



Good Neighbors International

PARTNERSHIP

Issue No. 48 (Apr-Jun 2007)





Namaste ~ ~ ~

Country Director and staff of Good Neighbors India

CONTENTS

Inside this edition

■ ■ Message from GNI Indonesia Country Director	3
<i>"The Essence that Makes the World Better"</i>	
■ ■ Introducing GNI Field Staff - Mr. Sher Bahadur BK in Nepal	5
<i>"An Honest Approach: Becoming a Family Partner"</i>	
■ ■ Volunteer Story - Ms. Sun-Ju Yim	8
<i>"Let Children Dream"</i>	
■ ■ Case Story	10
<i>"Sermila Story: 6-year-old Nepalese Girl Overcomes Scars"</i>	
■ ■ UN Report	11
<i>"A New Look at the Quality of Medical Care in Low-Income Countries"</i>	
■ ■ GNI News	14

The Essence that Makes the World Better

Austin Chae

Country Director of Good Neighbors Indonesia

Meeting with good people, 'Good Neighbors International'

Suddenly, I realized something over my 22-year work. It was that I had only been given things in my life. So, I decided to live by giving to others instead and I left the United States for Indonesia in 2001. I joined GNI in 2004 when all Southeast Asia was damaged by the Tsunami. Impressed by the passion and devotion GNI had, I decided to work with GNI.

damage. There were 15,000 deaths and almost 60,000 refugees in this small city with a population of about 100,000. During the first three months of Emergency Relief, we had done our best to back up the emergency relief medical teams 11 times, to provide the necessities of life, such as school supplies and educational tools, to support drinking water development, water purifiers, children emotion treatment, and to prevent epidemics for meeting the real demands of the residents.

Medium - Long Term Reconstruction and Repair Work

We have made steady relief work progress and were able to start three medium-long term reconstruction projects since April 2005.



Aceh, the Barren Land

We came to Aceh 2 weeks after the Tsunami and it was in ruins. The population was where the most serious damage had taken place. There were 126,602 deaths and 93,638 missing persons due to the Tsunami in Aceh alone. In a window of 15 minutes, the Tsunami had killed 220,240 people. The Meulaboh area of West Ache, where GNI founded a branch, got more serious





-First of all, vocational training works including computer education and other vocational training for social development were put into effect. GNI has given support of teachers and infrastructure to the computer vocational training school continually from the beginning and it plans to raise the school's status, reputation and level of excellence to that of a junior college.

-The second project is to develop groundwater and install hygienic facilities for schools and local communities. GNI has made about fifty Bore Wells in cooperation with local education authorities to this day. It also set up several hygienic facilities and has continuously operated a hygiene education program for students and residents every month.

-Thirdly, Good Neighbors Indonesia has sponsored 220 children (sometimes over 300 children) through educational expenses, educational aids, school supplies and life necessities.

In addition to those major works, we also have run a teacher support program and an initial expense aid program for small business men in collaboration with YCM, an Indonesian local corporation. GN Volunteers in Indonesia have helped through free Taekwondo training and other group activities at local schools.

Future Work in Jakarta, the Capital of Indonesia

Good Neighbors Indonesia is planning to start slum development projects which are supremely needed in most big cities like Jakarta. Besides, organizing an emergency relief team is one of its top priorities so that it can immediately address emergent local needs when a disaster takes place.

What they truly need

Over several years in Indonesia, I have realized that what they truly need is love. I believe their joy and gratitude is not only because they received life necessities but also because they felt our love and compassion. They not only arm themselves with a strong love for life because of water from a bore well but because of the warm friendships they establish with GNI. If any of you has hesitated to work in the field because you don't have anything but love, I say you have everything you need. Love is the essence that makes the world better.



An Honest Approach : Becoming a Family Partner

Mr. Sher Bahadur BK

In-charge Manager of Sangla Children Center in Good Neighbors Nepal



"May all the children, regardless of race, color, birth, nationalities, economic status and any form of their family background, be in school at their right age and get life-education without any difficulty." This is the work that Good Neighbors Nepal (GNN) is aiming to achieve since 2002.

Key Elements for Child Education

In the course of being in charge of a community-based children center in Nepal since 2003, I have discovered some key elements which are most responsible for children as well as their families overall development. Whenever I made my home visits to children's families, I never returned to the center with my hands empty. Instead, I returned with a greater understanding of families' strengths, weaknesses, interests, needs, existing problems and probable solutions.

What Families Struggle

Generally, I found the families struggling with the following challenges.

- 1) Inter-family Conflict: Most of the family members are found separated, engaged in incessant quarreling and living with mutual misunderstanding.
- 2) Social Problems: Gender inequality between sons and daughters or husbands and wives, and racial discrimination among other community members and illiteracy are still alive in Nepalese communities.
- 3) Economic Problems: Because of alcohol, unnecessary expenses, and following traditional cultural beliefs, families are found under financial difficulties, especially when ethnic/indigenous communities have festivals regularly and drink alcohol excessively.
- 4) Lack of Physical Infrastructure: Most families living in huts have no access to drinking water, electricity, toiletries and other necessities of daily life.





Being Involved in Families

To overcome the challenges mentioned above, I started to continue my home visits to make target families realize their responsibilities towards their children, other family members and the organization. I did this through informal talks becoming an indispensable part of their family i.e. building up more and more family-like relationships rather than formal ones, making them more responsible towards our local Project Management Committee and vice versa, exploring their hidden interests, needs and available local resources. This really helped me to achieve my expected goals.

Prem Tamang (guardian of Marich Tamang, a Sangla Children Center child), sometimes goes for labor work (available resources) and has a great desire to see his brother become as a responsible person in the future (hidden interest). Since Marich has no father, Prem has to create an environment favorable for studying for his brother (family need). Prem has a habit of drinking alcohol, getting angry and often quarrelling with his family members (existing problem). After regular home visits, counseling, informal talks and making him understand the responsibilities towards his brother and other family members, he changed and signed a

Promise Letter pledging to give 5 rupees, equal to the cost of one cup of tea, per day to me for Marich's future studies (an inception of bearing a sense of responsibility as the head of the family and being a true brother to Marich)

This all happened as a result of being a close partner of the family and not because of anything else. There are all together five members in Marich's family and Prem is the eldest.

Different Approach for Different Families

I also found that since all families and communities are different, it is not so suitable to apply a "One size fits all" principle to all families. Rather, families' existing challenges are





to be dealt with in terms of their interests, needs and their available resources. A child can then feel that the family is a genuine shelter and hope for his further development.

Increased Effectiveness of Educational Project

The things necessary for the effective implementation of our ongoing Family Focused Educational Program (FFEP) in the community, are to identify families' strengths, weaknesses,

key elements of inter-family conflict, probable solutions hidden inside all these factors, make regular home visits as a part of their own family (not as an official one), establish child-friendly relationships inside family and take steps accordingly. Doing this can invite significant change not only in the families but also in the planning of further working strategies in any social worker or organization.

The faster it is done, the faster children automatically get involved in better learning activities rather than being kept in an orphanage or in a children center.

Let's make a wish for a fraternal world through fraternal families.



Let Children Dream

Ms. Sun-Ju Yim

Good Neighbors Volunteer for Vietnam



I have worked for 6 months in Jamo and Losun village, known as the poorest village in Hoa Binh, Vietnam. My responsibility was to take care of children involved in GNI's School Support Project in two villages. Sixty children from the poorest families in two towns were selected and each of them received a scholarship, school supplies and school uniform from GNI Vietnam (GNIV). On weekends, also GNIV runs a special education program for them.

Before starting the project, GNIV staff including myself visited 60 families' homes. I was sadly surprised to know that what they desperately needed was just some shoes and clothes, which cost less than 1 US dollar.

"What is the most helpful thing for them now?" That question was on my mind all the time. "Shall I just give them some nice shoes and clothes? Will it be enough for them?" Surely, those items can make them happy at present. What about future? They have to stand on their own two feet. The children have to learn how to dream and how to achieve them. I want to give them hope for a better future. They might think they are happy now being content in being poor. However, the obvious thing is that they will likely have the same poor lives as their parents if they don't dream and just let their lives drift just as their parents did.





People say that the more you see, the more you know. I believe they can have bigger dreams and passions for a better life if they see and experience the world more. I started using more audio-visual materials for my classes. Looking back to my own experience, I tried to show them what I saw and heard in my childhood, which helped me to dream. What they saw in the class, such as movies, documentaries about wild animals, the cosmos, and various countries

over the world they had never seen before. Some of them do not have a TV or even a radio at home. Watching their sparkling eyes and listening to their own words about what they saw, I was able to see their world and mind expand and I could see that new dreams were burning in their heart. Though I am leaving, I hope the seeds of dreams in their mind can grow to be big trees and someday I wish to see them with great joy.



Sermila Story : **6-year old Nepalese Girl Overcomes Scars**

Hurts of Burning

Sermila, a six-year-old girl having many dreams lives in the countryside in Nepal. When she was an eight-month-old baby, her left hand skin melted because she fell into a fire pit and her hand has become shriveled.



Good Neighbors' Love to Sermila

With a proper surgical operation, her hand could have been saved.

However, it was impossible for her to undergo such an operation due to the poor medical environment near her and her poor financial circumstances. Through the Good Neighbors Campaign, great help has been gathered. About 400 people and the chief of KCC Motors donated to pay for Sermila's surgery. Finally, on the 5th of May, Sermila came to Korea with her mother and a GN local Nepal staff for interpretation.



Small Lady, Sermila

At first, she was shy but after becoming familiar with others, she was an innocent and lovely girl who loved to joke. After having the operation, she can now wash herself and bind her hair tidy like a lady. She also loves to eat Korean food. She eats twice as much as a Korean 6-year-old girl. When she saw the sea for the first time in her life, she ran to the sea and played in the foreshore with curiosity. Obviously she is a lovely girl.

Sermila's Surgery

After entering Korea, Sermila underwent a 3-hour operation on the 15th of May and is received



treatment in Sanggye Paik Hospital. She can now stretch out her once 90-degree bent arm and also has use of her three fingers which used to be stuck together. But she needs to have one more surgical operation in order to separate two of her fingers. Sermila plans to live in Sangla Children Center, Good Neighbors Nepal. Good Neighbors will be pleased to check her health until her recovery is complete and will support her education. We hope that you will continually pray for a successful second surgery, which is scheduled to be performed at the end of this year.

A New Look at the Quality of Medical Care in Low-Income Countries

Human Development & Public Service Research of World Bank

No matter how one looks at it—as differences across nations or as differences within nations—poor people systematically suffer from worse health outcomes than rich people. What role does medical care play?

Numerous studies have documented the role of households in producing good health outcomes—children are healthier when mothers are more educated; rich households are better able to “insure” against health shocks; rich households live in areas with better sanitation and enjoy better nutrition. Based on these studies, the explanations for health outcomes among poor people have centered almost exclusively on household choices: either poor people do not use the health system as much as they should or if they do go to doctors it’s usually when it’s too late.

The data for India, however, tell a different story. Adults in rural Rajasthan—a state with one of the worst human development indicators—visit a doctor once a fortnight, a frequency

considerably higher than in the United States. In urban India, poor people visit doctors more often than rich people. The same pattern repeats itself in other countries. These results suggest that the medical system also plays a large role in health outcomes.

Earlier studies found no relationship between health outcomes and the presence or absence of a primary health care center, leaving many questions about providers unanswered: Was the lack of a relationship because the doctor was never there? Was the doctor qualified (hold a degree) and competent (knowledgeable)? Did people go to the primary health care center? The data to answer these crucial questions simply didn’t exist.

Since 2001, a team of researchers have been looking at the supply side of health care using new survey techniques to look at the role of the medical system (and medical providers) in determining health outcomes, and to build a set of country case studies. So far we have looked at these questions for Delhi, India.



The Delhi Study

The Delhi study followed 1,600 individuals over a two-year period. Each individual in the survey was observed close to 50 times during this time. The following interesting results were revealed.

- Overall knowledge of medical practitioners was very low. In four out of five typical cases, the average practitioner was more likely to harm than help. For example, two-thirds gave advice to a woman with pre-eclampsia that would, with high probability, lead to the death of the mother, child, or both.
- Households in poor neighborhoods have



recourse only to lower quality doctors-and this is the case whether these households see a private or public doctor. The difference in competence between public and private doctors is similar in rich and poor areas.

- Competence among doctors in the private and public sector in Delhi is signaled in two ways-doctors with a MBBS degree (equivalent to a M.D. degree in the United States) and those without, but with medical degrees recognized by the government. Private doctors with an MBSS degree are as competent as doctors in the public sector (where all doctors have a MBBS degree), while private doctors without an MBBS



degree are far less competent.

Does competence translate into better health care delivery?

We had no prior beliefs before looking at the data, and had heard two types of stories.

There was the doctor who was "so good that all he had to do was look in your eyes, and he would know what was wrong" (more competent, poor quality practice) and there was the doctor who "is very good, and what is more, he will read and read if he does not understand your case" (more competent, better quality practice)

This distinction is important for policy. If health-care delivery is poor because doctors are incompetent, the appropriate policy is better training. However if health care is poor, not because doctors are incompetent, but because they do not do much, then better incentives should help. What does the data say?

- All doctors do less than they say they would do when faced with the same patient. Asked what a doctor would do if a patient came with diarrhea, typical responses would include: "I would ask the patient about vomiting, I would ask about the color of the stool, I would then check for fever..." However, when a patient with diarrhea actually came to the doctor, the



doctor would do one-third to one-half of what they had said they would do.

-More competent doctors did more. If a doctor knew more, that doctor also asked more questions in practice, so that greater competence also led to better practice. This is good, because it means that training is not wasted. But it also means that poor people have recourse to doctors who are less competent and put in less effort in their practices.

-Doctors in the public sector put in far less effort, and spend half the time doing only 60 percent as many examinations as providers in the private sector. Doctors in the public sector applied only 15 percent of what they knew, compared to 50 percent or higher for the private sector doctor. Indeed, the difference in effort between the public and private sector was so stark that people in poor neighborhoods were better-off visiting less-qualified private doctors than more qualified public doctors, at least in terms of diagnostic abilities.

-The private sector is not a panacea. Because a private doctor's practice depends entirely on the volume of patients, their incentives to get patients to come back may be "too strong." We find that poly-pharmacy (multiple medications, an indicator of "irrationality in prescription"

according to the World Health Organization) is far more prevalent among the private doctors.

Policies for improving the quality of medical care in India

Additional training for providers-an oft-advocated policy-is unlikely to improve the quality of service delivery, at least in India. Many doctors know what to do but simply don't do it, responding to their direct incentives: public doctors are on salary and have very little incentive to provide service and private doctors want repeat business.

Policies to change the image of primary health care in the public sector could improve service delivery, but implementing such policies would require substantial investments. Setting benchmarks of service that people can trust and rely on would be a good start. So would incentives for public doctors to perform at higher levels (perhaps through "bonus" schemes or empowering local authorities to hire and fire).



GNI Headquarters Settled in a New Place



Good Neighbors International, which was started with 8 volunteers in Seoul, Republic of

Korea 16 years ago, has grown up to a large international development NGO with about 800 employees in 151 regional facilities in 20 countries all over the world. GNI headquarters moved into a newly constructed building in Yongsan-gu, Seoul on 5th March 2007. GNI expects it can help more needy neighbors worldwide with its extended capacity.

Participation in East-Asia and South-East Asia MDG Forum



Ms. Youn-Ju Kim, Team Manager of International Development Team at Good Neighbors

International, visited Vietnam to attend the "East-Asia and South-East Asia MDG Forum" as a representative of Korean NGO from 27th February to 2nd March. In this forum, regional stages and obstacles of achieving goals in UN Millennium Development Goals for poverty eradication were exposed and discussed. Action Plan for accomplishing all MDG goals until 2015 was another main topic of the forum.

Training Program for GNI Overseas Volunteers

Good Neighbors International selected 34 one-

year-term aid volunteers for the 20th round of the Good Neighbors Overseas volunteer group program, and conducted group training for them at GNI Headquarters from 26th to 28th March.

The training program introduced details of GNI history and its current field works, and taught trainees about safety measures and project planning. Former aid volunteers who had taken part of the program in the past also participated in the session to share their experiences with the new trainees.

The new aid volunteers were dispatched to 22 project fields in nine field countries including Bangladesh, Nepal, Cambodia, Mongol, Vietnam, Indonesia, Kenya, Tanzania and Egypt taking part in various activities ranging from community development, child support, education (music, arts, language, and physical education) and medical support to agriculture.



Supply Goods to Good Neighbors Tajikistan

On 18th April 2006, Good Neighbors International (GNI) sent



about 490 million Won (equivalent to US \$ 528,358) worth of clothing, shoes, bags and other supplies to Tajikistan. These relief goods are scheduled to be distributed not only to the

people of Navobod Boarding School, Dabrosatsesba Child Home and Bahdat School, which are operated by Good Neighbors Tajikistan but also to other child-care centers and local residents.

Courtesy Visit of Ambassador of Ethiopia to GNI Headquarters

GNI Headquarters had a courtesy visit from Mr. Abdirashid Dulane, the Ambassador of Ethiopia stationed in Japan, on 20th April to discuss the further development of GNI projects in Ethiopia. At the meeting with GNI President, Il-Ha Yi, the Ambassador emphasized more active cooperation and support appreciating GNI's devoted efforts and passion for local needs in Ethiopia. GNI has been operating Melkam Children Center and Lideta Family Development Project in Ethiopia since 1997.



Opening Life World Vocational Training Center in India

On 3rd May, Good Neighbors India had an opening ceremony for Life World Vocational Training Center in Hindupur, India. Some 80 participants including 13 trainees and their families, public officers and local residents shared the GNI vision and plan for the training center at the ceremony. Good Neighbors India has been running Life World Child Home in Bangalore and Manempalli Children Education Center and Manempalli Community

Development Project in Hindupure. The training center belongs to Manempalli Community Development Project.



New Country Directors Appointed for the Philippines and Afghanistan

Good Neighbors International appointed new country directors for its two field countries, the



Philippines and Afghanistan on 1st May 2007. Mr. Il-Ju Hwang, the new country director of Good Neighbors Philippines, has a strong commitment to the Philippines and has been working for local needs in the country for 17 years. Mr. Sung-Hwan Yoon, the new country director of Good Neighbors Afghanistan, has lots of passion and experience for GNI field projects having assisted Good Neighbors



Tajikistan for several years. GNI believes its field work in both countries will be carried out with further improvement by two experienced country directors.

Network of Good Neighbors International



- Field Offices -

- Asia -

Good Neighbors Afghanistan

P.O. Box 5774 Kabul, Afghanistan
TJ +93-2-220-0530
ysh904@hanmail.net

Good Neighbors Bangladesh

House No. 282(5th flr.), Lane - 4, D.O.H.S
Baridhara Dhaka-1206, Bangladesh
TJ +880-171-302-0668
bangla57@hanmail.net

Good Neighbors Cambodia

P.O. BOX 0141, Orchrov District, Ban
Teameanchey Province, Cambodia
TJ +855-12-217-154
domyeef@goodneighbors.org

Good Neighbors China - Southern Office

502 Hu, 1 Dan Yuan, 9 Lou, Gong Yuan
Lu, Yanji City, Jilin Province, China
TJ +86-130-8930-5770
cms814@nate.com

Good Neighbors India

#199, Bornmann Enclave, Kothanur,
Bangalore 560077, Karnataka, India
TJ +91-80-6596-4889
lifeworldtrust@hotmail.com

Good Neighbors Indonesia

Jl. Singgah Mata II No.29 Kel. Seunebok,
Kec. Johan Pahlawan, Meulaboh,
NAD, Indonesia
TJ +62-655-700-5020
austinchael@gmail.com

Good Neighbors Mongolia

63 Bair 1-1 Toot, 1-R Duchin Myangat,
3-R Horoo, Sukhbaatar Duureg,
Ulaanbaatar, Mogol
TJ +976-11-315411
sjhur0115@hanmail.net

Good Neighbors Myanmar

375A1 Shwehninsi st. 9 Mile
Mayangone, T/S Yangon, Myanmar
TJ +951-664044
maing@mpmail.net.mm

Good Neighbors Nepal

G.P.O Box 8975, EPC 1605, Katmandu,
Nepal
TJ +977-1-553-8758
gnnepal@hanmail.net

Good Neighbors Pakistan

House No. 18, Workshop Road,
Habibullah Colony, Abbottabad,
Pakistan
TJ +92-992-382329
kijung@brain.net.pk

Good Neighbors Philippines

#90 Saint Andrew St. JPA SUBO
Tunasan Muntinlupa City METR. Manila
Philippines
TJ +63-2-861-3152
ijuhwang@hanmail.net

Good Neighbors Sri Lanka

No/13, Thalgasgoda Road, Polwaththa,
Ambalangoda, Sri Lanka
TJ +94-41-492-0476
goodseed007@pempal.com

Good Neighbors Tajikistan

PO Box 212, Main Post, 734025,

Dushanbe Tajikistan
St. Lamosaf 418, Dushanbe,
Tajikistan
TJ +992-918-68-5149
tajik91@hanmail.net

Good Neighbors Vietnam

1105 A4 Lang Quac Te Thang Long Cau
Giay Hanoi Vietnam
TJ +84-4-7545-077
dangian65@hotmail.com

- Africa -

Good Neighbors Egypt

4th floor #8 B/D 10, 151 street, El Maadi,
Cairo, Egypt
TJ +202-2359-2390
cdcpaul@gmail.com

Good Neighbors Ethiopia

PO Box 12937, House No.248, Kebele
15/16/17, Lideta Sub-city, Addis Ababa,
Ethiopia
TJ +251-115-518063
logosist@gmail.com

Good Neighbors Kenya

PO Box 76327, Nairobi, Kenya
TJ +254-20-2780435
srpark75@hanmail.net

Good Neighbors Rwanda

B.P.5125 Kigali, Rwanda
TJ +250-0840-9774
goisiki@naver.com

Good Neighbors Tanzania

Plot No. 305 and 307, Block A Mikocheni
Area 17, Dar es Salaam, Tanzania

TJ +256-786-094-108
discbang@hanmail.net

- Support Offices -

Good Neighbors Korea

101-4, Choengpa-dong 2ga, Yongsan-gu,
Seoul, Korea 140-132
Mapo PO Box 7, Seoul, Korea 121-600
TJ +82-2-6717-4091
FJ +82-2-6717-4293
mail@goodneighbors.org

Good Neighbors USA

550 Township Line Rd, Suite 200 Blue
Bell, PA 19422
TJ +1-484-342-0155
FJ +1-484-342-0156
gniusa@aol.com

Good Neighbors USA in LA

3416 West 1st Street, LA, CA, 90004,
USA
TJ +1-213-500-6152
gnusa@goodneighbors.org

Good Neighbors Japan

New Light Bldg. 205, 2-25-6 Hongou,
Bunkyo-ku, Tokyo 113-0033, Japan
TJ +81-3-5848-4633
FJ +81-3-5848-4633
a-takagi@gnjp.org, http://www.gnjp.org

- UN Liaison Office in New York -

509 West 110th St. 8F, New York, NY
10025, U.S.A.
TJ +1-646-678-1696
sj2213@gmail.com