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When we think of poverty it is most commonly in terms of material wealth. We measure it in the form of currency or assets such as houses, livestock, or land. Certainly, these things have value and people who do not have enough of them are likely to face challenges in life. Yet poverty is not one dimensional and most of its other dimensions are less material, but no less impactful on the lives of men, women and children across Asia who ADRA is called to serve.

Wellness is one of the greatest assets anyone can have, and it’s opposite - illness - is an especially pernicious aspect of poverty. This is not new information. The Roman poet Virgil wrote that, “the greatest wealth is health.” An old proverb states that, “He who has health has hope, and he who has hope has everything.”

Since its inception in 1984, almost forty years ago, health has been a focus area for ADRA. Over this time ADRA’s focus has been on strengthening public health systems to combat infectious diseases as well as reproductive health. These focuses made a lot of sense since these were, and in many places still are significant causes of illness and death. ADRA’s work has contributed to an overall global decline in deaths from infectious diseases and complications in childbirth - saving millions of lives.

More recently ADRA’s teams across Asia have noted a trend of increasing disease and death burden from non-communicable diseases (NCDs). These are sometimes known as lifestyle diseases - heart disease and diabetes for example. The World Health Organisation reports that in 2019 NCDs were responsible for 74% of all global deaths. There is a clear shift in health priorities and - perversely - it is associated with improvements in material wealth. Growing wealth, access to processed foods, shifts in work lifestyles and urbanisation all contribute to people being less likely to be active and have healthy diets.

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ADRA Cambodia, whose work is highlighted in this quarter’s magazine, are at the forefront of the fight against NCDs as they use their community programs in Cambodia to promote healthy lifestyles. This work is important because NCDs are expensive to treat but relatively cheap to prevent. Again, this is not new knowledge. An old Chinese proverb states that, “he who takes medicine and neglects to diet wastes the skill of his doctors.”

“To ensure good health: eat lightly, breathe deeply, live moderately, cultivate cheerfulness, and maintain an interest in life.”
- William Londen -

ADRA Cambodia uses its capacity to design development approaches that build not only knowledge about healthy lifestyle choices, but also social support networks that encourage people to make affordable healthy life choices. As a growing number of ADRA offices across Asia can attest, healthy choices are available to anyone - regardless of their material wealth - and a healthy person, or community has hope for a better future.
Located in the Pursat province of Cambodia lives 61-year-old Ngorn Sarom and her husband Samrith Sorn, a farming family.

Due to high blood pressure, both would often get sick. Though regularly attending health check-ups at the public health centre, their health condition did not improve as they continued to live and practise unhealthy habits.

After hearing of the ADRA program called ‘Live More Abundantly’ through a village facilitator in Mrs Sarom’s Reflect Circle, both husband and wife received the opportunity to participate in the program completing 90 days of healthy lifestyle training.

During the 90 days of the program, both actively participated in the 18 sessions provided by the project facilitators.

“There are around 8-10 members coming together as a group to learn in the sessions. We discuss and learn that Lifestyle is the Best Medicine, how to eat healthy and weigh less, and how to control blood pressure. From these sessions participants and their families put into practice what they have learnt by doing exercise, eating brown rice and high fibre foods, decreasing intake of meat, eating less salt and sugar, drinking more water, no smoking or alcohol, and no MSG.”

“After 30 days, I had another blood test to compare to the previous screening to see how much I had improved. It really worked. It is amazing. My blood pressure has decreased, and I feel healthier. I am so happy for that.”

Mrs Sarom and her husband are inspired to share their experience and new healthy lifestyle habits with their family, relatives, and neighbours. They’re committed to continue what they have learnt and practiced in the LMA program in the future.

ADRA Cambodia’s Community Development Facilitator, Dot Boran said, “Mrs Sarom was one among other participants who had health issues such as a high blood pressure. She was encouraged to participate in these LMA sessions.”

As a result, these changes make participants stronger, healthier, and more confident, diminishing high blood pressure.

“Now, I do not spend much money to treat my illness. I know how to take care of myself with high blood pressure. ADRA has changed the behaviours of my husband and I regarding hypertension, heart disease and diabetes.”

LEARNING TO ‘LIVE MORE ABUNDANTLY’
Besides the LMA program, Mrs Sarom also learns through her Reflect Circle discussions on how to take care of and feed young children including parenting with Learning through Play, nutrition, hygiene, clean water, and handwashing.

Her husband who had been a smoker for more than 30 years finally quit smoking successfully due to what he had learnt. He also learnt about home gardening and raising chickens to increase the family’s financial income.

Mrs Sarom and her family applaud ADRA for this program that has brought about positive change in their family and the community.

“She completed the 90 days and I witnessed her improvement. As one of the project team members, I am so happy to see Mrs Sarom stay healthy”

Dot Boran
ADRA Cambodia

The ‘Best Community Household Opportunities through Improved Community Empowered Solutions’ (Best CHOICES) Project is supported by the Australian Government and ADRA Australia.
Regional Focus

Chronic Non-Communicable Diseases (NCDs) such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, have a considerable impact on human life and the economy. These diseases have become the leading cause of mortality worldwide and were estimated to account for 60% of global deaths - 35 million - in 2005.

Likewise, micronutrient deficiencies effect 1 in every 2 children under the age of 5. Approximately 70% of the world’s malnourished children live in Asia.

ADRA is working to prevent & treat chronic diseases & nutrition by supporting 13 projects across 7 countries in Asia to reach 786,434 beneficiaries.

**Nepal**

In Nepal, ADRA is working to prevent and cure the high prevalence of chronic undernutrition amongst children, and pregnant and lactating women (PLW) through health education and behaviour change initiatives in targeted communities in the Sarlahi and Rautahat Districts.

**Sri Lanka**

In Sri Lanka, ADRA is strengthening communities and public institutions towards an integrated mutually accountable service delivery system in the WASH and Health sector, by improving health and nutrition practices introduced at household and community levels in the Monaragala, Matale and Nuwara Eliya Districts.

**Bangladesh**

In Bangladesh, ADRA is working to improve the nutritional status of slum children in Mirpur, and equip Bangladeshi communities in Mymensingh, Manikganj & Dacope with health and nutrition knowledge.

**Laos**

In Laos, ADRA is working to reduce acute & chronic malnutrition amongst children under 5 and pregnant/lactating mothers by improving nutritious food consumption; reducing prevalence of malnutrition related diseases; and improving awareness in adopting best practice approaches to nutrition. ADRA is also advocating towards a reduction in tobacco use.

**Thailand**

In Thailand, ADRA’s ‘Live More Abundantly’ program encourages participants to make significant Non-Communicable Disease risk reducing changes in balanced diet, physical activity levels, and consumption of tobacco and or alcohol products to see significant improvements in blood glucose, cholesterol and pressure levels and reduced BMI scores.

**Philippines**

In the Philippines, ADRA is working to increase gender-equitable consumption of nutritious, sustainably produced foods by mothers, pregnant women, newborns and children under five (US), through monitoring malnourished children; broadcasting radio programs on changes in health behaviour; nutrition education & cooking training; establishing kitchen gardens; micronutrient supplement and food fortification training; round table on scaling up nutrition with government officials and health authorities; and mobilising Agents of Change.
BACKGROUND
Cambodia’s development trends are moving toward lifestyle and food consumption changes which are leading to increased risks for Non-Communicable Diseases (NCDs), including in rural areas.

Cardiovascular disease, cancer, chronic respiratory disease and diabetes alone cause 46% of deaths in Cambodia. NCDs are affecting Cambodians in their productive years. As an indicator of trends, obesity increased from 15.4% to 21.9% from 2010 to 2016 and continues to rise.

Community members in ADRA’s rural Bakan District expressed that medical costs to manage NCDs are increasingly utilizing family financial resources. Local health departments are focused on medicine-based management, but this is often only provided by a mobile team instead of being available at local health centers.

INTERVENTION
Following years of addressing tobacco issues in Cambodia, beginning in 2015 ADRA Cambodia began addressing broader lifestyle health issues with a NCD Lifestyle Health promotion program called “LiveMore” which is contextualized from the CHIP (Complete Health Improvement Program) model, in rural villages.

In 2020, ADRA Cambodia’s Best CHOICES project, an ANCP Australia program, began promoting the “LiveMore” model in 24 villages, including advocacy with and training of Ministry of Health (MOH) officials at all levels. Following this training, the model trains community-based facilitators who then conduct participatory self-help behavior change sessions in their village.

The MOH Health Center staff and these community-based facilitators work with the project to conduct community wide risk assessments focusing on identifying persons with high blood pressure, high blood glucose levels, obesity/high BMI (body mass index), or other known risks.

Villages observed with risk factors are encouraged to join the 18 LiveMore sessions. The behaviour change session groups meet starting bi-weekly and then weekly over a 3-month period. Collection of biometric/blood testing is conducted at day 0, 30, and 90 together with the lifestyle health behavior information for analysis and sharing of feedback to participants for motivation.

The sessions begin with discussions on chronic disease, lifestyle medicine and the optimal lifestyle and cover specific NCDs and behavior motivations. Complimentary health issues are addressed for child caregivers as well as others in the target communities facing risks to Non-Communicable Diseases.

Between 2020 and 2022, the project conducted lifestyle health pre-screening sessions in 24 communities. 446 community members (300 females, 146 males), identified as “at-risk” due to high blood-glucose, high blood pressure, or elevated body-mass-index (BMI), were invited to join a lifestyle change group. The majority of group members were between the ages of 35 and 70 years of age.

Key results for the participants as measured between Day 0 to Day 90 include:
- 64% of the 255 participants with elevated high blood pressure were able to lower their systolic blood pressure.
- 77% of participants with LDL (low-density lipoprotein) cholesterol over 130 were able to reduce this risk factor and 61% with elevated (>150) levels were able to reduce their triglyceride levels.

The program marked changes in lifestyle of at-risk members with key results as follows:
- Elevated usage of salt was reduced from 98% to 77% and usage of beans and nuts was increased from 54% to 77%.

- The use of coffee was reduced from 22% to 14% consuming coffee 2 or more times per week.
- Quitting the use of alcoholic beverages was strongly encouraged with 50% of those who drank making this key change.

As Cambodia’s lifestyle and food consumption changes continue to lead to increased risk of NCDs, ADRA Cambodia is committed to continuing interventions to support those at risk. This is achieved by using results to actively engage in forums at the local levels and national stage to promote lifestyle health programs and seek national policies within the Ministry of Health and national government to protect the lives and wellbeing of those at risk.
In 2009 upon completing high school, I served as an intern at ADRA for four months. Thereafter, I got the opportunity to join ADRA full-time in 2014 and I’ve been working here ever since. The reason I joined ADRA was because I realised that it was God’s calling, and I didn’t want to miss the opportunity.

When did you first join ADRA and why?

My role is to ensure that the office and the projects operate smoothly. In a nutshell, I’m responsible in maintaining the office vehicles, ensure safety and security of our staff, and to carry out procurements. My work is extremely challenging, and I have to deal with people both externally and internally on a regular basis to fulfill my tasks. What I love most about my job is that it challenges me to be better every day and helps me push boundaries.

What do you love most about your position?

Sometime ago ADRA was establishing a handpump in an extremely remote village called Thoppigala in the Batticaloa district of Sri Lanka (306 kilometres away from Colombo – the capital). The hand pump was established to provide the people in the community access to clean water.

Can you tell us about one of your most memorable experiences working in ADRA?

ADRA’s work means so much to me. I think it’s very much needed in this day and age. Working at ADRA is very fulfilling as I get to indirectly contribute towards uplifting lives of countless people around our country and around the world.

What does the work of ADRA mean to you?

Before, I was weak. I was low in glucose and often felt faint so I drank lots of soft drinks. These did not help my health at all.

After I joined ADRA’s healthy lifestyle program, I ate more vegetables, brown rice with beans and nuts, cut out most meat and began exercising regularly. Now I feel healthier and am able to be more active in daily activities.

Can you tell us about one of your most memorable experiences working in ADRA?

I used to drink alcohol every day and I found out my triglyceride levels were very high (999 mg/dl)!

After participating in the program, I was able to quit drinking alcohol! ADRA’s program has helped me to change my habits as I started to practice the good habits of a healthy lifestyle. I don’t know where I would be if I hadn’t attended this program.

Kheum Kolab, 38

One of my favorite session topics was “Forgiveness”. It is so true as it applies to me. I learned and realized that if I didn’t forgive when I was angry with someone, I would come home sick. Now that I know, I stop getting angry easily and I feel better.

My family members are happy. Since I joined the program, I have not seen any doctors as I have not felt sick.

Sum Then, 60

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Um Nasim, 42

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BANGLADESH

Income-generating activities (IGAs) can change the livelihoods of vulnerable communities in terms of living conditions, housing and nutrition. IGAs concentrated on impoverished communities focus on creating opportunities that use locally available resources in developing less state and aid-dependent, more self-reliant households and communities that are able to care for themselves in order to address their basic needs in a sustainable manner.

ADRA Bangladesh is working to empower and build the capacity of these disadvantaged communities in Gouripur Upazila in the Mymensingh District through its Community Empowerment Project (CEP).

The Community Empowerment Project organizes a wide range of training opportunities designed to enhance the ability of communities to engage themselves in IGAs. At present, CEP-Mymensingh is patronizing women to prepare handicrafts which have great demand in the local market.

Many women have now become self-reliant making a variety of hamper baskets of different sizes which earn them a good sum of money. This intervention is helping to empower the local community in alleviating poverty and for women to achieve financial solvency.

CAMBODIA

This quarter, ADRA Cambodia facilitated a Leadership Capacity Building Training for Out of School Youth at the Jombok Hoas Adventure Learning Centre as a part of their TOGETHER project funded by Global Affairs Canada and ADRA Canada.

The objectives of the training were for:
1. Youth to be aware and understand the TOGETHER project’s activities and their involvement.
2. Youth to obtain 21st century life skills and knowledge on SRHR (Sexual Reproductive Health and Rights).
3. Youth to have self-confidence and an ability to work with other youth.

Following training, participants were encouraged to act as mobilizers in engaging other youth in project activities such as sessions on SRHR, parenting skills, life skills and campaigns.

Participants are also to be involved in a Community Management Committee (CMC) or Community-Led Monitoring, Evaluation, Accountability and Learning Committee (CoLEAL) to represent youth’s voices in reaching indicators set on community issues regarding the reduction of early marriage, young pregnancy and gender-based violence.

INDIA

On the occasion of World Refugee Day, the Commissioner of Rehabilitation in collaboration with UNHCR, NGOs, and Madras School of Social Work (MSSW), organized an event to acknowledge and provide opportunities to Sri Lankan Refugees living in Tamil Nadu. The event “Thirangalin Sangamam” was celebrated on June 25 2022. An employment fair was organized during the event.

ADRA India identified 72 youngsters from the refugee community it works to participate in the job fair. Each participant was given the opportunity to interview with 3 corporates among 8 corporates present at the fair.

Out of the 72 candidates, 50 were shortlisted by various corporates. Among them 14 were offered jobs on the spot, and 36 participants cleared the first round of interviews. A total of 6 refugees received appointment letters from Ms. Jacintha Lazarus, IAS, Commissioner of Rehabilitation and Welfare of Non-Resident Tamils on the same day.

INDONESIA

Indonesia experiences frequent natural disasters including earthquakes and flash floods severely impacting local communities, agricultural lands and businesses.

Through ADRA Indonesia’s RILEAF project, vulnerable communities recovering from disaster are able to receive cash assistance to get back on their feet.

One such beneficiary is 25-year-old mother of four children, Endang Purwanti. Endang runs a small business selling snacks for income generation. Over time her business has experienced several setbacks. First her home was lost during the flash floods of September 2020 which washed away all her cooking equipment. Then again in August 2021, another flash flood destroyed the new structure they were building for her business.

Thankfully, Endang and her family were selected through ADRA’s RILEAF project to receive cash assistance to once again rebuild. Endang also attended ADRA’s trainings on disaster preparedness so when disaster strikes again, she and her family are more prepared.

“Thank you, ADRA! Always come to help us by providing training to increase our skills and knowledge and cash assistance to help us bounce back. Even though ADRA is no longer with us, I will keep the spirit of ADRA and continue to learn because I want my business to be more advanced and support my family.”
MONGOLIA

ADRA Mongolia conducted a 3-day Strategic Planning (SP) workshop attended and facilitated by the ADRA Asia Regional Office leadership at the Kempinski Hotel in the capital Ulaanbaatar on May 30-1 June. The activity was facilitated by Mark Webster, Regional Director and Brendon Irvine, Programs and Planning Director to discuss and help identify key strategic issues. Participants included Board members, key ADRA Mongolia staff, and other stakeholders of the Agency including representatives from the Ministry of Food, Agriculture and Light Industry (MOFALI), Research Institute of Animal Husbandry (RIAH), National Emergency and Management Agency (NEMA), Mongolia Mission of Seventh-day Adventists and Selenge Cooperative Union.

D. Tungalag, Director - Food Policy Coordination Department at MOFALI gave a presentation on government policies on organic agriculture and emphasized that ADRA Mongolia is pioneering and successful in organic agriculture development contributing 89.2% of the total organic agricultural products in the country through one its projects. Col. D. Baasansuren, Head - Disaster Risk Management Department of NEMA shared information on the agency’s activities in disaster risk management and mitigation and expressed willingness to partner and coordinate with ADRA Mongolia on responding to emergencies as one of its key partners.

In conclusion, the ADRA staff/participants developed a strategic plan that will serve as a guide for the next five years (2022-2027).

PHILIPPINES

On 27 July 2022, a 7.0 magnitude earthquake struck the Northern Luzon provinces including; Abra, Cagayan, and Benguet, severely damaging buildings, hospitals and housing.

More than 513,000 people were affected, 57,000 of which were displaced. Reports state there were 11 fatalities, damage to over 35,000 homes and infrastructure estimated to be worth ₱1.88 billion worth in damage and over 1,000 aftershocks recorded.

ADRA Philippines in partnership with ACS staff and volunteers from the Northern Luzon Mission, quickly deployed an emergency response team to the epicenter of the earthquake in Abra Province to conduct a rapid needs assessment identifying immediate needs of food, water, hygiene kits and shelter.

Emergency food packs were distributed to 2,100 affected families consisting of; 10kg rice, 2kg monggo, 7 pcs instant noodles, 6 canned goods (3 tuna and 3 sardines), 2 packs of biscuits and 1L cooking oil.

Shelter kits were also distributed in the municipalities of Tayum, Bangued, Bucay, and La Paz, funded by Start Fund Network and Start Fund UK and implemented by consortium partners ADRA, Humanity & Inclusion, PHILRADS, Plan, and Tearfund.

LAOS PDR

In Laos during the month of June, ADRA conducted a 4-day strategic planning and program strategy workshop in Khammoune Province.

In this workshop, ADRA Lao’s senior team reviewed the achievements and shortfalls over the past 5 years, led brainstorming sessions, identified opportunities for the health and agricultural sectors, envisioned how ADRA Laos can be more financially sustainable, and its future trajectory till 2025.

ADRA Laos is grateful for the ownership local leaders took in leading the workshop and in coming up with creative strategic plans for the future of ADRA Laos.

If you are interested in viewing ADRA Lao’s Strategic Plan and Program Strategy, you may visit the ADRA Laos website at www.adralaos.org

SOUTH KOREA

From July 21-22, ADRA Korea along with 28 students from Seoul Sahmyook Middle School, held a ‘plogging’ campaign with the catchphrase ‘We are GreenTeens’. ‘Plogging’ is a coined term combining the Swedish words ‘plocka upp’ (to pick up) and the English word ‘jogging’. Plogging is an eco-friendly movement picking up trash while running or walking. It is a lifestyle campaign that anyone can participate in to prevent climate change and raise awareness for environmental protection amongst the younger generations and future leaders.

After basic training sessions, students from Seoul Sahmyook Middle School walked the trails and hills of jeju Island, over 6km to Pyoseon Beach, collecting garbage such as waste, plastic and cigarette butts. Students used garbage to create artworks with key messaging on environmental protection as well as learning how to separate garbage. In addition, students signed a ‘GreenTeens pledge’ committing to taking action in the future to protect the environment.

The same campaign supported by ADRA Korea was also held with 50 students from Tongi ADRA School in Dhaka, Bangladesh.

Through the campaigns of these schools, a donation of 5 Korean won was accumulated for every 1 meter each student walked. Raised funds will be used to install a drinking water facility in Tongi ADRA school for 200 students to access clean drinking water.

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**SRI LANKA**

ADRA Sri Lanka had the privilege of hosting the ADRA network’s inaugural Humanitarian Leadership Training which ran from the 4th to 11th June 2022.

This was an intensive week-long course designed for emerging humanitarian leaders willing to deploy regionally or globally to support ADRA country offices responding to larger and more complex disasters.

The training focused on three primary functions within ADRA’s Emergency Management System including:
1. Planning
2. Finance
3. Coordination

More than 40 ADRA staff from 21 countries participated in the training to build skills, networks, and confidence to prepare for, respond to and recover from disaster events.

**THAILAND**

In Thailand, ADRA’s ‘Keep Girls Safe’ project conducted a training on Human Trafficking and Cyber Crimes for community members and Seventh-day Adventist members living in the border areas between Laos and Thailand.

Almost 500 volunteers participated in the training in 8 target communities within the districts of Muang, Weiang Khaen, Chiang Khong, Chiang Saen and Thoeng.

The training aimed to raise awareness and prevention against vulnerable people being exploited by human trafficking and online threats. Participants also learnt how to report suspected cases to the relevant government and non-government agencies.

In addition to trainings, raising awareness and prevention, the Keep Girls Safe project also runs a shelter for at-risk or trafficked women and girls.

**TIMOR-LESTE**

In Timor-Leste, ADRA’s SHAPE project funded by the New Zealand Government, ADRA New Zealand and ADRA Australia, has established 111 Village Saving and Loan groups with a total of 2,636 members.

Participants in the project are trained in how to manage their family’s budget and have access to credit through the Village Saving and Loan groups. This credit can be used for payments such as school fees, house repairs, healthcare, and support for business in livestock management.

The SHAPE project, which began implementation in 2018, provides support to 15 sucos in the Municipality of Viqueque aiming to increase household income, food production and food security.

**VIETNAM**

ADRA Vietnam and CWDS organised a workshop to share findings of a recent survey on the reality of perceived differences in corporate culture between Vietnam, Japan and Korea for Vietnamese workers & expectations between employees and employers.

The workshop was a part of the “Harmonising Society through Migrant Worker and Foreign Investor Cultural Education” project funded by the Toyota Foundation. The purpose of the project is to raise awareness on corporate culture for migrant workers, business managers and partners in Vietnam, Japan and Korea.

Attendees of the workshop included companies and agencies related to labour export, overseas study, Center of Overseas Labour-Colab and managers from Japan and Korea.
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