principles that keep our Women First Banks running and that all clients must agree to before joining a bank are:**

1. We will attend group meetings
2. We should be punctual in our repayments
3. It is the responsibility of each of us to have savings
4. We should help each other and communicate with each other in our group
5. We should be honest and sincere with every member of our group

Impact First Guatemala was launched when the first clients received their microloans in February, 2010. The program continues to grow rapidly and is already reaching hundreds of borrowers and thousands of their family members. For up-to-date information on our Women First Banks please visit our website at [www.impactfirst.net](http://www.impactfirst.net)

“ Our clients are involved in a number of businesses including: raising animals, small variety stores, sale of tortillas, farming, traditional blouse making, production of cloth, candle making, sale of wood, fruit stands, and carpentry. ”

# Impact in Practice: Dominican Republic

*In San Juan de la Maguana, Dominican Republic, Impact and Mujeres en Desarrollo Dominicana (MUDE) are collaborating to enable women and adolescent/young girls to manage their sexual and reproductive health through training and access to products and services.*

**T**he project takes a multi-pronged approach to address problems like domestic violence and the spread of HIV/AIDS by also educating men and youth (students in grades 6, 7 and 8) on the issues. Community health promoters, who are provided with training and contraceptives, serve as community resource and access points; online resources serve to reinforce training and awareness and provide a forum for discussion.



## **Realities:**

**70.4%** of the community lives in poverty.

**65%** of the adult population has ever used some form of birth control.

**HIV/AIDS** rates are among the highest in the Caribbean.





### Women's Words:

*"My name is Dionisia Medina, I am 43 years old, I have 2 children, a boy and a girl. I have a small business; I sell rice, sugar, and oil.*

*I have received three loans so far. To receive a loan we have to attend workshops. I am not alone. I believe we are about 22 women, it is a big group. We are people that know each other very well. Here the president of the group is Mrs. Irma and we all are with her. When there's a problem in the group, for example if someone is not working properly because that person does not pay back the loan, that person is 'off the map' and is withdrawn from the group. Every Wednesday we have to pay the loans [pay interest]. We are good payers, always paying on time every week. There's a lot of support from these educational talks, they orient us a lot. They help us to learn about how to protect ourselves from men, not allowing them to mistreat us, that is very good. Since some women in the center are mistreated by their partners, the workshop teaches us about not tolerating any abuse from anybody. We have learned things that we didn't know before. Look, in fact I've always loved my business, now I enjoy it more. From the workshops, I've learned to manage the business and I've become more oriented, alerter, and smarter. I have developed new strategies and perspectives as well*

**“ There's a lot of support from these educational talks, they orient us a lot. They help us to learn about how to protect ourselves from men, not allowing them to mistreat us, that is very good. ”**



# Impact in Practice: India

*In India, Impact First, in partnership with SAHANIVASA, is working with Dalit and Adivasi (“untouchable” or lower caste) women in 30 villages in the Chittoor District of Andhra Pradesh. The project is improving health, educating women and men on their legal rights, and promoting the right to benefit from government services.*

**T**o date the project has fostered the formation of women’s associations and committees to collectively present potential solutions to women’s common concerns to local government. It has provided training in traditional Ayurvedic medicine, established clinics, and sponsored cultural performances to encourage community discussion and reflection on issues that affect Dalit and Adivasi women in the region (e.g. HIV/AIDS, nutrition, health practices). Women in these villages face major discrimination both because of their sex and because they are from the “Dalit” or untouchable caste. As a result their labour is exploited by members of the “higher castes” and they are often denied basic rights and dignities.



## Realities:

**33%** Basic female literacy in Andhra Pradesh.

**46%** Childhood immunization rates.

**HIV/AIDS** Migrant work has caused an alarming rise in HIV/AIDS in recent years in the project villages.

**HEALTH** Problems like anemia and chronic malnutrition are common among women and children.



### Women's Words:

*"My name is Sarojamma. We are very poor. We have to work, otherwise we cannot live. Whatever work we get we do [Sarojamma's work pays her less than \$2 per day]. For the last three years we have been spraying pesticides on crops. My husband fell while we was working spraying pesticides. He injured his leg and had to stay home so I went to work. For the last three months I've had rashes on my body, on my stomach. We do not know what pesticide it is. We spray and it is on our bodies. For him his face was swollen and he was vomiting every day. I am also suffering from vomiting and other side effects. We heard about the women's associations and we joined. We received training and medicines which are helping us get better. After this experience we want to start our own women's association here."*

**“ Women in these villages face major discrimination both because of their sex and because they are from the “Dalit” or untouchable caste. As a result their labour is exploited by members of the “higher castes” and they are often denied basic rights and dignities. ”**



# Impact in Practice: Peru

*In the provinces of Apurimac, Cuzco, Moquegua, Puno, and Tacna, Peru, Impact First is improving access to gynecological, dental and basic healthcare services for microcredit clients and their families. The core component of the project is four “Mobile Clinics”, health vans that travel to remote areas lacking hospitals or health centers.*

**T**he Mobile Clinics are staffed by doctors who are paid exclusively through charging small fees (about one quarter of the regular rates) for their services. Charging our beneficiaries an affordable fee helps them learn to value their health, and empowers them to demand only the best quality services. We’ve developed a health training program, conducted each month before the clinics arrive, so that beneficiaries learn the basics to take care of themselves. This component involves 20 minute talks using vocabulary in the indigenous languages (Quechua or Aymara) that women can understand given their different beliefs about health.

## Realities:

**CANCER** Peruvian women have the highest incidence of cervical cancer in South America.

**2/3** of women cite the distance they would have to travel as a principle reason why they don’t use medical services.

**84%** of women have untreated dental cavities.

**52%** lack access to proper sanitation.

**1/2** Nearly half of the population is below the poverty line.





### Women's Words:

*"My name is Graciela Chura Coaquira, I'm 34 years old and I'm from Jaquincachi. One day the mobile clinic came to my community and it really caught my attention. I asked the staff why they came. They informed me that this was a health campaign for anyone in my community, and on top of that they would offer us microcredits to improve our businesses. Actually I was astonished, because no one ever came and offered us health services in my community, since it is very far off.*

*We have a health post but the attention is very basic, if we wanted real attention we would have to go to the hospital but since it is far we don't have time and we would have to line up for a long time and spend money on the trip so I never felt like getting examined.*

*When the mobile clinic came it was the first time that a doctor examined me. He treated me very well and that's why with my friends we felt motivated and we formed a microcredit group and we called it 'Jaquincachi'. Now I'm in the fourth cycle and the loans have helped me grow my business of buying and selling cows, before this I only dedicated myself to farming and what I earned was just enough to cover my spending from day to day.*

*The women are also getting educated, we receive talks on themes of preventative health, and there are regular campaigns with the mobile clinics and we can bring our children and our husbands. The women have changed their ways of thinking, now we are talking about how we can take care of ourselves to be clean and healthy. Being together means now we aren't afraid to go to a doctor. I got dental work done, and I had an ultrasound and they detected an ovarian cyst and a vaginal infection. Then I was given treatments and now I am much better. My family and I are really very grateful that you are worried about us and about our health."*

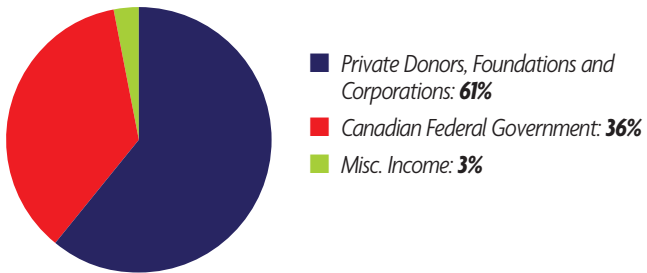
**“ When the mobile clinic came it was the first time that a doctor examined me. He treated me very well and that's why with my friends we felt motivated and we formed a microcredit group and we called it 'Jaquincachi'. ”**

# Financials

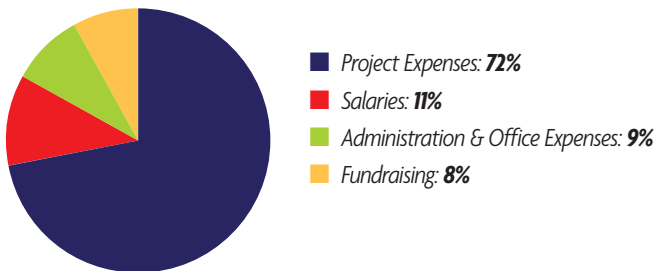
*Impact First strives to keep administration costs down, while ensuring an effective management of our projects and an investment in the structures necessary to achieve results.*

**O**ur work speaks to people, and as a result we are able to attract many skilled and enthusiastic volunteers. In fact, we have many more volunteers than paid staff. In the last 6 months alone our volunteers have contributed about \$70,172 worth of their collective time, which is not recognized in following charts but makes a meaningful difference. The charts below outline the distribution of our revenue sources and expenditures:

## Revenue Sources: Fiscal Years 2007-2010



## Breakdown of Expenses: Fiscal Years 2007-2010



## Totals: Fiscal Years 2007-2010

Revenue:	\$1,983,185
Expenditures:	\$1,842,237
Excess of Revenue over Expenditures:	\$140,948

# Contact Us

*If you would like more information, just ask! We are committed to giving you honest and forthright answers.*

## Head Office

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*Eradicating poverty through microfinance, health and education*

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**Welcome to Impact First International**  
We've changed our name and moved offices!

Founded in 1982, Impact First has worked in remote and marginalized communities in 15 different countries. So why the name change from **GEMS of Hope to Impact First International**? In spite of the strong support we've received over the years as "GEMS" we've decided to make the change to a new name that speaks more precisely about us. In the context of development, an **impact** is a sustained improvement that happens as the direct result of the work carried out by organizations and individuals.

Our new name highlights our role as the Canadian pioneer at combining **microfinance** and **health** to create a stronger impact on the well-being of communities.

**Some links to get you started:**

- [Impact at a Glance](#)
- [Our Successes](#)
- [Fund a Project](#)
- [Blog](#)

Call 1-877-584-3670 to give a micro-credit!

## Website

[www.impactfirst.net](http://www.impactfirst.net)

Visit our website regularly to get the latest news on our projects, events and more! Sign-up for our monthly e-mail newsletter too!

*Special thanks to the Canadian International Development Agency for its on-going financial support and commitment to our work*



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