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Water is key to economic empowerment



In the aftermath
Making sure every dollar counts



**MEDIA
PLANET**



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INVESTING IN ASIA

PAINTING THE CONTINENT PINK

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FACTS

Social crusader and women’s rights activist **Sampat Pal Devi** defends the weak and marginalized.



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CHALLENGES

THE NEXT ASIAN MIRACLE
In Ataoarchar, Bangladesh, CARE's empowerment programs helped Aysha Begum and her neighbors find new markets for their handloomed goods.
PHOTO: CARE



FACT
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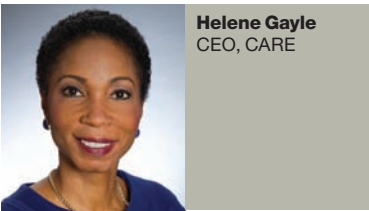
35 PERCENT OF CAMBODIA'S 15,000 PROSTITUTES ARE UNDER THE AGE OF 16

Improving **women's access to the marketplace** will be a vital component of any successful effort to reduce poverty in Asia.

Climbing the ladder

Asian economic growth over the last half century has been so swift and transformative, commentators regularly use the word “miracle” to describe it. It's easy to understand why. Just 50 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 liv-



Helene Gayle
CEO, CARE

ing longer, healthier, happier lives. Despite these economic gains, Asia still faces a serious challenge. You know that old expression “a rising tide lifts all boats”? It's not quite true. Not everyone in Asia has benefited from the continent's rapid economic development. Even today two-thirds of the world's poor 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 everyone a chance to climb Asia's economic ladder. And because the vast majority of Asia's poor are girls and women, that means they understand it's vital 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, Cambodia, Indonesia and Vietnam to offer women employees literacy, financial education and life skills training. The women who participate in the program like it because it improves their overall well-being, health and confidence. Businesses like it because healthier, happier people are better employees and better customers.

HELENE GAYLE
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WOMEN WARRIORS



SAMPAT PAL DEVI
“If girls spoke up, the world would change.”

A woman from the untouchable caste, Sampat Pal Devi breaks convention and challenges the patriarchal values that are strongly upheld in rural India. From an early age, Devi was painfully aware of the limitations placed upon her by society. At the tender age 12, she was a child bride in an arranged marriage, at 15 she was pregnant with

her first child and by 20, she was mother to five children. In what would be a defining moment, Devi witnessed a man in her own village mercilessly beating his wife. The next day, she took matters into her own hands. With a small group of women wielding lathis (“sticks”), she confronted the offender and the Gulabi (“pink”) Gang was formed. Draped in pink saris, the sisterhood unapologetically fights to empower women by intervening in cases of domestic abuse, rape, and abandonment, interrupting child marriages, and storming police stations when the law enforcement turns a blind eye to these injustices. The color of femininity is now the color of resistance.

MAVEN BROWNING
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SOMALY MAM
“I strongly believe that love is the answer and that it can mend even the deepest unseen wounds.”

Somaly Mam's story is one of remarkable resilience. An estimated two million women and children are sold into sexual slavery each year. In the 1980s, Mam was one of them. Orphaned during the Khmer Rouge, she was forced into prostitution as a child, enduring torture and abuse before finally escaping to France with the help of an aid worker. She returned to Cambodia in 1996 to found AFESIP, a network of shelters for victims of sex-trafficking. Her shelters have rehabilitated thousands of women and girls, while working with police to help others escape the brothels. In 2007, she created the Somaly Mam Foundation to support anti-trafficking efforts worldwide.

WOMEN DELIVER
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WE RECOMMEND

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“I want to be a nurse, and that's where my savings will go once I finish my secondary schooling.”

Sharmila Darshandhari
15 years old, Female
Bhaktapur, Nepal

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INSPIRATION



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CLIMATE OF CHANGE

Strengthening communities by strengthening women

The impacts of climate change are disproportionately felt by the world's poorest and most vulnerable.

In the coastal areas of India and Bangladesh, increased levels of salinity in the soil as well as increased height of tidal surges are some of the adverse effects of climate change. These changes have had a severe impact on agricultural systems and fish farming, which are the main sources of livelihood for the majority of the population in the area. In response, Concern Worldwide, launched “Paribartan,” a multi-country climate change project implemented in the Bay of Bengal coast, covering six districts in Bangladesh and India. With its partners Jagrata Juba Sangha (JJS) and Shushilan in Bangladesh and RCDC in India, they are continuously exploring possibilities of suitable and viable community-based adaptation with climate adaptive livelihood options for the extreme poor and vulnerable communities.

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 relief 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

“I am so impressed when I see my community listening and responding to my call.”

the plinth of her shelter to prevent flooding and to develop protected vegetable cultivation using raised poly-layered platform to address the issues 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 homestead 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 produce 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 listening and responding to my call,” 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.

CONCERN WORLDWIDE
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A VOICE FOR THE VOICELESS



Dr. Massouda Jalal
President and Founder, Jalal Foundation

Question: Now, more than a decade after the fall of the Taliban, what is the status of women in Afghanistan?
Answer: Afghan women’s status continues to be one of the worst in the world. They are unable to enjoy de facto rights due to socio-cultural factors that are remnants of Taliban’s anti-women regime and the absence of an enabling environment for women’s rights to flourish. Afghan women still have a life expectancy of 44 years and a very high maternal mortality ratio of 1,600 deaths per 100,000 live births. The estimated female literacy

rate remains at 18 percent and economic opportunities, health services, and social support for life improvements are scarce. Worse, a majority of Afghan women experience various forms of violence that, in many cases, result in a lifetime of fear or early demise.

Q: What are the main challenges that women still face post-Taliban?
A: Actually, there is no such thing as a post-Taliban era in Afghanistan. They were driven out of the capitals but continued to wage influence in other parts of the country. The peace process even

enjoins the Taliban to return to the mainstream of Afghan society through political concessions and economic incentives from the government. Women are very concerned that the return of the Taliban will erode the fragile gains of the past decade. Denial of rights and public executions of women have actually re-emerged, causing serious anxiety to families and the female population. Beyond 2014, with the drawdown of international security support to Afghanistan, the main challenges are women’s security, gross violation of women’s human rights, and the return to a status that is worse than when the Taliban was driven from the capital 11 years ago.

Q: What is the status of girls’ education in Afghanistan?
A: Considering that education was denied to Afghan girls during the reign of the Taliban, the current situation could be regarded as an improvement. Data shows that in 2009, the number of girls enrolled in primary level increased by three percent compared to the 2005 figure. The Gross Primary Enrollment Ratio for girls, which stood at 57 percent in 2004, also increased to 84 percent in 2009. The number of female teachers and school infrastructures are also improving; however, girls’ education continues to be challenged by poverty,

inadequate school facilities, a patriarchal culture that gives little value to girls’ education, and security threats that are posed by ‘talibanized’ attitudes against female education. Early this year, there has been a series of poisonings aimed at school girls. The return of the Taliban to the mainstream of society because of the national peace process is expected to further increase the obstacles to female education in the country.

Q: Women have, for the most part, been disenfranchised from the political, economic and social fabric of society. How do we create a society that is more inclusive?
A: There has been considerable strengthening of the women’s movement in the country, and despite enormous constraints, women are ready for productive participation in various dimensions of national life. But the government has to wield a strong political will and commitment to make it happen. At the moment, the government marginalizes women in political processes and opportunities are not being created to develop and optimize the economic potentials of women. The government should be the champion of women’s rights. Schools, families, private organizations, religious groups and all sectors of society should ensure participation of women, especially

the younger generation, and should embrace gender equality as a way of life.

Q: 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 14.5 years. If this growth rate will remain the same, Afghanistan’s current population of 30 million is expected to become 60 million in 2020 or 120 million in 2035. This is a serious concern because it exerts enormous pressures on women as child bearers and providers of care to family members. These pressures also erode women’s capacity to access education, gain employment, and live a fulfilling life. This issue also challenges the country’s capacity to produce sufficient food and to provide education and other social services to its growing population. Prevention of child marriage and forced pregnancies, protection of reproductive health rights, and empowerment of women are to be given due attention to be able to address the threat of population explosion in the near future.

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PANEL OF EXPERTS

	Jonathan D. Quick MD, MPH President & CEO, Management Sciences for Health		George Greene III, PE, PhD Founder and CEO, Water Missions International		Vicki Escarra CEO, Opportunity International	
Question 1: Why is now the time to invest our time, energy, and abilities into the Asian continent?	MSH is driven by the ancient Chinese Tao of Leadership, working shoulder-to-shoulder with our local colleagues for their success. China and India, two of Asia's most populated countries, are moving toward universal health coverage. Malaysia reduced maternal deaths. Afghanistan's thousands of community health workers have increased access to family planning. Asia's populations are hit hard by chronic diseases, including cancer, lung and heart disease, and diabetes. Now is the time to make even greater impact.			Now is the time to invest in Asia because the need is great and technology can be deployed more cost-effectively than ever before. Safe water is key to breaking the cycle that holds people in poverty in developing countries. Breaking that cycle is critical as international economies become increasingly interconnected. Meeting basic human needs by providing access to safe water in Asia makes economic sense. From a moral perspective, it's the right thing to do.		
Question 2: In reaching the Millennium Development Goals set forth by the UN, what kind of progress has been made and where are we still falling short?	Tremendous progress on child health has been seen in Bangladesh, Nepal, Laos and Bhutan. But many of the MDGs will not be met. A post 2015 framework should include a health goal focused on universal health coverage, based on human rights and gender equity, and within which are indicators for progress on AIDS, TB, and malaria; maternal, newborn, child, and reproductive health (including family planning needs); and chronic diseases.			Progress has certainly been made in recent years with millions of people who previously lived without now having access to safe water. When measuring progress; however, we must be careful to understand clearly, and not compromise on, the definitions of "access" and "safe water." Improving access to contaminated water is simply not enough. Safe water must meet the same quality standards we in the developed world live under — water you can drink without getting sick.		
Question 3: Why are cross-sector collaborations so critical in tackling the systemic issues of poverty?	As a family physician, I focused on the health of the whole person, not just one disease or condition. At MSH, we work on integrated people-centered health systems innovations at all levels — community, district, national, and global. Cross-sector collaborations ensure we are looking at the totality of people's needs: health, education, food, economics, and human rights. Only by working together can government, civil society, and the private sector overcome the barriers of poverty.			Cross-sector collaborations are critical because they result in synergies that transformationally increase the cost effectiveness of relief efforts. When a pump manufacturer, logistics company, solar panel manufacturer, and non-profit organization work together in strategic partnerships, the poverty cycle can be broken for millions of people. Cross-sector partnerships between non-profit organizations eliminate duplication of effort and competition and open the door to more effective project implementation, driving costs down and increasing the number of people reached.		
				As Asia rapidly develops more sophisticated commerce and infrastructure, it's easy to lose sight of the startling disparity between the quality of life in urban centers and rural outposts. In most of the region there is very little middle class - only the supremely wealthy and the struggling poor. We have a closing window of opportunity to invest in eradicating extreme poverty to narrow that gap now, and give more families the ability to be part of the exponential growth in the region rather than be left behind.		
				While we have increased awareness of extreme poverty, we need more resources to innovate, measure effectiveness and scale the proven programs. Universal primary education for girls remains an elusive goal, and investing in women is our strongest lever. Selling a young girl into an unfit marriage, losing her to the sex trade or sending her to work instead of school are some of the sad choices mothers face when left without viable options. Microfinance investment in women entrepreneurs empowers mothers to make stronger choices for their families.		
				Complex issues require creative solutions. Technology in particular is a vital component of scaling programs that work to serve more people. Whether it's biometric banking to empower the illiterate with financial security or wireless transactions that enable a farmer in rural Rwanda to confidently sell fertilizer to rice farmers without worry of corruption, technology catapults a good idea from theory to practice. Corporate and social leaders must combine their strengths to innovate on behalf of those who need us most, creating a shared value for society as a whole.		

Maternal health: More than an instinct

For most American mothers, thoughts of pregnancy or childbirth complications are typically fleeting and unfounded. And if unexpected problems do arise, she has access to well-trained health care professionals and reliable facilities that can provide the services she needs.

But for hundreds of thousands of women in Southeast Asia, pregnancy and childbirth carry significant risk, and more than 80,000 die of mostly preventable causes each year.

“The root causes of maternal mortality are poverty, lack of awareness and lack of access to health care,” says Dr. Raj Abdul Karim, Asia regional director for Women Deliver. “The direct causes are hemorrhage, toxemia and infection, all of which could be overcome with simple antenatal checks.”

When a mother dies

When a mother dies in Southeast Asia, the tragedy is often compounded by the dire effects it can have on her family. One Bangladeshi study found that in instances where a mother died, babies ages two to five months were 25 times more likely to die than those whose mothers were still alive.

“When a mother dies, the whole family suffers,” says Abdul Karim.

“Infant mortality is higher, but her other young children also have poor health and nutrition.”

Millennium Development Goal 5

In 2000, 189 world leaders met at a United Nations (UN) summit and committed to eradicate extreme poverty by 2015. To that end, they set eight Millennium Development Goals (MDGs) aimed at addressing poverty's underlying problems. Each goal was set with measurable targets, and the fifth goal, focused on improving maternal health, set the following:

Target 5.A: Reduce by three quarters the maternal mortality ratio.

Target 5.B: Achieve universal access to reproductive health.

Twelve years later, a UN Millennium Development Goals Report says that while there has been wide-ranging advancement on many of the MDGs, “decreases in maternal mortality are far from the 2015 target.” And while maternal deaths are half what they were in 1990, an estimated 287,000 women died in 2010. Southern Asia, which includes India,

Laos and Nepal, accounted for 29 percent of those deaths.

“This goal is particularly challenging because of some underlying problems like gender inequality and lack of education,” says Laurie Noto Parker, MPH, director for Asia programs at IntraHealth International. “Evidence shows the two most transformative things are educating girls and getting family planning to women who want it.”

Frontline health workers

While some of the barriers to reduced maternal mortality require decidedly long-term interventions, Noto Parker says frontline health workers are key in the near term.

“The big solution is not OB-GYNs or big hospitals, but minimally trained community health workers who can interface with hard-to-reach women.”

For a community health worker to be successful at what she does, Noto Parker says she needs three things: education, quality counseling skills, and supervisory support. It can be challenging to convince a skeptical

FACT

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IN INDIA, INFANT MORTALITY IS 47 PER THOUSAND LIVE BIRTHS

or misinformed woman—or perhaps her husband or mother-in-law—that taking folic acid will result in a healthier pregnancy, that spacing pregnancies is good for both mother and child, or even that seeking care in a facility may be more important than pressing domestic responsibilities.

It's the local health worker who can know their communities well enough to succeed at those interventions. “Most frontline health workers want to make a difference, and miracles can happen if they have the combination of information, skills and acknowledgement.”

JILL SMITS
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Shahanaz, 37, with her newborn baby and Rabbi, 13, at a center run by Concern Worldwide for the homeless in Bangladesh. As many as 50 people visit the center daily to access bathing, resting, cooking, and locker facilities. Women, children, and young girls can also access night shelter facilities.

PHOTO: MARIE MCCALLAN/PRESS 22 FOR CONCERN WORLDWIDE



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Deep impact: Donations for disaster

FACT

3

MORE THAN 500 WERE RECENTLY KILLED IN THE PHILIPPINES BY TYPHOON BOPHA

As a child growing up in Malaysia, my father always told me it was best to live on higher ground in case of flooding. Fortunately, 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 disasters. Through my own experience responding to disasters at Give2Asia, it is clear that the most vulnerable communities are also the hardest hit by disaster. Thousands who live by the riverbanks in Bihar, India suffer annual floods during the monsoon season, as do the rice farming families in Bang Ban district, Ayutthaya Province, Thailand, who sacrifice their homes

and farmland to floods each year to protect larger population centers, including Bangkok.

The ring of fire

A recent UN report further corroborates the vulnerability of impoverished communities to disaster, stating that of \$4.3 million in damage caused by 2009's Typhoon Ketsana in the Philippines, poor urban households bore 90 percent of the brunt. Similarly 70 percent of the \$9.7 billion of the 2010 flood damage in Pakistan was felt by small farmers. For the 180 million living in flood and storm prone regions of 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 that Asians and Pacific Islanders are now four times more likely to be affected by natural disasters than Africans, and 25 times more than Europeans or North Americans. A March 2012 Global Humanitarian Assistance Disaster Risk Reduction Briefing Paper showed that over the 11-year period from 2000 to 2010, nearly eight out of every ten people affected by a natural disaster lived in India or China.

From Give2Asia's experience responding to over 30 disasters in Asia over the past 11 years, we believe that preparing communities for disaster is the most effective

investment to save lives and reduce vulnerability.

The power of preparedness

Though governments are starting to devise better development plans to reduce vulnerability, we believe that private philanthropy has an important role in disaster risk reduction. Private donors have the flexibility and foresight to invest in new pilot programs that can be scaled, replicated and expanded. Disaster preparedness and disaster risk reduction can also be incorporated in any program assisting the less fortunate, from scholarships and social welfare programs to health services or environmental campaigns. Donors who are already

investing in vulnerable communities in Asia should consider encouraging their partners to develop a disaster response plan. Or, in regions that are most vulnerable to disasters, donors should consider supporting disaster preparedness and prevention programs, including awareness campaigns, community-based disaster risk reduction teams or sustainable development programs. Regardless of your philanthropic goals as a donor, the community you are supporting will benefit from preparation if a disaster strikes.

GILLIAN YEOH
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The road out of poverty

NEWS

Migration in India is a way of life for hundreds of millions of people. But even within that poverty-stricken migrant population, there is an overlooked underclass.

Seasonal distress migration

In the worst-case scenario, entire families are forced to leave their rural villages for eight months of the year in search of unskilled work. Termed "seasonal distress migration," the phenomenon was

neglected until recently, though it is believed up to 70 million Indian people uproot themselves simply to survive.

"This way of life ultimately pulls a family down because they come back with less money and are trapped in a highly exploitative cycle," says Smita Agarwal, director of education for the American India Foundation (AIF).

The power of education

Educating migrant children is key to breaking that cycle—a difficult task when they are transient and,

oftentimes, laboring alongside their parents. In 2003, AIF addressed the problem by launching the LAMP program, which provides hostel accommodation and education for these children in their home communities. To date, the program has benefited nearly 300,000 children.

Agarwal says, "Many children we brought into hostels are completing high school and have different aspirations for the future."

Rural to urban migration

In the best case scenario, a migrant might travel from his

rural home to Mumbai or another large city where he works long hours as a tailor or other occupation that provides better wages and working conditions than he could find at home. While the life is not easy, Agarwal says this type of voluntary migration can be beneficial in the long run.

"Over time, it improves a family's economic condition, allowing them to buy a bicycle or medical treatment, and provides the possibility of asset accumulation."

A lack of assets is an underlying cause of poverty, and a problem AIF

is working to address for India's nearly eight million rickshaw drivers. Through the Rickshaw Sangh program, AIF provides guarantees to banks, which offer loans to NGOs, which in turn disburse those loans to individual drivers. Within about a year, the driver owns the rickshaw and keeps all of his earnings.

A little empowerment can go a long way for India's migrants, even if it's one person at a time.


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INSPIRATION

WHEELING AND “MEALING”

KEBAL ROLLS OUT A HEALTHY, AFFORDABLE MENU FOR JAKARTA

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. So families get meals from cheap, convenient food carts that usually serve fried, sugary dishes that are devoid of nutritional value.

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 are overweight. The poor water quality and bad hygiene of street food make diarrhea epidemic. High numbers of children are stunted and anemic. It is common to see children with their baby teeth rotted away. Under-nutrition is associated with 35 percent of disease for children under five, according to the World Health Organization.

Meals on wheels
In 2009, Mercy Corps piloted a healthy food cart program aimed at children under five. Says Mercy Corps’ Regional Program Director for East Asia, Sean Granville Ross, “We cracked the key constraint: a distribution network that allows poor communities access to healthy, authentic food.”
Named Kedai Balitaku (My Child’s

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 missions of alleviating malnutrition, attaining economic viability,



Toddler snacks on a fruit jelly, a gelatin-based snack with fresh fruit. A very popular menu item, these fruit jellies are often the only source of fresh produce for young kids in poor neighborhoods. PHOTO: FITRIA RINAWATI FOR MERCY CORPS

Café) and popularly known as KeBal (Immune), the program launched in the impoverished Tegal Alur district. A nutritionist designed healthy versions of Indonesian favorites, such as bubur, a rice porridge KeBal enriches with extra vegetables, egg, and meat. Saatchi & Saatchi provided a pro-bono branding campaign, so the carts would catch kids’ attention

ity, and scaling. Under the management of Rosalina Pulubuhu, KeBal now serves its 2,000 customers 36,000 portions a month, in four impoverished districts of Jakarta. Ms. Pulubuhu explains that one of her challenges is “keeping the costs of raw materials low so our price remains accessible to low-income communities.” To keep the product inexpensive and profitable,

FACT

4

IN NEPAL, 62% OF STUDENTS WILL COMPLETE A PRIMARY EDUCATION

Ms. Pulubuhu has centralized buying, merged four cooking centers into two, and added machinery that speeds production.
Franchising gives KeBal the potential to scale. In addition to the 20 vendors it directly employs, the company has sold franchises to 10 independent vendors in Jakarta. DSM Nutritional Products, KeBal’s first social impact investor, is helping the company develop fortified snacks. Mr. Granville Ross says, “As a start-up, KeBal feeds thousands of children in Jakarta. With more social impact investment, KeBal has the potential to nourish hundreds of thousands of children in cities throughout Asia.”

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QUESTIONNAIRE

Banking on the future
Through the YouthSave Consortium, Save the Children and Mastercard Foundation surveyed 2,000 children (ages 12 to 18) to determine how the youth in poverty-stricken areas of four developing nations earned, spent, and saved—and most importantly, uncovered their attitudes towards money management. The results were astonishing and revealed that these children, some from families that were subsisting on less than \$2 a day, were not only saving, but setting money aside to create future opportunities for themselves.



Manika Adhikari
15 years old, Female, Grade 9, Baglung, Nepal

“I am saving for my education. I want to be a nurse. If I save now, there will be less of a financial burden on my parents for my education.”



Sameer Dhungana
14 years old, Male, Grade 9, Baglung, Nepal

“My parents may not have the money when I require it for my extra needs, such as tuition and fees for additional classes that I want to take. If I have my own savings, there will be no need to ask my parents for money.”



Pramod Tamang
12 years old, Male, Bhaktapur, Nepal

“I feel more secure about my dreams now. I want to complete higher education and study abroad. That is why I am saving.”

MAVEN BROWNING
editorial@mediaplanet.com

NEED A HOLIDAY GIFT IDEA?

NUTRITION ON WHEELS

Millions of families who live in slums don't have kitchens. Because they must rely on street food that lacks vital nutrients, their children often suffer from acute malnutrition and stunted growth.

THAT'S WHY I'VE MADE A GIFT OF A FOOD CART IN YOUR HONOR

Mercy Corps designed colorful food carts that sell hot, friendly, nutritious foods. It's a sustainable approach that brings profits to vendors—and better health to children.

Your gift brings life-changing help and hope to people living in the world's toughest places. Thank you.

TO: Mom
FROM: Bob and Mandy

Dear Mom,

May your holidays be filled with joy, peace and happiness.

Much love,
Bob and Mandy

THIS HOLIDAY SEASON GIVE THE GIFT OF HOPE

Give a food cart in honor of a loved one to provide nutritious food for children in Indonesia.

This and more life-changing symbolic gifts at mercycorps.org/food

MercyCorps Gifts

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Management Sciences for Health, (MSH) a nonprofit organization with over 40 years of experience working in more than 100 developing countries, including over 20 years in Asia, is dedicated to saving lives and improving the health of the world's poorest and most vulnerable people—especially women and children.

We are known for our work in family planning and reproductive health; maternal, newborn, and child health; HIV & AIDS; tuberculosis; malaria; and chronic diseases.

MSH has particular expertise in rebuilding health systems in post-conflict countries such as Afghanistan. In partnership with USAID, the William and Flora Hewlett Foundation, and the government of Afghanistan, MSH has contributed to a dramatic improvement in the acceptance of family planning services and birth spacing in Afghanistan. By preventing unintended births and promoting safe motherhood strategies and better spacing of births, maternal deaths were reduced and child health improved.

To learn more on how we are working toward a vision of health for all through stronger health systems visit www.msh.org.

MSH is a proud sponsor of **Women Deliver**, Kuala Lumpur, May 28-30, 2013.

Stronger Health Systems. Greater Health Impact.

NEWS

DON'T MISS

Dropping knowledge
7 startling facts about the water crisis



884 MILLION PEOPLE – ONE EIGHTH OF THE WORLD'S POPULATION – LACK ACCESS TO SAFE WATER.

MORE THAN 5,000 CHILDREN DIE EVERY DAY WORLD-WIDE FROM DISEASES CAUSED BY UNSAFE WATER AND POOR SANITATION.

WATERBORNE DISEASES CAUSE THE DEATH OF MORE THAN 1.5 MILLION CHILDREN EACH YEAR.

IT IS ESTIMATED THAT OVER 2.6 BILLION PEOPLE GLOBALLY LIVE WITHOUT ADEQUATE SANITATION, THIS ACCOUNTS FOR 42% OF THE WORLD POPULATION.

HALF THE HOSPITAL BEDS IN THE WORLD ARE FILLED WITH PEOPLE WHO ARE SICK WITH WATER-BORNE ILLNESSES.

ONE DOLLAR INVESTED IN WATER SUPPLY AND SANITATION CAN PROVIDE AN ECONOMIC RETURN OF UP TO 34 TIMES, DEPENDING ON THE REGION.

THE UNITED NATIONS AND WORLD HEALTH ORGANIZATION PREDICT THAT ONE-TENTH OF THE GLOBAL DISEASE BURDEN CAN BE PREVENTED BY SIMPLY IMPROVING WATER SUPPLY AND SANITATION.

UNEP.ORG 2010, UNICEF, PROGRESS FOR CHILDREN 2006, U.N. REPORT 2005, UNWATER.ORG 2010, WHO 2008, WHO 2010, WWDR-3
editorial@mediaplanet.com

Tapping into Indonesia's potential

Due to the widespread drought in 2012, many Americans have given more thought to and have a greater appreciation for water than they ever did before this challenging year. Still, most of us count ourselves lucky. While environmental and economic impacts continue to evolve, the average person does not have to worry about life without safe, clean drinking water.

The state of water in Asia

In Asia, however, more than 400 million people live without adequate sanitation or access to improved sources of drinking water, which can result in debilitating and deadly disease 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 Jeff Deal, M.D., international director of health studies for Water Missions International (WMI).



MORE THAN 40 MILLION INDONESIANS HAVE NO ACCESS TO SAFE DRINKING WATER

“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

Each day, millions of Indonesians live with the problems and threats associated with unsafe drinking water. They spend hours in the daily pursuit of water collection, only to lose more productivity as the result of waterborne illness.

“The lack of safe water causes skin diseases, stomach and digestion diseases, cholera, and other health problems that require necessary but inaccessible medical treatment,” says Jan Daniel, WMI’s Indonesia 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 sustainability.

But, according to WMI, reaching that point of “transformational change” in areas where many people must work simply to meet the needs of the day requires a combination of equipment, financial stewardship and a strong focus on community

development and engagement.

Their Southeast Asia Clean Water Initiative aims to bring those things together by installing a low-cost solar power system and providing water treatment, storage, and distribution; and includes community development, microenterprise training, health and hygiene training, and post commissioning monitoring evaluation.

“This initiative helps solve energy problems, gives people easier access to water, and builds community confidence,” says Daniel.

The hope of safe water

While more than 884 million worldwide still lack access to safe drinking water, and billions live without sanitation facilities, there has been progress.

In March, the United Nations announced that the first target of the seventh Millennium Development Goal had been achieved. By halving the number of people without improved drinking water, more than two billion people gained access to safe water sources like piped supplies and protected wells between 1990 and 2010.

That’s two billion people who are now “living with hope.” Work will continue however, until no one has to worry about life without safe, clean drinking water.

JILL SMITS
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PHOTO: WATER MISSIONS INTERNATIONAL

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 impactful 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

Water, the source of life, brings death to many in Indonesia. According to The Jakarta Globe, only 30 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 fertilizers and manure. Plumbing and toilets are rare. Homes built on stilts often sit above water overtaken with domestic waste. Heavy metals from the mining industry pollute the rivers. Microorganisms in drinking water cause diarrhea and cholera, intractable killers.



Women sample the safe drinking water in the village of Kalangan, outside the city of Lampung, Indonesia during the project commission ceremony.
PHOTO: WATER MISSIONS INTERNATIONAL

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+ years. He says, “Each system is different, but all of our systems chlorinate 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 led “Water, Sanitation, and Hygiene” training, starting with an enlargement of a Petri dish full of local water, so people could see the microbes that were making them sick. She taught everything from the proper construction of latrines to hand-washing, placing glitter on students’ hands, so they could visualize how germs spread. She explained how contaminated water perpetuates poverty, keeping sick parents from work, and driving up medical expenses. She says, “Our volunteers teach neighbors, household to household. People must be involved in their own solu-

tions if you want to create systemic change.”

A journey comes full circle

The Northams embarked on a second mission to Sumatra in 2011, visiting Lumban Ginaban again. There, they drank safe water from the communal tap they had planned two years earlier. Says Ms. Northam, “Our joy is knowing we made a difference.”

JENNIFER DORR
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WATER MISSIONS INTERNATIONAL'S

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