INVESTING IN ASIA

PAINTING THE CONTINENT PINK

Social crusader and women's rights activist Sampat Pal Devi defends the weak and marginalized.
Improving women's access to the marketplace will be a vital component of any successful effort to reduce poverty in Asia.

Climbing the ladder

A
sian economic growth over the last half century has been as swift and transformative, comments a regularly used the word “miracle” to describe it. It’s easy to understand why. But 10 years ago nations like South Korea, China and India were among the world’s poorest. Today South Korea is one of the world’s richest, China is the world’s factory and India’s middle class will soon be larger than the entire U.S. population.

The big statistics are important, but they only tell part of the story. The real Asian economic miracle is found in hundreds of millions of family homes where people are living longer, healthier, happier lives. Despite these economic gains, Asia still faces a serious challenge: You know that idiom expression “No tears left to cry”? It’s not quite true. Not everyone in Asia has benefitted from the continent’s rapid economic development. Even today two-thirds of the world’s poorest live in Asia. And of those people, 70 percent are girls and women.

I attended the World Economic Forum on East Asia last spring and it was clear to me the continent’s leaders recognize the need to give women the tools to climb the economic ladder. And because the vast majority of Asia’s poor are girls and women, that means it’s important to invest in opportunities for the success of girls and women. What does “invest in opportunities” mean? It means every extra year of primary education a girl receives will boost her wages later in life by 10 to 20 percent; wages that will improve her entire family’s standard of living. It means children of mothers who attended at least five years of school are 40 percent more likely to survive beyond their fifth birthday.

Improving women’s access to the marketplace will be a vital component of any successful effort to reduce poverty in Asia. Business leaders recognize this and are increasingly partnering with the aid community to develop innovative, market-oriented solutions to long-term poverty. CARE works with Gap Inc. in Bangladesh, Costa Rica, Indonesia and Vietnam to offer women employees financial literacy and education programs to train the women. The women who participate in the program believe they are empowered; the overall well-being, health and confidence. Businesses like it because healthier, happier people are better employees and better customers.

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Women Deliver

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15 years old, Female
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The estimated female literacy rate is 1,600 of 44 years and a very high proportion of an enabling environment for women regime and the absence of women in Afghanistan? The changing tide Rebecca Sultana is a widow who lives with her 14-year-old daughter and 10-year-old son in Gazipara village. After the death of her husband she became the sole earning member of her family, and with only 0.028 of a hectare of land, she was forced to become a daily laborer and leased her small plot of land to a shrimp farmer. As a result of the cyclones in 2007 and 2009, the land she owned was flooded and her house was washed away by the tidal surge. These two cyclones made her completely dependent on the materials and support provided by government organizations and NGOs working in the area, leaving her with barely enough to survive.

A community-based approach When Concern’s Paribartan climate change project was launched in Rebecca’s village in 2011, she became a member of the Gram Paribartan Team (GPT), representing the most vulnerable female-headed households in the area. Through her involvement in the project, Rebecca has learned how to establish rain water harvesting systems to avoid using salt water, raising the plinth of her shelter to prevent flooding and to develop protected vegetable cultivation using raised poly-layered platforms to address the issue of salinity. The project has also developed mangrove plantations to help protect the land from tidal surges. Through this project, Concern Worldwide has provided several training programmes for local communities to increase their knowledge on the impact of climate change on their lives and livelihoods, which Rebecca has had the opportunity to attend. 

Paribartan has helped me open my eyes to use my own land and make it productive with cultivation of saline tolerant vegetables and protect those from tidal surge. My neighbors are also interested to adopt the practice, Rebecca explains. Turning a new leaf She has implemented these techniques to promote rain water harvesting system on the homestead land and to grow vegetables using raised plinths. Her new home-stead kitchen garden now provides enough vegetables for Rebecca and her children, she hopes that with the knowledge she has cultivated she will be able to protect her shelter from tidal surges and to sell her surplus products in the local market. She is also confident that her new water harvesting system will provide her with safe drinking water during the dry season as well as during floods. Paribartan has made me a spokesperson for my community. I help them understand the need for community-based adaptation to climate change with the active participation of women members and engage them in knowledge sharing with my experiences. I am so impressed when I see my community lending and responding to me, Rebecca says. Her confidence has increased through her involvement, and she has inspired many other community members in the area to implement similar initiatives on their homesteads to protect their livelihoods.

Question: What is the relationship between women’s rights and population growth in Afghanistan?  
A: Afghanistan is one of the countries that produce more than one million babies a year. We have a current population growth rate of 4.8 percent, representing a doubling time of only 15-16 years. If this growth rate will remain the same, our future population of 84 million is expected to increase to 40 million by 2050 or 120 million in 2100. This is a serious concern because it exerts enormous pressure on the environmental and social infrastructure. Male and female education is a requirement for the population growth.
Question 1: Why is now the time to invest in our time, energy, and abilities into the Asian continent?

Tremendous progress on child health has been made, but there is still much to be done. According to the United Nations Children’s Fund (UNICEF), child mortality rates have decreased by 38% since 1990. However, progress is not uniform across the region, and significant disparities persist. The World Health Organization (WHO) estimates that 2.9 million children under the age of 5 die each year due to preventable causes, with more than half of these deaths occurring in Southeast Asia. Progress has been slower in some countries, particularly in areas with high poverty rates and limited access to healthcare.

As Asia rapidly develops, more sophisticated commerce and infrastructure is necessary to lay the foundations for future success. The region’s large population presents both opportunities and challenges. With the right investments, Asia can become a leader in global health and development.

Question 2: How can cross-sector collaborations be effective in tackling the systemic issues of poverty?

Cross-sector collaborations are critical for reducing maternal mortality. The “Triple A” approach—education, access to services, and accountability—has been shown to be effective. Educating girls and women about reproductive health can increase access to family planning, which reduces maternal mortality.

Exceptional progress in maternal mortality is evident in Bangladesh. Between 1990 and 2015, the maternal mortality rate decreased by 83%. This success is due to a combination of factors, including increased access to maternal health services, improved education for girls, and strengthening of health systems.

Question 3: Why are cross-sector collaborations so critical in tackling the systemic issues of poverty?

Cross-sector collaborations can be effective because they address multiple issues simultaneously. For example, improving access to clean water can also improve sanitation, education, and economic opportunities. By working together, multiple sectors can improve health outcomes.

But for hundreds of thousands of women in Southeast Asia, pregnancy and childbirth carry significant risk, and more than 10,000 of these women die each year. The root causes of maternal mortality are poverty, lack of awareness, and lack of access to health care.

Frontline health workers are making a difference. They are often the only healthcare providers available in remote areas, and their efforts have led to significant improvements in maternal health. In countries like Bangladesh, the maternal mortality rate has decreased by 83% since 1990.

Mental health care is an essential part of any country’s healthcare system. It ensures that individuals have access to care when they need it, and it helps prevent mental health problems from becoming more serious. Mental health care can improve quality of life, reduce healthcare costs, and strengthen communities.

For American mothers, their families, and the communities in which they live, achieving better health outcomes is crucial. By investing in maternal health, we can improve the lives of millions of women and their families, and we can help ensure that all mothers have the opportunity to live healthy, fulfilling lives.

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Deep impact: Donations for disaster

A child growing up in Malaya, Asia, my father always told me it was best to live on higher ground in case of flooding. Neverthe- less, my family was always able to afford living on a hill. However, there are billions across Asia who do not have the financial resources to protect themselves from disas- ters. Through my own experience, I quickly learned that many people do not have the financial resources to afford living on a hill. However, thankfully, my family was always able to afford living on a hill.

In September 2012, the Asian Development Bank highlighted the need for disaster preparedness in Asia. The bank noted that 80% of disaster deaths occur in Asia, where 80% of the world’s population lives. The bank also noted that Asia is particularly vulnerable to natural disasters due to its dense population and rapid urbanization. The bank further noted that, while some countries in Asia have made progress in disaster preparedness, much more needs to be done.

In Southeast Asia, my father always told me to protect larger population centers, and farmland to floods each year to reduce vulnerability. From Give2Asia’s experience in the Philippines, poor urban households have the highest percent of the poor. The power of preparedness is that private philanthropy has an important role in disaster risk reduction. Private donors have the flexibility and foresight to invest in new initiatives that can scale, replicate, and expanded.

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For the 180 million living in flood zones in Asia, the uncertainty and damage surrounding annual disasters are a major factor in their cycle of poverty. In September 2012, the Asian Development Bank highlighted the need for disaster preparedness in Asia. The bank noted that 80% of disaster deaths occur in Asia, where 80% of the world’s population lives. The bank also noted that Asia is particularly vulnerable to natural disasters due to its dense population and rapid urbanization. The bank further noted that, while some countries in Asia have made progress in disaster preparedness, much more needs to be done.

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WHEELING AND “MEALING” KEBAL ROLLS OUT A HEALTHY, AFFORDABLE MENU FOR JAKARTANS

**Question:** What is the solution to child malnutrition in Asian cities?

**Answer:** Social entrepreneurs with healthy food carts.

It is incredibly difficult for parents to cook their children healthy meals in the crowded slums of Jakarta, Indonesia. Families lack the space and basic equipment to cook. The water is often unsanitary. Few markets provide fresh produce. Mothers toil at informal work, often while caring for multiple children. In families, get meals from cheap, convenient food carts that usually serve fried, sugary dishes. It is incredibly difficult for parents to cook their children healthy meals.

**A stunted generation**

The staff of the global NGO Mercy Corps witnessed the effects of this broken food system when they studied malnutrition through Jakarta’s community health centers. According to their findings, 17 percent of the city’s youth suffer from acute malnutrition; yet 12 percent of the city’s youth suffer from under-nutrition is to see children with their baby teeth stunted and anemic. It is common for children under five.

**Says Mercy Corps’ Regional Program Director for East Asia, Jean Granville-Brass:** “We cracked the key constraint: a distribution network that allows poor communities access to healthy, authentic food.”

Nepal KeBal Balanced Food (My Child) and popularly known as KeBal (Immune), the program launched in the impoverished Tegal Alir district. A nutritionally focused menu of Indonesian favorites, such as bubur, a rice porridge, KeBal enriches with extra vegetables, egg, and meat. Nutritionists and social workers provided a pre-launch branding campaign, as the carts would catch kids’ attention with colorful logos and a jingle. KeBal trained their street vendors to be nutrition educators. Parents flocked to KeBal food carts.

From social program to social business In 2011, KeBal became an independent social enterprise, balancing the mission of alleviating malnutrition, attaining economic viability, and stunted growth.

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Tapping into Indonesia’s potential

Due to the widespread drought in 2010, many Americans have grown more thank to a greater appreciation for water than they ever did before this challenging year. Still, most of us have been trained to be wasteful in the use of water and how to consume it. We need to change the way we think about drinking water.

The state of water in Asia

In Asia, however, more than 600 million people live without adequate sanitation or access to improved sources of drinking water, which can result in debilitating and deadly diseases and, in turn, extreme poverty.

You can map waterborne illnesses across the globe, and they are uniformly and directly proportional to all sorts of inequalities as well as poverty,” says Jef Deal, M.D., International Director of Health Studies for Water Missions International (WMI).

“Waterborne disease is proven to lead to loss of work, and poor physical and mental development of children from which they may never fully recover.”

Low productivity

In Indonesia, the 2006 Progress for Children in the World report found that over 2.6 billion people suffer from unsafe drinking water and sanitation. “The lack of safe water causes skin diseases, stomach and digestive disease, cholera, and other health problems that require necess ary but inaccessible medical treatment,” says Dan Daniel, WMI’s Indonesian country director. “When someone has bacteria or E.coli in their body it affects their health as well as capability to learn.”

Planning for the future

Access to safe and sustainable water is a major and necessary component to stopping the cycle of poverty in Indonesia. “Having safe water for daily consumption improves health, and enables the courage and strength to work better and smarter,” says Daniel. Moreover, he says it would empower women and improve food security as well as agricultural productivity.

But, according to WMI, reaching that point of “transforma tion” is in some areas where many people must walk simply to meet the needs of the day requires a combination of education, financial stewardship and a strong focus on community development and engagement.

Ripple effect: How one person can change the lives of many

Question: How did two Americans turn their retirement into a humanitarian adventure?

Answer: By volunteering to build safe water systems abroad.

When Burt and Mae Dean Northam retired, they set out to do something meaningful and adventurous. They found their calling in Water Missions International, a non-profit that sends volunteers to developing nations to install safe water systems.

In 2009, the former NASA engineer and principal embarked on their first “water mission,” three-months in Sumatra, Indonesia, where WMI had projects underway in response to the tsunami of 2004. The couple participated in an assessment in the village of Lumban Ginaban, where residents suffered from chronic diarrhea and the water in the wells “looked like chocolate milkshake.”

Clean water crisis

While the source of life, brings death to many in Indonesia. According to the Jakarta Globe, only 15 percent of urban and 10 percent of rural Indonesians have access to clean drinking water. The nation’s high water table is easily contaminated with pollutants running from toilets and toilets are rare. Homes built on stilts often sit above water, swept down with domestic waste. Microorganisms from the mining industry pollute the river. Microman tegral in drinking water cause diarrhea and cholera, intractable killers.

Chlorine is key

Engineer Burt Northam’s task was to train local technicians to maintain the systems and plan new projects. WMI customizes systems for each community, and its installations are designed to last for 20-30 years. Each system is different, but all of our systems emphasize the water to kill E.coli and other bacteria.”

Sustainable solutions require education

Educator Mae Dean Northam’s task was to mobilize communities to support water projects. She explained how contaminated water perpetuates poverty, keeping sick those in its path, un dercutting economic output. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread. She taught everything from “Water, Sanitation, and Hygiene,” training, starting with glitter on students’ hands, so they could visualize how microorganisms spread.
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