

A photograph of a smiling Indigenous Australian woman with dark hair, wearing an orange and white patterned shirt, crouching in a field of tall green grass. The background is a soft-focus green field.

AGENCY.

ISSUE 03
JUN 2020



OPPORTUNITY
International
AUSTRALIA

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AGENCY: The capacity of individuals to make their own free choice.

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> Cover: Getreda relies on collecting firewood to earn an income. With the help of a small loan, she is able to meet her children's daily needs such as food and education. Kupang, Indonesia. Photo © Sara Bolst

> Below: With the help of a small loan, Nirmal opened a beauty salon in her village. Her income helps her proudly send her children to school. Rajasthan, India. © Kim Landy



Striving for a better future



My how things have changed! In February, COVID-19 was thought to be something a bit like SARS – isolated to just a handful of countries, with limited impact on the rest of the world.

But as we soon found out, COVID-19 began wreaking havoc across the globe – albeit that our “lockdown” in first world countries has meant working from the kitchen table at home. Our lives have been, generally, a little inconvenienced, but that’s not the story from where Opportunity operates.

By late March, India, with four hours’ notice, declared a Level 4 lockdown. Pakistan and Bangladesh imposed similar restrictions. Police were authorised to beat citizens if they were found outside their home without a proper reason. Millions of contract labourers who had worked in the big cities, immediately lost their livelihood and supplied accommodation.

They were desperate to return to their villages – but many villages would not allow their own people back for fear they would bring the disease with them. Food became scarce as local markets shut down and transport workers joined the throng of contract labourers returning to their villages. Many have had to survive two months with only the food and water supplies they had in their homes.

In Indonesia, similar ramifications were felt. Although there were no country wide lockdowns, there were province-based restrictions formally implemented, and informally many villages barricaded themselves away from the outside world in an attempt to stop the disease infiltrating.

What started as a health issue, quickly became an economic crisis. Modelling from the United Nations University, UNU Wider, implies the impact of the COVID-19 pandemic on the global economy could see as many as 580 million people—eight per cent of the world’s population—pushed into poverty, completely reversing the strides made over the last 30 years in tackling poverty. And the biggest regional impact is anticipated to be in Asia.

But this is also a time when the Opportunity business model comes to the fore. At 31 December 2019, our implementation partners had 6.7 million loan clients – each representing a family in regular contact with a loan officer. This existing distribution channel meant that emergency food and medical supplies could, where physically possible, get to those in need. Where supplies couldn’t be delivered, the loan officers could provide phone advice and guidance. Our 4,500 Community Health Facilitators were, as early as February, trained on how to limit the spread of the disease and were actively educating tens of thousands either physically or by phone.

WHY WE EXIST

OUR VISION

A world in which all people have the opportunity to achieve a life free from poverty, with dignity and purpose.

OUR MISSION

By providing financial solutions and training, we empower people living in poverty to transform their lives, their children’s futures and their communities.

OUR MOTIVATION

We respond to Jesus Christ’s call to love and serve the poor. We seek to emulate the Good Samaritan, whose compassion crossed ethnic groups and religions.

OUR VALUES

- Commitment
- Humility
- Respect
- Integrity
- Stewardship
- Transformation

As lockdowns have lifted, our partners have been at the forefront of providing access to savings, emergency loans and advice on restarting clients’ small businesses. They have been providing buses to take contract labourers back to their villages, instead of them having to walk hundreds of miles. They have shown love and respect to the otherwise forgotten – those with no safety nets available from their governments, very little in the way of rescue packages, and poor health care at the best of times.

Having met many clients myself, one thing is very clear – our clients are resilient, energetic and won’t let a government-imposed lockdown stop them striving for the best future they can for their children. And just as well, as they are the grassroots economic engine that the global economy will need to recover. ●

Meredith Scott

CEO, Opportunity International Australia

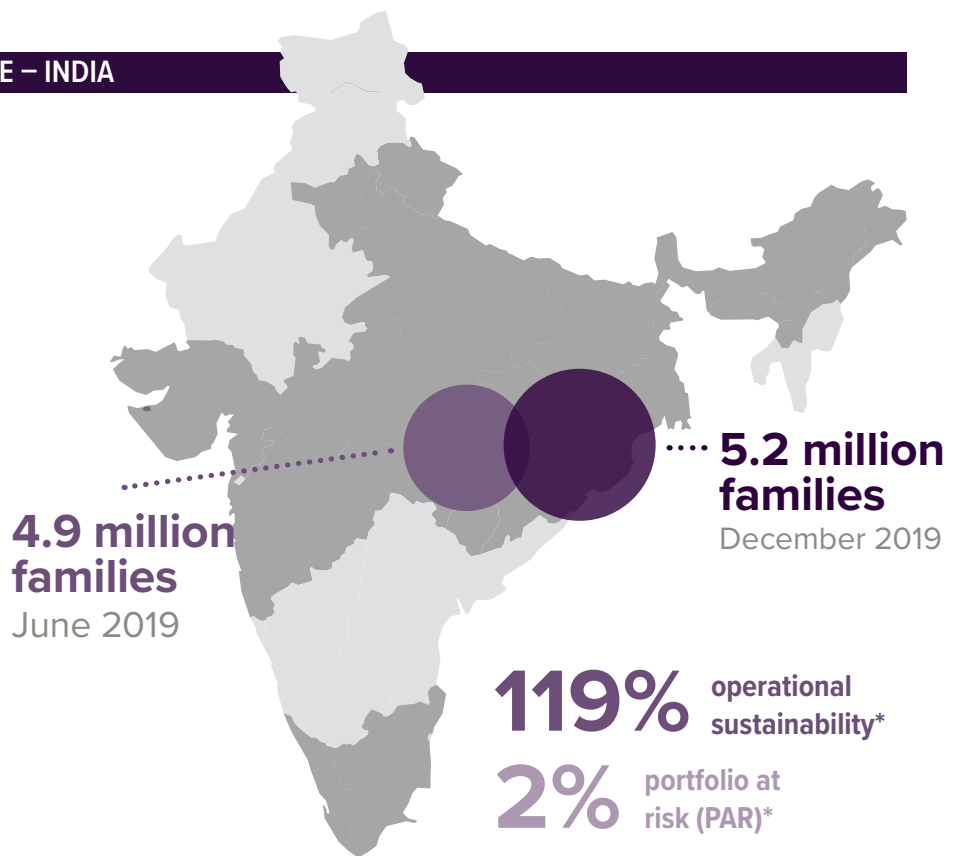
THE IMPACT OF MICROFINANCE – INDIA

Opportunity International Australia's 13 microfinance partners in India are currently reaching 5.2M families with small loans and financial services.

With an average of five in each family, your support is helping more than 26 million people in India break free from the cycle of poverty.

Our partners continue to introduce new financial products that meet the specific needs of the people they are serving. For example, Cashpor introduced the BADA loan (which means 'big' in Hindi) in addition to loans for income generation. The BADA loan gives women the flexibility to choose how best to spend the funds, whether on their children's health or education expenses, or improvements to their shelter by installing a toilet or upgrading a leaky roof for example.

Opportunity's partners continue to move towards using digital technology to make financial services more accessible and give clients more freedom with transactions. Paperless methods of data collection and cashless transactions, whilst still in their infancy, will enable our partners to operate more efficiently and safely, both in terms of security, as loan officers are less likely to be targeted for robberies, and in term of



health, as cash can be a means by which communicable disease is spread from person to person.

In response to COVID-19, our microfinance partners have extended loan repayment

terms to help clients who are struggling to meet their repayments. Lockdowns are slowly being lifted by region and state depending on the risk levels, so the full picture of the impact is still emerging.

THE IMPACT OF MICROFINANCE – INDONESIA

Opportunity International Australia's four microfinance partners in Indonesia are reaching 1.3M families with small loans and financial services.

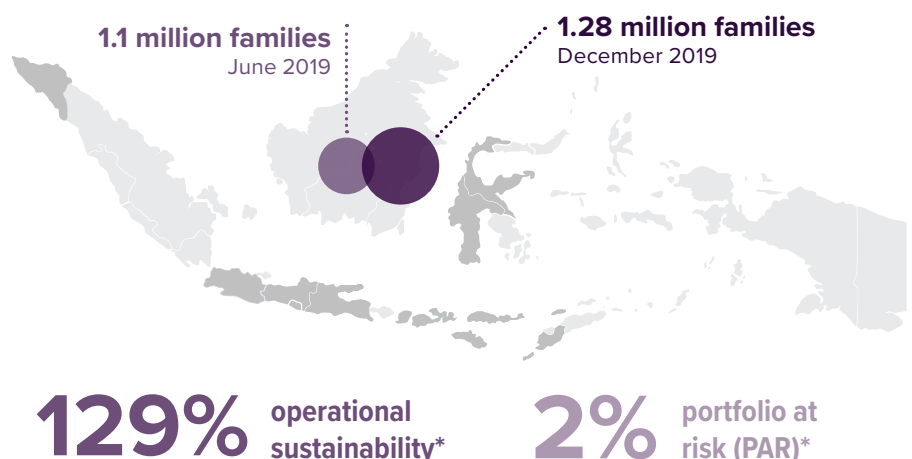
With an average of five in each family, your support is helping more than 6.4 million people in Indonesia break free from the cycle of poverty.

Opportunity's partners are deepening their understanding of the needs of people living in poverty whom they serve. They are responding through the expansion of financial products in addition to livelihood loans. These include loans to improve access to clean water, adequate sanitation and shelter. One partner is exploring how they can better include people with disabilities.

In response to COVID-19, our partners are working with clients to understand how they can best support each family, even if they

are currently unable to run their businesses and make repayments. Our partners are offering three-month moratoriums on loan repayments and meeting fortnightly rather than weekly to reduce the risk of spreading

the virus. Even in these challenging times, the majority of clients wish to continue making repayments. This is testimony to the strong relationships our partners have with their clients.



* Data to December 2019

OUR HEALTH PROGRAMS IN ACTION

Education on health, hygiene and nutrition provided by the Community Health Leaders continues to be well-received, resulting in improved health and cleaner neighbourhoods.

Since February, 1,200 Health Leaders across five states in India have been leading the response to COVID-19. Health leaders are spreading information about COVID-19 prevention and detection, and health care has expanded to include mental health and personal resilience for the most marginal communities affected by the lockdown.

In India, 215 Health Leaders continue to earn income through the Health

Entrepreneur pilot program, selling basic sanitation products such as soap, while 106 Health Leaders have been trained as Basic Care Providers, equipping them to provide basic emergency assistance. In Indonesia, the program has expanded with 30 new Health Leaders now delivering health education in local villages.

On the back of the success of these health programs, Opportunity began a new partnership with large microfinance institution BURO Bangladesh. Using a train-the-trainer model, 180 staff at BURO have been trained as Health Educators to, in turn, equip selected microfinance recipients to become Health Leaders.



➤ Sumanthi Devi, a Community Health Leader, teaches the importance of good nutrition to women in Bihar, India. © Matthew Smeal

GETTING OUT OF POVERTY, STARTS WITH EDUCATION

Opportunity Global works with financial institutions to provide loans to low-fee community schools for improvements and to parents to cover the cost of schooling for their children.

Opportunity's partners in EduFinance are currently helping 75,589 families in India access loans to cover the cost of education for their children. In areas where even the most basic education requires upfront fee payment, this support is crucial.

In Pakistan, the EduFinance program is reaching 1,814 schools with loans to make improvements so more children can access better education. School improvement loans are used to build classrooms, toilets, and dormitories, as well as to buy school buses to make it easier for school children to get to school.



➤ With access to quality education, the next generation has the chance to break free from the cycle of poverty. © Kim Landy

KEEPING THE VULNERABLE SAFE

Opportunity is committed to helping end violence toward women while protecting children from the dangers of human trafficking.

My Choices Foundation's Operation PeaceMaker trains women to become 'peacemakers' providing rights education and referrals to counselling for victims of abuse and violence, empowering them to seek healthy solutions. To date, 8,828 cases have been handled by PeaceMakers across India.

As part of Operation PeaceMaker, the Lotus Safe Home provides emergency accommodation for survivors of domestic violence. The home can accommodate up to 12 women and their children while counsellors help support the women and find them alternative housing.

Operation Red Alert's Safe Village Program teaches vulnerable girls and their families how to identify and avoid human trafficking situations. More than 2.2 million community members are now benefiting from this safety training.

In response to COVID-19, My Choices Foundation is building community awareness around COVID-19 alongside awareness of prevention of domestic violence and trafficking and continue to provide counselling and legal support.



➤ The nation-wide lockdown in India has caused cases of domestic violence to increase. © Kim Landy

Bridging India's health

Training women to work as Basic Care Providers in rural villages in India's north, is bridging a massive gap between people living in poverty and the health care they desperately need.

A wheat thresher makes a unique sound. A whirring, whistling of the spinning cylinder mixed with the chugging of an old engine and a flapping flimsy belt that connects the two.

The large cylinder is held by fencing wire, suspended horizontally between two worn wooden posts, its raised metal hooks ripping grain from stalks as it reaches speed and the grain stalks are forced down upon it. Apart from the engine, the apparatus is mediaeval in appearance.

The family moves in with bundles of wheat, holding them tightly as they force the heads of grain onto the machine, flipping the bundles over and sliding them back and forth, forwards and backwards, making sure every grain is pulled from the stalk. It is quick work, but the danger is obvious: a slip, a moment's inattention, a loose piece of clothing could end in catastrophe. The hospital, emergency medical care, transport, are a long way away.

It is in this setting, in rural Uttar Pradesh, India, that Usha Devi finds herself. Usha is a BCP—a Basic Care Provider—not quite a paramedic or nurse, but more than a first aid responder. BCPs provide an essential health service to people living in rural India.

"In a village, a BCP is required because emergency facilities cannot be found," Usha said. "If anything happens, a BCP can be found immediately in the village and any primary treatment can be easily provided by the BCP."

Like all BCPs, Usha's health journey began as a Community Health Facilitator or CHF, commonly known



Usha examines a patient, Uttar Pradesh, India.
© Matthew Smeal

as community health leaders. But Usha's journey with Opportunity began even earlier – Usha and her husband were microfinance clients, having taken a small loan for their electronics business selling cameras and video equipment and some whitegoods.

“We were able to do decent work, our children also started studying...it [the small loan] was important for the children's school admission,” she said. “Now our economic condition has become very good.”

Through the loan process, Usha heard about the health leader program. CHFs learn about general health care including clean water, sanitation and

hygiene; nutrition, and menstrual hygiene. Following the training, the health leaders visit different villages, giving talks to the community and spreading good health messages and education.

Some also become health entrepreneurs, selling items like soap and sanitary napkins, making a little money and alleviating the need for villagers to spend time and money travelling to larger towns to buy such items. Other health leaders, like Usha, become BCPs.

Training people to become Basic Care Providers was a new concept and Usha was in the first batch.

“Because everyone was from three places it all felt very different. But slowly, as we started meeting regularly, it became like a family,” she said.

The training has taken place over three years—three or four days each month—and while basic, it is comprehensive.

“The training was on the nervous system, breathing system, digestive system, cuts and bruises etc.,” Usha said about the

care gap

training which covers 12 modules about the body and its various systems.

Her role now is to visit different villages to check on people's health and be the first point-of-contact if someone may have something more serious.

"In the community we see mostly women with leg pain, back ache, and urine problem...and itching in the body [skin infections] and also diarrhoea," Usha said.

"In many areas it is dirty; eating habits are bad...some don't maintain cleanliness."

When seeing a patient, Usha checks the usual signs: blood pressure, heart rate, blood oxygen levels, temperature.

In matters of basic care, Usha can assist the patient and suggest ways for them to regain health. But if things aren't normal, Usha is able to refer them to a doctor. To help her navigate that path, Usha has a significant helping hand: technology – more specifically, a tablet.

By typing in symptoms and other health information she receives from the patient, the tablet prompts Usha for specific information and begins narrowing down potential problems and lets Usha know if anything is missing.

That's why the tablet is important, if any mistake is made, it promptly tells what information has not been added," she said. "When we add information in, if we need it again, we can see the information."

The tablet is a good sense check but also a reassurance to BCPs who need to know when to refer a patient on to a higher level of care.

Usha mentions a baby girl whom she immediately referred to hospital with a kidney infection and also a villager with a severe cut which she treated at the scene and arranged for them to get further care. Sometimes the treatment can go against traditional practices. Sometimes, the treatment can also be very close to home.

"It happened to my son," Usha said.

STAFF PROFILE

Mark Daniels is the Asia Programs Director for Opportunity International Australia.

After leaving the accounting world, Mark Daniels went in search of something different. He backpacked around the world solo for 14 months and fell in love with Asia. It was there that Mark first heard about microenterprise development.

"I thought if I could combine my skills of accounting with helping people, that would be great. Fortunately, I managed to get work with Opportunity back in 1998 as a Project Officer," Mark said.

"When you serve the poor, you are walking on sacred ground. Gaining a deeper understanding of the behavioural economics has been a fascinating and enriching journey."

As one of Opportunity's longest standing staff members, Mark has more than two decades of experience in international finance, philanthropy and non-profit development – 10 of those years spent living and working in the Philippines.

Today, Mark oversees Opportunity's programs in India, Indonesia and Bangladesh which have evolved to address the health, education and safety needs of the people we serve.

"Microfinance is simply one tool in the poverty alleviation toolbox, given its multidimensional nature," Mark said.


"The poor need both financial and non-financial services to advance."

"The microfinance client base provides a great distribution network to those

"He hurt his leg. I was giving him RICE (Rest, Ice, Compression, Elevation) therapy. Lots of people told me to massage the area but I explained that is not what I am doing, that I was giving RICE therapy and then I would take him for an x-ray because it was so painful."

Thankfully, Usha's son had only suffered a sprain but seeing a BCP working with knowledge and confidence helps her build trust and acceptance within the communities she visits. It has also done the same in her own home.



 Mark Daniels, Opportunity's Asia Programs Director.

in poverty, by which you add on interventions through an ecosystem of partnerships i.e. health with the ultimate aim to build household sustainability."

HOUSEHOLD SUSTAINABILITY HAS THREE STAGES:

- 1. Stabilisation** – where the aim is to minimise risks to prevent slide back into poverty. Savings and insurance are critical to protect against shocks, such as natural disasters and illness.
- 2. Maintenance** – where stability is maintained, and surpluses converted into assets and investments. This usually requires improvements in health, education, livelihood skills and financial literacy.
- 3. Self-sufficiency** – where the household is resilient and moving out of poverty.

"What I love about Opportunity is that I often say, 'we are the only charity that gives nothing away'," Mark said.

"We help individuals with loan capital and then usually poor women use their own sweat equity to create their own economic choices and future."

To see patients, Usha often needs to travel up to 20km. Nowadays, she usually travels on the back of her husband's motorcycle. Many Indian men restrict their wives' independence and while Usha's husband was initially sceptical, he has become so proud of his wife's achievements that he now drives her from village to village so she can complete her work – a tremendous example of the empowerment that the BCP training provides. ●

Prevention over cure

Sharing life-saving health knowledge and care.

Preventable illnesses can be deadly for families living in poverty. For many, health care is often unaffordable or inaccessible.

In India, our program partner trains local women as health leaders to spread life-saving knowledge and care while earning an income to support their families. Women are trained in basics, such as handwashing, menstrual hygiene and nutrition.

This care is reaching people in the northern states of Uttar Pradesh and Bihar – places where many of the nation’s poorest and most socially excluded live. In recent years, the program has expanded to Indonesia and now Bangladesh, empowering women as health leaders.

In times of crisis, access to health knowledge and care remains essential. In response to the coronavirus pandemic, we are training community health leaders on virus prevention and detection. Anyone with symptoms is then referred on to the appropriate care.

Thanks to your generous support, Opportunity has trained more than 4,500 health leaders to reach 5.8 million people with life-changing knowledge and care. Together, we can help families to thrive, not just survive. ●



© Matthew Smeal



© Meredith Downey



© Matthew Smeal



“Prevention is better than cure. Now, more than ever, we need to ensure everybody has access to basic health knowledge and care.”

– Jessica Carter, Asia Health Program Director





Ujjawala sells jewellery and accessories at her market stall in Nagpur, India.

Closing the gender gap

Women earn less, own less and learn less than men. For women living in poverty, their ability to save and borrow is further limited. So how can microfinance help close the gender gap and improve lives?

WHO ARE THE UNBANKED?

According to the World Bank, a person is financially included if they have “access to useful and affordable financial products and services that meet their needs, transactions, payments, savings, credit and insurance.”

Globally, about 1.7 billion people remain unbanked – without an account at a financial institution or with a mobile money provider. Women are overrepresented, making up 56 per cent – or 980 million – of all unbanked adults¹. This limits their ability to save, borrow money and make and receive payments, increasing their vulnerability and susceptibility to fraud.

People living in poverty are also overrepresented. The majority of unbanked adults live in developing countries, with India and Indonesia ranking in second and fourth place respectively. Twice as many unbanked adults live in the poorest households in their economy as in the richest ones. Even when they do have accounts, they are often unused.

LACK OF IDENTIFICATION

Lack of official identification is one of the major barriers to women opening a bank account. In low-income countries, 44 percent of women do not have an ID, with lower-educated women and those living in rural areas more likely to struggle to prove who they are².

Alexandra Doyle, Opportunity’s Program Lead and Evaluation Manager, said women in poverty are also faced with difficult and often complicated processes to access capital.

“Banks require official documents that they [women] often don’t possess along with a lack of ownership of assets to receive credit,” she said.

“With low levels of literacy and no income they therefore have less access to technology. This in turn means it is more expensive for the formal financial institutions to reach women who are isolated by geography, literacy and access to technology.”

In India, social norms are another fundamental constraint for women living in poverty in their demand for financial products and services. Women are not expected or encouraged to be financially independent or to make financial decisions concerning the family. Very often, they lack their own means of transport and husbands restrict their mobility outside the home thus limiting their ability to interact with financial institutions.

“Women in poverty face fewer opportunities to access basic health care and education which limits their ability to find employment or start a business – this in turn perpetuates the poverty they are in,” Alexandra said.

BARRIERS TO FINANCIAL INCLUSION

- lack of identification, collateral or credit
- a lack of financial literacy
- limited access to technology
- social and cultural norms
- reduced mobility

COPING WITH SHOCKS

In times of crisis—and most likely to be seen on a large scale throughout the COVID-19 pandemic—women living in poverty will struggle to overcome shocks.

“A lack of access to basic financial services coupled with no savings makes women particularly vulnerable to economic shocks which often leads to over-indebtedness and drives them down a poverty cycle spiral,” Alexandra said.

In the face of lockdowns, many women—who already rely on intermittent work—could face months without a sole income source. With little savings to fall back on, they may struggle to feed their children, keep them in school and access health care.

“ Access to financial services means women are empowered to make important decisions for themselves and for the family.”

As the primary caregivers in a family, women will bear the brunt of any health crisis. Women already spend significantly more time than men on unpaid care and domestic work, leaving less time for economic participation³. Women are more likely to care for sick family members or their children in the face of school closures, putting them at higher risk of exposure to the virus and burdened with more household tasks.

Financial services and insurance products help households anticipate and recover from the effects of shocks. Opportunity is dedicated to ensuring families

can sustain a livelihood and rebuild following a crisis, such as COVID-19. Alongside our program partners, we are restructuring loans by introducing grace periods and flexible repayment terms to accommodate the immediacy of the crisis. Our partners are also offering capital to ensure either existing businesses can restart or new businesses can be developed in their place.

LIFTING WOMEN OUT OF POVERTY

Opportunity provides funding and support to its network of partners in India and Indonesia to provide financial services to people in poverty. Microfinance institutions provide a range of services such as credit, savings and insurance, and non-financial services such as financial literacy and women’s empowerment training.

Opportunity currently provides 6.7 million small loans to families throughout Asia – 95 per cent of them are to women. When women have access to financial services, there is flow on benefit in the well-being of their children and families as they are more likely to spend their income on nutritious food, healthcare and education.

“By extending a small loan to women, they are given the opportunity to start a small business, earn an income and to save. This access to financial services means women are empowered to make important decisions for themselves and for the family,” Alexandra said.

“Being included in a loan group and running a business, these women start to build more connections in their community which leads to a greater mobility outside the house, a sense of social connectedness, increased confidence, hope and dignity.” ●

1. World Bank, The Global Findex Database 2017: Measuring Financial Inclusion and the Fin-tech Revolution.

2. World Bank, Global ID Coverage, Barriers, and Use by the Numbers: An In-Depth Look at the 2017 ID4D-Findex Survey

3. https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf

UJJAWALA’S DREAM



➤ Ujjawala and her family at her market stall.

“Everything has changed,” Ujjawala said, about life since she started her jewellery business.

Before her market stall, Ujjawala worked as a bus conductor for seven years. But the income wasn’t always enough to meet the needs of her two daughters. With a loan through Opportunity, Ujjawala started her own business and can now afford to send her children to school.

“My life is very good. Now I can concentrate on my children and my home,” Ujjawala said. “My dreams are my children. They want to study so I will educate them and also help them to have a good life.”

Today, Ujjawala saves a portion of her income in the bank – a secure way to manage her money and plan for the future. Savings also offer her family the freedom to invest in healthcare, housing and education.

Ujjawala wasn’t able to complete high school herself but is determined to give her children the opportunities she missed out on. With her savings, she plans to fund her daughter’s higher education.

Her daughter Shraddha is currently in college and studying hard for admission into medical school. Determined to succeed, she taught herself English by reading books.

Proud of her mother’s business, Shraddha hopes to contribute to it in the future. “I want to help my mother in expanding her business after becoming a doctor,” she said.



For the love of entrepreneurs



Allan and Tessa English have been Opportunity supporters for 20 years. Allan is the founder of SilverChef*, a company that provides hospitality equipment finance. Opportunity's Veronika Peters talked with Allan about the state of the world, his journey as an entrepreneur and his passion to empower other entrepreneurs.

Veronika Peters: How has isolation changed your day-to-day life?

Allan English: My diary has shifted from a lot of 'doing' to 'being.' I am enjoying the change of pace and it has given me

the opportunity to think through the challenges ahead.

VP: As a global thought leader what are some of the big challenges you see looking ahead?

AE: There is a growing movement that wants to see change – the general theme is around sustainability and social equity. I am particularly worried about the 70 million refugees around the world and the people that Opportunity serves. 50 per cent of the global population is earning less than \$5.50 a day. They don't have the infrastructure to deal with a major pandemic and we could see millions of lives lost – getting through the next 12 months will be tough.



➤ Allan English (far right) visiting programs in India with SilverChef staff in 2018.

VP: What will it take for Australians to look beyond their borders and create change?

AE: We have a political infrastructure where large power sits with politicians. We need to look at innovative new ways with public participation; we need to discuss ideas around the BBQ, to think about what the future should look like.

VP: Your life's journey has involved supporting entrepreneurs. How so?

AE: I had my first business when I was 17 – my friend was an artist and we sold his posters. I learnt that unless you had capital, you didn't have a chance as a young entrepreneur. I promised myself that if I made it, I would help young entrepreneurs get their start.

VP: Who or what inspired you to become a philanthropist?

AE: I took a course once a week for five years studying philosophy. Many of the great thinkers said that if you wanted to be happy you had to love and be loved and do something for others. That's when I wanted my profits to have a bigger purpose. My first donation was significant for me. Once I had made the commitment I got fired up and this was a turning point in my life.

VP: There are many good causes. Why did you choose Opportunity?

AE: I was thoughtful about the selection process and developed a model around 'depth' and 'span' to assess funding opportunities. Depth refers to the degree of transformation in an individual, family, community or even a country. Span refers to the number of times the donation can have an impact. With Opportunity, if you take a \$200 loan, for example, it helps a disadvantaged entrepreneur, their family and their community. That is generational change. But that money gets paid back and recycled into another loan and put to use for maybe 50 more years – that is massive impact for your buck.

VP: What impacted you most when you visited Opportunity's programs?

AE: I visited many slums and met a lot of entrepreneurs. I remember meeting a lady named Suman, a grandmother who used her loan to plant a spice garden and use proper irrigation. It allowed her to raise, feed and educate her grandchildren. She had such self-belief and confidence. She challenged me by saying she had many more friends who also needed a loan and asked me if I had more friends who could help.

VP: How did you inspire others to come along on the philanthropy journey?

AE: In 2010 our SilverChef leadership team came up with a ten-year vision of what we wanted the company to look like by 2020. We asked ourselves what social impacts we could create, and I worked with Opportunity and set a goal of how many people we could reach. Our employees got passionate and contributed in so many ways. They then decided to raise that target by

fifty per cent. It has been a key part of our corporate culture and we attracted incredible talent as a result. People want to work for a company that has impact. Next, we wrote letters to our customers and we ended up with 8000 customers who gave one dollar each week on an ongoing basis. We also set up an annual scholarship program for staff to visit the programs we support overseas and that was key in shaping our corporate culture. Achieving our goal has been a very rewarding collective effort.

VP: What key life lessons have you learnt?

AE: Living your life for others. I spent 50 per cent of my time on products and services, and 50 per cent reflecting on us as humans, helping people feel fully whole at work and at home. We should all be able to be the full version of ourselves.

VP: What has been your biggest challenge?

AE: Managing the external environments. The world is dishing us up all sort of challenges and it is easier to see life through the rear-view mirror. The fear and uncertainty of the unknown can be overwhelming, so I came up with 'the rule of three': every time you have a problem or get knocked back, get back up and try again, and then try a third time. It's a creative process to come up with new solutions but it is also helpful to know when to let go and move on.

VP: Final thoughts?

AE: I believe in this next generation – give them an outlet and they will bring about change. The world has enough resources to end poverty. Do something each day. Just bring a smile to someone's face. ●

*SilverChef was voted among the best places to work by BRW and Allan was listed by the Financial Review as one of 21 leaders who make Australia a better place. He received the Order of Australia for Philanthropic Services last year and has served as an Opportunity International Australia Council member for the last eight years. SilverChef is a key corporate partner of Opportunity International Australia.

Life in lockdown – the realities of COVID-19 in India

The COVID-19 lockdown poses a very different situation in India than in Australia. Jessica Carter, Opportunity International Australia's Asia Health Director—based in Hyderabad, India—explains.

“What I noticed first was the sound,” Jessica Carter said. “India is famous for its cacophony of noises, but with the lockdown, most of that stopped.”

And it stopped suddenly. At midnight on 24 March 2020, India entered a 21-day lockdown, that has since been extended twice. It was announced with only a few hours' notice.

The suddenness caused a significant disruption to supply chains across the country and left multitudes of people stuck far from their hometowns. Many, especially migrant workers, were forced to walk hundreds of kilometres back to their villages in defiance of the lockdown restrictions, facing traumatic treatment by authorities along the way.

For those within their homes, the lockdown created other issues.

“Population density in India is much higher than in Australia,” Jessica said. “So, for many, lockdown means large families (often multi-generational) being stuck in small spaces together. For people in slum communities, this is even harder.”

There is also the ‘informal economy’: people who run roadside stalls and shops and live a hand-to-mouth existence. “They do not have any safety net or JobKeeper allowance—and with lockdown they simply lost all their customers, and income, overnight,” Jessica said.

OPPORTUNITY'S HEALTH RESPONSE

The gaps in India's health system led to Opportunity launching its health programs in India nearly a decade ago – the premise being that better



Women undergo health leader training, Uttar Pradesh, India. © Matthew Smeal

health outcomes would lead to better economic outcomes for the families Opportunity serves.

“Our program is built around three key obstacles affecting the health of people living in poverty: awareness, access and affordability,” Jessica said.

“Firstly, basic health information such as nutrition or the importance of hand washing, may not be readily available to people who are in poor and rural areas. Also, public and private health services may exist, but people do not know or may not feel entitled to access these. Finally, health services or products may not be affordable to someone living in poverty.”

Today, Opportunity and its implementing partners train microfinance clients as health leaders to provide community health education. The health leaders focus on different health topics each month and deliver education through microfinance groups and in general community settings.

With coronavirus, the health leaders adjusted their messaging to include COVID-19 and utilised their existing network.

“Primarily the response in India, as well as Indonesia and Bangladesh, has been to share basic messages around COVID-19 prevention and detection. In India, the health leaders are also monitoring community cases and sharing data on that, as well as monitoring community isolation centres where new arrivals to the village must quarantine.”

A LOOMING HUMANITARIAN CRISIS

The world is currently dealing with COVID-19 as a global public health crisis. But countries like India may soon be facing a humanitarian crisis as millions of people who were already in poverty struggle to rebound from a shock of this scale, leading to serious challenges for the whole country.

“The lockdown could continue to compound impacts on a whole range of areas, including livelihoods and income, supply chains and access to food and essentials, and domestic violence. This compounding could create a humanitarian crisis.”

With a microfinance portfolio that now reaches more than 5 million families in India, Opportunity has a ready-made platform to deliver health education and care to communities that urgently need it.

“Opportunity's model relies on relationships – with fantastic partner organisations serving communities in need, the millions of people living in poverty that we serve, and with everyday Australians who are generous enough to give to those people. It is because of these relationships that we can mobilise the long-term support needed,” Jessica said.

“We must provide a safety net that supports people to get through the immediate crisis, and to continue building their lives beyond it.” ●

Heni grows a better life

Each day Heni carefully tends to her garden where she grows an assortment of fruits, vegetables and her son's favourite, dragon fruit. It's a job that she takes great pride in.

“We take care of the plants... we plant the onions and wait for them to grow, and we water them. That is what we do every day,” Heni said.

For many families living on Rote Island, Indonesia, farming and fishing are their main forms of employment. The island has an abundance of land and natural resources, but many families are still trapped in poverty, struggling to make ends meet.

In Indonesia, two in three people live on less than US\$2.50 a day. Families living in rural and remote areas are often the poorest and are also less likely to have access to the tools they need to leave poverty behind. Families may lack access to healthcare, education and other essential services.

But a humble community garden is helping to change that.

For the past year, Heni has been working at a community garden that she part owns, funded by Opportunity International Australia's Indonesian microfinance partner, TLM. Through working in the community garden, families learn best farming practices and sell the fruits of their labour at the local market.

This community garden was first created by 12 families and has today grown to benefit 33 families.

The community garden provides families with not only a source of income, but fresh and nutritious food.

“Sometimes when we get a small harvest, I give some to my son to eat, and we sell the rest to get additional income for our family,” Heni said.

“His (Yardi's) favourite fruit is dragon fruit so I will try to keep growing it. That is the only fruit he likes.”

As their most popular produce, the organic dragon fruit grown in the community garden is frequently sold far beyond Rote Island to markets across Indonesia.

With the additional income from her garden, Heni hopes to send her son Yardi to school. Like many parents in Indonesia, Heni longs for her son to receive a quality education – something she missed out on. Growing up, Heni was only able to finish primary school. She remembers working in the paddy fields so her family would have enough to eat.

“I have a lot of dreams, but I don't know how to reach them,” Heni said. “I have a dream that Yardi will grow up to be not like his parents but better.”

“Maybe I want them to live here, but I also want them to go out and get some knowledge. Then they will come back here to use it for helping people.” ●

➤ Heni (middle) with her husband and son Yardi at their community garden. © Sarah Gray



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Opportunity International Australia receives support from the Australian Government through the Australian NGO Cooperation Program (ANCP).



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Produce for sale during the morning markets on the outskirts of Kupang, Indonesia. Selling fresh produce gives families a way to earn an income as well as access to healthy food that could otherwise be too expensive to purchase. © Sara Bolst