

REPORT ON THE

2009 International

Leadership Development Course (ILDC)

on

PEOPLE'S PARTICIPATION IN

LOCAL GOVERNANCE IN HEALTH



The Asian Health Institute Foundation

TABLE OF CONTENTS

FOREWORD

UI Shiori, Main Facilitator	v
SHIMIZU Kyoko, Co-facilitator	vi

PART 1 INTRODUCTION

1. INTRODUCTION

1.1. Asian Health Institute (AHI)	2
1.2. Aims of the Report	2
1.3. International Leadership Development Course (ILDC)	3
Overview and Participant Selection	3
1.3.1. Course Principles: Sharing for Self Help	4
1.3.2. Group Objectives for 2009	6
1.3.3. Course Framework	7
1.3.4. Task Groups	9
1.3.5. Daily Training Design	9
1.3.6. Facilitation Team and Support Staff	10
1.4. Overview of the Report	10

PART 2 COURSE PROCEEDINGS

2. MODULE 1: WHO WE ARE AND WHY WE CAME HERE

2.1. What Happened: Sharing Basic Information and Setting Course Goals.....	12
2.1.1. Introductory Sessions	13
2.1.2. Course Planning Session.....	15
2.2. What the Facilitator Did: Developing Trust and Setting Ground Rules	17
2.3. Summary and Highlights	18

3. MODULE 2: WHERE WE ARE NOW

3.1. What Happened: Input on Globalization and National Health Policy	20
3.1.1. Input on Economic Globalization and National Health Policy	20
3.1.3. Weekend Homestay with Japanese Family.....	23

3.2.	What the Facilitator Did: Scheduling Sufficient Time for Reflection.....	23
3.3.	Summary and Highlights: Range of Enthusiasm for Macro-level Analysis	24

4. MODULE 3: WHERE WE WANT TO GO

4.1.	What Happened: Clarifying Our Vision of Health and Development	25
4.1.1.	Development Vision.....	25
4.1.2.	Primary Health Care.....	26
4.1.3.	Local Governance.....	27
4.2.	What the Facilitator Did: Eliciting Visions and Providing Conceptual Frameworks ..	28
4.3.	Summary and Highlights: Clarifying Development Vision and Expanding Knowledge of Healthcare and Local Governance	28

4. MODULE 4: HOW WE CAN APPROACH OUR VISION (HOW WE WILL GO)

4.1.	What Happened: Participants Take the Lead in Sharing Expertise and Learning from Hiroshima.....	30
4.1.1.	Peace building	31
4.1.2.	Alternative Medicine	33
4.1.3.	Mainstreaming Health Promotion in Local Governance	33
4.2.	What the Facilitator Did: Setting Participants' Experiences in Broader Context	34
4.3.	Summary and Highlights: Participants and Japanese Exchange Experiences in Promoting Health and Peace	35

5. MODULE 5: HOW WE SHOULD CHANGE

5.1.	What Happened: Input on Participatory Management Skills and Reflection on Personal Leadership	36
5.1.1.	Participatory Management	36
5.1.2.	Participatory Training Methodology	39
5.2.	What the Facilitator Did: Choosing the Right Time for Sensitive Content.....	39
5.3.	Summary and Highlights: Short Module to Reflect on Hands-on Leadership Challenges throughout the Course	40

6. MODULE 6: WHAT I AM GOING TO DO

6.1.	What Happened: Preparing a Bundle of Learnings to Take Home	41
6.1.1.	Overall Course Synthesis.....	41
6.1.2.	Plan of Action (POA).....	42
6.1.3.	Overall Course Evaluation.....	44
6.1.4.	Appreciative Inquiry Evaluation	49
6.1.5.	Plans for Post-ILDC Follow-up.....	50
6.1.6.	Closing Ceremony	50

6.2. What the Facilitator Did: Shifting from Teacher to Partner	50
6.3. Summary and Highlights: Evaluating the Course, Planning Next Steps, and Giving Appreciation	51

PART 3 EXECUTIVE SUMMARY

7. EXECUTIVE SUMMARY

7.1. Asian Health Institute (AHI) and the International Leadership Development Course (ILDC).....	54
7.1.1. Aims of the Report: A Reference, Not a Manual	54
7.1.2. International Leadership Development Course (ILDC): “Sharing for Self Help” .	55

PART 4 APPENDICES

- Appendix 1. Course Outline
- Appendix 2. List of Participants
- Appendix 3. Participants’ Statement of Group Course Objectives
- Appendix 4. Schedule at Start of Course
- Appendix 5. Course Schedule as Finally Implemented

Foreword

UI Shiori, Main Facilitator

Participants in our international course are facilitators of community health and development work in their respective areas. They are constantly facing the fundamental question of their trust in community people's power and potential, as community development is a long, slow, uphill process. As AHI facilitators running training courses for such community facilitators, we face the same challenge of believing in the participants' and our own power and potential to learn and create together, without any miracle manual, trusting our wealth of experience and our common vision of a fairer society.

Each time the ILDC is run, it is unique because our course's principle is that contents and process are decided by the participants. Each course differs as each group of participants differs. Our course has its overall theme, and we facilitators prepare sessions based on information from application forms and our past experiences with similar participants and course themes. However, just as community work does not go as planned, our training courses also do not move as facilitators planned. We face many surprises, struggles and needs for adjustments, or sometimes big changes. Each course is very different.

When we start getting involved in participatory training, we trainers often look for the "right" participatory methods and skills. AHI has a wealth of experiences from our previous courses, but I have come to realize there are no "miracle methods." Of course, there are various creative and interesting ways of handling sessions and tips for facilitation, and it is useful to know them. However, both participants and facilitators/trainers are all different and unique. Each facilitator has his or her own style as a person. Each facilitator can develop his or her own best style. When we facilitators/trainers are clear about the purpose of participatory training and its core principles, appropriate methodologies and skills will follow. In this sense, not only games and workshops but also input lectures can be a very useful method in participatory training according to the needs and

situation. What is important is to constantly ask ourselves whether the training course is based on the values of the society we envision, beyond effective and enjoyable educational methods.

Facilitators are part of the group dynamics, and we are learners as much as the participants. Just as participants' values and attitudes are challenged daily, those of facilitators are also challenged. We are not perfect. We do our best. Although our role is different from participants, we are also participants and learners in each course.

In many ways, AHI's international leadership course is demanding for both participants and facilitators. However, every year I am so excited to be part of this course with a new group of participants. The course is not only a series of struggles but also a series of joys that fills me with energy to go on. This is my opportunity to touch the lives of many people at the grassroots throughout Asia, through our course participants, who are further empowered and motivated to continue their work toward our common vision of a healthy, just and peaceful society.

SHIMIZU Kyoko, Co-facilitator

Through experience in the past three ILDCs in 2008, 2009 and 2010, I have learned so much, about health and community development in Asia, about myself, and about AHI's challenges in running the ILDC. One of the main issues AHI faces is balancing course time, including time for exchange events with Japanese supporters, and course time on both content and group process, to help each participant maximize his or her learnings. Below, I reflect on challenges and possible new ways to improve the ILDC learning environment, and my own touchstones as a facilitator.

As facilitators, our first challenge is to build an environment promoting reflection and mutual trust among participants so they constructively criticize each other in and out of sessions, during the limited course period. Self-reflection by each participant is an important component of ILDC as it leads each person to consider new viewpoints and expand their range of understanding. Further, when an individual participant expands his/her understanding, this improves interaction among the group and

makes their discussion more fruitful. As a result, each participant learns more. The difficulty is that it takes time to promote this virtuous cycle of reflection and mutual trust. During the ILDC, facilitators work hard to foster this environment quickly, through planned group activities and interventions as the need arises.

However, we cannot focus on only self-reflection and mutual understanding for five weeks. ILDC participants come to learn content – theories, knowledge, and practical strategies – as well as experience the process of trust building. The content participants want to discuss is growing more complex and varied year by year. At the same time, to ensure AHI's funding base, the organization needs to arrange more exchange programs for Japanese supporters to meet ILDC participants, as membership is decreasing yearly. Given these pressures, it is difficult to keep sufficient time for self-reflection and building trust.

The following two changes may help us smoothly establish a reflective and critical learning culture:

- ◆ Provide a clearer framework for Daily Evaluation, with enough time to discuss in concrete terms learnings and problems regarding both session content and group relations;
- ◆ Ensure that participants clearly understand that the purpose of the task groups is not only to cook, clean and organize, but also to learn about leadership skills and qualities by doing and reflecting.

Of course, in order to contribute as a facilitator, I myself need to improve my skills, especially my English language and facilitation skills. However, my touchstone or guiding principle while facilitating is this: although I am still a novice in terms of knowledge and skills, I must participate with a committed, open and joyful attitude. In other words, I must speak frankly to keep challenging the participants. I should prepare my own messages and points to discuss in all sessions and interventions. Such sincere challenges from facilitators stretch the participants to maximize their learnings. Also, I must enjoy discussing with participants and discovering new things during the process of the ILDC.

I learned the importance of commitment and sincerity from Ui-san and other senior staff members at AHI. They work with continuous effort and strong concentration in and out of sessions. They also thoroughly enjoy the ILDC every time. This commitment is a source of energy for AHI's ILDC.

In conclusion, then, the key challenges for AHI facilitators are to maximize self-reflection and teamwork among participants while addressing participants' needs for specialized content and AHI's need for exchange programs involving Japanese supporters. As a junior facilitator, my own key challenge is to maximize my learning and enjoy together with participants during each ILDC.



Facilitator Ui Shiori looks on as participants practice a rendition of the AHI song,

Part 1 Introduction

1. Introduction

1.1. Asian Health Institute (AHI)

The Asian Health Institute (AHI) is a Japanese non-governmental voluntary organization (NGO) committed to supporting the development of well-being and well-doing of marginalized people in Asia. Since its establishment in 1980, AHI has been working for human resource development through participatory training programs, based on its philosophy of “Sharing for Self-Help”. These training programs offer opportunities throughout Asia for middle-level community-based health and development workers to enhance their capabilities as: 1) community organizers and trainers in health and development issues; 2) facilitators for people's organizations (POs) and local governments (GO) towards participatory local governance; and 3) middle-level managers to empower their own organizations through participatory management. Moreover, AHI promotes ongoing networking among former participants and their organizations to strengthen overall NGO effectiveness in responding to the health needs of the people.

1.2. Aims of the Report

This report has been compiled as a readable summary of AHI's 2009 International Leadership Development Course (ILDC), primarily for an audience of community health and development workers. It is *not* designed as a manual; that would be near impossible as a key principle of the ILDC is that content and process are largely determined by participants. Rather, the report aims to serve as a reference for organizations considering running similar courses, and may also be of value to a wider audience of persons interested in participatory leadership development.

1.3. International Leadership Development Course (ILDC) Overview and Participant Selection

AHI's main activity is participatory training for community based health and development workers. A variety of training courses have been offered, including one-country courses, courses in collaboration with training partners, and international courses. The International Leadership Development Course (ILDC) has developed over the three decades since the early period of AHI's establishment, and is now generally offered once a year at AHI's training center in Nisshin, Aichi Prefecture, Japan. The 2009 ILDC took place over a period of 5 weeks from September 9 to October 12, 2009. Course participants comprised seven men and seven women from eight Asian countries (Afghanistan 1, Bangladesh 2, Cambodia 2, East Timor 2, India 2, Nepal 2, Philippines 2, Sri Lanka 1).

The participant selection process is an important step in creating the ILDC. Applications are accepted only from representatives of organizations – NGOs, government organizations (GO) and people's organizations (PO) – and not from unaffiliated individuals seeking formal qualifications. Participants are selected by AHI based on their individual potential and eagerness to contribute to and learn from the course, and on their sending organization's readiness to make use of the course. In 2009, applicants' detailed written applications were evaluated according to criteria including the applicant's experience in building people's organizations and promoting multi-sector collaboration in area development, his/her position in the organization, and relevance of the sending organization. (See appendix for 2009 selection criteria.) In general, the sending organization is required to make the financial investment of paying for half the participant's international airfare to Japan. Japanese organizations are requested to pay the full airfare, while extra financial support may be negotiated for POs.

1.3.1. Course Principles: Sharing for Self Help

The ILDC is conducted applying AHI's participatory principles and methods embodying AHI's basic philosophy of "Sharing for Self-Help." While AHI facilitators work hard to support and guide the course, participants are responsible for their own learning and others' learning. The course process itself – how the participants work together – is content for participants to learn from. Further, the course methods are based on the belief that learning is most powerful when thinking, feeling, and action converge. Participants share their own ideas and experiences and learn from each other to build the course together. By sharing and working collectively, the course facilitates self and mutual-reflection by the participants. Experiencing and analyzing this process enables them to become more effective community workers capable of listening and learning while empowering other people to think, feel and act for themselves. These principles are the basis of the course methods, in particular, the following three key strategies: 1. leadership development through a group process; 2. participants as resource persons, and 3. live-in training in an intercultural setting.

The following section from the ILDC outline describes the above three strategies in more detail:

1. LEADERSHIP DEVELOPMENT THROUGH GROUP PROCESS

This is not a technical or theoretical course led by experts on how to become a higher more senior leader or manager. Rather, the course provides opportunities for participants to reflect, discover, and develop basic leadership qualities as health and development workers through a group process. Primarily, participants learn through working together on case studies, demonstrations, workshops, learning exercises, dialogues, small group discussions, role plays, exposure visits and cultural programs. Moderating, reporting, and reflecting on activities are also important components of the course. Therefore, participants are expected to open themselves and be willing to participate in various group tasks in and out of session time.

2. PARTICIPANTS AS RESOURCE PERSONS

There is no fixed course schedule made by AHI with a list of external lecturers. Within the main theme of the course, details of the course schedule, contents, and methods are planned by the participants with AHI facilitators. While some outside specialists may give lectures, the bulk of the course input is formed by the participants' ideas, skills and experiences. No expert comes to give answers. Participants are expected to make presentations, design and lead sessions as resource persons on their own areas of expertise.

Participants serve as teachers and advisers as well as learners, both in the training room and on field visits. Therefore, prior to the course, participants are expected to clarify what they want to learn and what they can contribute as resource persons for others.



A typical lunchtime during the ILDC. One important feature of the course is that participants live together in dormitory accommodation, and share cooking and cleaning tasks. In an intercultural setting, this can be demanding. However, living and working together challenges participants to reflect on their own ways of learning, acting and leading in a mixed community.

3. LIVE-IN STYLE TRAINING IN INTER-CULTURAL SETTING

Participants live together in the dormitory with shared rooms within the AHI building. Learning through living together in the dormitory accommodation, including sharing daily living tasks such as cooking breakfast, washing dishes and cleaning dormitory facilities, offers opportunities for participants to work with others from different cultural backgrounds. Non-session time is an important integral part of the course, when participants have rich opportunity to share and discuss informally among themselves. Therefore, AHI

expects participants to minimize the work commitments they bring from home and avoid being heavily occupied by internet communication with home during the course period.

Course participants are generally adults with some status in their organizations and a comfortable standard of living. Staying in simple double or triple rooms with strangers from a different culture can be quite stressful. Moreover, some of the participants have never done cooking or cleaning in their own countries, let alone in a mixed cultural group. Doing these tasks in groups and reflecting on these experiences are opportunities for participants to observe themselves and others and learn ways to work effectively.

1.3.2. Group Objectives for 2009

AHI's basic course objective was to enhance participants' leadership qualities and capacity to facilitate the empowerment of people's organizations through collaboration among NGOs, POs, GOs and other partners in health. Prior to the course, AHI established its own tentative course objectives, to be developed and finalized collectively by the participants. AHI's preliminary course objectives were as follows, again reprinted from the ILDC outline.

During the course, the participants will:

- brush up analytical skills around health and development issues at the local and global levels
- discuss the effects of global and macro trends such as globalization, decentralization, and health sector reform on the poor and the vulnerable
- clarify key terms in health and development such as primary health care, health promotion, decentralization, local governance, etc.
- seek alternative development perspectives and the role of NGOs, POs, and GOs
- revisit the principles of people's organization formation and find effective approaches for capability building

- explore effective strategies to promote the people's participation in local governance and its application to health
- discuss potential roles of health sector in conflict prevention and peace building
- enhance the participatory concepts and skills in field activities, training, and organizational management
- re-examine their own organizations and find specific points for improvement
- reflect and enhance their own attitudes and values to become more effective community health and development workers
- formulate their own plans of action, incorporating their learning and insights from the course

During the first week, participants generated their own basic questions and common issues to investigate during the course. In the first module's planning session, building on these individual questions and common concerns, the group formulated their own common objectives for the course. (See Appendix 3 for details.)

1.3.3. Course Framework

The course was loosely organized into six modules, each of which lasted for a week or less. Participants themselves decided the specific objectives and contents of the course in weekly planning sessions. Recommended reading materials were introduced throughout for participants wishing to deepen their understanding, with copies provided on a sign-up basis.

Although course flow generally proceeded from Module 1 in the first week to Module 6 in the fifth week, elements of Module 3 might be dealt with in week 2, and elements of Module 2 might be dealt with in week 4. In particular, the content of Module 5 (How we should change: participatory management, leadership, personal development) was addressed not only in specific course sessions, but also throughout the course in the task group participation, feedback sessions, and weekly

evaluation. With some modifications, this framework has been used in the ILDC for over twenty years. The six modules are briefly described below.

Module 1: Who we are and why we came here. Participants began by introducing themselves, their organizations and their work, and establishing their individual and group goals for the course.

Module 2: Where we are now. Participants examined local, national, and global contexts of their work, including global economic trends and health sector reform.

Module 3: Where we want to go. Participants reconsidered their overall visions for health care, local governance, and social development.

Module 4: How to go there. Participants shared their experiences and strategies for local governance in community health care and development, including PO formation and capacity building, alternative medicine, peacebuilding.

Module 5: How we should change. Participants focused on their own personal development as PO, NGO and local government leaders.

Module 6: What I am going to do. Through a series of activities (synthesis, plans of action, and course evaluation), participants synthesized their learnings from throughout the course, preparing their own Plans of Action to take away from AHI and apply at home.

1.3.4. Task Groups

As in previous years, participants were split into task groups of 4-5 people each to take part in day-to-day course management. Task group participation is an essential part of the course design. Managing, doing, and reflecting on work in these groups is an opportunity for participants to learn participatory management by doing.

Initial group assignment was suggested by the facilitators and finalized by participants, with a balance of nationalities and genders. The four task areas were 1. Moderating the day's sessions; 2. Recapitulating the previous day's session; 3. Cooking breakfast and cleaning the kitchen area after breakfast; 4. Physical set-up of the training room, shared PCs and refreshment area.

1.3.5. Daily Training Design

Each day's schedule was planned out through discussion among participants and facilitators.

A typical day's schedule was as follows:



Participants took turns to lead morning meditation or prayer sessions. In this case, "meditation" was a yoga breathing exercise.

8:45 Japanese language class (By AHI interns)

9:00 Meditation or prayer (Moderator task group)

Personal sharing (Participants and facilitators in turn)

Recapitulation of previous day's sessions (Recapitulation task group)

Announcements (AHI staff/participants)

9:30	Session 1	--	Tea break	--	Session 2
12:30	Lunch	(Prepared by volunteer groups in the AHI kitchen)			
14:00	Session 3	--	Tea break	--	Session 4
17:30	Daily evaluation (Moderator task group)				
19:00	Supper (Prepared by volunteer groups in the AHI kitchen)				
19:45~	Free time for study, discussion, housekeeping, recreation and rest				

1.3.6. Facilitation Team and Support Staff

In 2009, the facilitation team consisted of one main facilitator (Ui Shiori) and one co-facilitator (Shimizu Kyoko), both full-time AHI staff members. In addition, the course was supported by two part-time documenters. General logistic and administrative support was provided by the AHI office, and one further staff member supported the exposure visits. In addition, short-term interns and volunteers provided logistic support, documentation support, cooking, and served as guides to the participants on free Sundays.

1.4. Overview of the Report

The report begins with an introductory section, devotes one section to each module of the course, and ends with an overall discussion and conclusion. For each module, we outline the topics covered, key interventions by the facilitator, and notable highlights. The final section provides an overall summary and discussion of the course.

Part 2 Course Proceedings

2. Module 1: Who We Are And Why We Came Here



Participants lighting candles at the Opening Ceremony for ILDC. A committee of participants planned and led the ceremony.

2.1. What Happened: Sharing Basic Information and Setting Course Goals

Pre-opening Orientation

Participants arrived at AHI one or two days before the scheduled opening of the course. After all had arrived, AHI staff conducted a half-day orientation to life at AHI, including how to use various local facilities, how to change money, how to make food requests, rules about smoking and drinking, and so on.

Opening Ceremony

The opening ceremony for the course was planned by a small group of volunteers from among the participants, with the facilitators, during the pre-opening orientation period. In 2009, the ceremony included prayers by all the faith communities of the participants (Muslim, Hindu, Buddhist,

Christian and Kirant), games to remember each other's names, the AHI song, and remarks by AHI's founder Dr. Kawahara, a participant, and the main facilitator.

2.1.1. Introductory Sessions

The first day of the course was spent establishing daily training schedule, creating baseline indicators in terms of individual pre-course assessment on major themes of the course, planning the first week's activities, and developing course goals through expectation sharing and participants' briefings on their national health situations and organizations (organizational sharing).

Identifying Course Goals and Planning Course Content

The climax of the first module was the course planning session, carried out after participants carefully identified their course goals. In fact, three deliberate activities planned by AHI guided participants to create appropriate course goals: first on the application form, second on the first day of the course, and third through "organizational sharing". AHI's aim was that through these three activities, participants would identify 1) what to learn in order to work more effectively and 2) areas of common interest to be set as course objectives.

These three initial goal identification activities are described in more detail as follows. First, on the application form, applicants were asked to state their "concrete training needs and expectations for the course," after describing their own work responsibilities, the organization's collaboration with local government, other NGOs and people's organizations. They must also state the topics on which they could lead a course session. Second, on Day 1 of the course, participants each prepared and shared their expectations and possible contributions, following guide questions from the facilitator: 1. I want to learn ...; 2. I can share/ be a resource person on ...; 3. My concerns/worries are ...; 4. Other. Concerns and worries were discussed immediately to help in developing group ground rules.

The third activity, organizational sharing, took up most of session time from Day 2 to Day 4, with each participant outlining his/her organizations' work in around 30 minutes, and a short country

overview for each nation. Further, each participant presented his/her own “basic question(s),” or individual focus for learning during the course. Guidelines/aims for country overview, organizational sharing, and basic question were suggested by the facilitators, and discussed and finalized on the first day. (See the guidelines for country overview and organizational sharing below.)



Participants each wrote one or two individual work-related Basic Questions that they wanted to address during the course. These were displayed in the training room throughout the course to help them focus on their own learning goals.

Guidelines / Aims for Country Overview, Organizational Sharing and Basic Question

Guidelines/aims for country overview:

Up to 15 minutes, including Q and A, on major issues affecting people's health and life, i.e., background information necessary to understand participants' work.

Guidelines/aims for organizational sharing:

Up to 20 minutes for presentation, including brief history, principles, vision/mission, issues tackled and people you work with, major strategies with details of own work, organizational structure, major field partners, strengths and weaknesses.

Guidelines/aims for developing a basic question:

Should be a problem field that you have in mind in relation to your field of work, or a problem that you want to address to attain your work goals. It should help you focus and help you prepare your Plan of Action at the end of the course. For example, “How can we promote the participation of indigenous people in local health management?”

ts were able to achieve organizational sharing and formulate a basic question starting from Day 2 as they had been preparing since writing the course applications. The application form required them to analyze pertinent areas of their organization and state their own expectations for the course. Prior to the course, successful applicants were clearly informed that they would give an overview of their own organization. Participants also voluntarily supported one another as necessary in using computer and Internet to create country overviews. An open forum for discussion was held after each participant's organizational sharing.

One AHI facilitator gave a briefing on Japan and AHI in the same way as other course participants. This country overview on Japan served as helpful background knowledge for later exposure visits, guest lectures, and cultural exchanges with Japanese people. The briefing also aimed to communicate that while AHI is the training host, it is also a fellow NGO seeking ways to improve its activities through dialogue with participants / future partners.

2.1.2. Course Planning Session

The course planning session can be seen as including review and synthesis of the course to date. Thus, it consisted of the following three steps: review and synthesis of organizational sharing, review and synthesis of issues emerging from expectation sharing and organization sharing, and course planning.

Review and Synthesis of Organizational Sharing.

On Day 5 of the course, just after the weekend break, the facilitators led this synthesizing exercise as a basis for course planning. The facilitator told participants to organize themselves into a line according to various criteria, including: organization's history (shortlong), size of full-time staff (few many), working area (village global), focus group/community served (specific ... general), activity type (service delivery.....movement), partner people's organizations (non-existent..., dependent

.... independent) relationship with government (very close separate). After forming each continuum, the facilitator took a few minutes for mock TV interviews with the participants, asking for example, “How do you feel being part of such a long-running organization?” “How do you feel about the size of your staff?” Participants also asked one another questions.

Synthesis of Issues Emerging from Expectation Sharing and Organization Sharing

The main facilitator gave out her own draft summary of these issues, organized into five main sections: 1. Who I am/ Why I am here; 2. Where we are (current context of people’s life and health); 3. Where we want to go (vision/direction/perspective); 4. How to go (fieldwork, organization, worker/self; 5. What will I do (incorporating learning to apply at home). (As noted in the introduction, this basic course framework has been used by AHI with some modifications for over twenty years. Careful readers will also note that the framework presented by the facilitator during this early session combines Modules 4 and 5 in one section, simplifying the framework to enhance planning.) The facilitator led the participants in discussing and improving the draft, ensuring that participants were satisfied that their priorities had been properly included.



As part of first course planning session, participants together identify the main topics they want to cover. Participants sign up to lead sessions on those topics according to their own expertise and experience.

Course Planning

After discussing the issues and categorizing them within the above framework, the facilitator guided the participants in discussing and filling in the month's schedule, beginning with the coming days' sessions for Module 2, "Where we are" (current general context affecting people's health).

Participants were asked to volunteer to present on relevant topics, and Module 2 sessions were soon planned, including a session to finalize the group's course objectives. Further, the participants were asked to consider whether they wanted to go ahead with the planned exposure visits and sessions by outside resource persons.

2.2. What the Facilitator Did: Developing Trust and Setting Ground Rules

During this module, the facilitators' main tasks were developing trust among participants in and out of session time, introducing AHI's course principles and methods, moderating participants' discussion to set ground rules, and eliciting individual/group interests and resources as a basis for course planning.

2.3. Summary and Highlights



The course schedule, almost blank at the start of the course, partially filled in after the first planning session. During this session, participants realized they themselves would be the course planners and resource people.

During Module 1, participants and AHI staff established ground rules (understood the key principles of the ILDC, guidelines for daily moderators, and roles of facilitators and participants), got used to life at AHI, got to know one another personally, learned about one another's work, and set overall objectives and schedule for the course. The key highlight of the module was the planning session, during which the participants began to realize that they would really be the planners, decision-makers and main resource people for the course.

Participants were assigned to task groups responsible for various aspects of course management. Getting accustomed to working together in a multicultural group, often doing unfamiliar tasks, was an important part of Module 1. Reflecting together on task group activities was important to establish ground rules for participatory course management. For example, one recapitulation task group took the unconventional approach of using a ball-toss question and answer activity to elicit from participants brief review of the previous day's sessions. This drew criticism from the participants that the task group was not fulfilling its responsibilities, and the facilitator encouraged constructive discussion on best practices for recapitulation.

One challenge for facilitators during this module was to contain the amount of time spent on organizational sharing in order to allow sufficient time for subsequent modules, particularly the fourth “How to” module. Asked to give a briefing on their organization, when the course schedule is not yet clear, participants tend to present in too much detail. Therefore, the facilitator stressed that participants would have many more opportunities to speak on key aspects of their work, and should focus on giving a basic overview to inform course planning.

One further event that took place during Module 1 was the Welcome Party, on the evening of Day 4. This event has been held during each ILDC, not only for course participants to enjoy, but also to allow AHI’s financial supporters (members) to meet the participants and renew their commitment to supporting AHI. ILDC participants generally plan and give short performances of song, dance or other arts from their cultural heritage. They also had the opportunity to meet the families who would host them the following weekend, as well as other volunteers involved in supporting the course. As in previous years, AHI volunteers were active in planning and preparing for the party.

3. Module 2: Where We Are Now

3.1. What Happened: Input on Globalization and National Health Policy

3.1.1. Input on Economic Globalization and National Health Policy

The second module was soon blocked out during the first planning session, with initial sessions on globalization, national health policy, and country case studies relating globalization and impact on people's health in Bangladesh, Philippines and Japan. This second week of the course also had a relatively heavy schedule of outside resource persons, with one analyst on globalization (Ms. Kitazawa, Pacific Asia Resource Center), one activist on poverty and homelessness in Japan (Ms. Higashioka, Sasashima Clinic), and visits to AHI's sister organizations involved in care for the elderly and terminally ill in Nisshin.

While all participants felt that globalization was a key topic to cover, they varied widely in their level of interest and knowledge about national and global issues affecting local health promotion. In the 2009 batch, around half the participants initially felt it was not directly relevant, while the other half were already active in national and international advocacy. Fortunately a few participants had sufficient knowledge to lead sessions introducing theoretical aspects of globalization, and to present concrete case studies examining how globalization influences national health policy and people's well being. These participants' presentations made it easier for others to understand the input from outside lecturers. Overall, some participants wanted to go into more detail to inform their work, while others felt it was not directly relevant.

The module on globalization allows a view of how the facilitators introduced AHI's stance on an issue, and how the participants picked up, analyzed and built on this input. One participant and the main facilitator led introductory sessions, during which participants reviewed their knowledge and prepared questions for Ms. Kitazawa. The AHI facilitators also presented a case study of Japan's

economic development and health and welfare policy, in the context of economic globalization. In particular, they provided an orientation and background information to prepare for a presentation on day laborers/homeless in Japan.

The input on economic globalization included the following arguments: 1. Neo-liberal economic policies from the 1980s have done more harm than good for most of the world, and have destabilized the world economy by rewarding financial speculation; 2. International financial institutions are run by a small group of people with excessive influence; 3. Use of a national currency (the US dollar) as an international currency threatens economic stability and security. The external resource person, Ms. Kitazawa, proposed a few alternatives, as follows: 1. Democratize global financial institutions by giving a greater voice to poorer countries; 2. “De-dollarize” by creating an alternative world currency or currencies and regional economies; 3. Strengthen the solidarity economy (fair economy including people’s organizations, not for profit sector, cooperatives, unpaid labor, fair trade, micro-credit) using modern communications technology. Participants had prepared questions on what sort of actions they themselves should get involved in, and what Japanese civil society is doing to advocate to the government on aid, trade, and debt repayment policies. Stimulated by the breadth of Ms. Kitazawa’s discussion, they also asked about topics including market economics, influence of multi-national corporations on summits, and how to promote strong cooperatives, which the presenter answered with critical balance.

Following the session on economic globalization, Ms. Higashioka, a nurse/activist in a clinic for day laborers in Nagoya introduced her organization’s work treating and supporting Japanese day laborers/homeless people. This gave participants a concrete example of how Japan’s socio-economic development has exploited and marginalized some citizens, in the context of development and globalization.

On the following two days, participants continued the themes of economic globalization, national health policy, and global advocacy/networking to promote health for marginalized people. In 2009, the participants had a strong interest in national health policy. Even those not directly involved in health

programs agreed to research and report to the group on their own country's national policy, and felt this would help them in their own work. After ensuring a common basic understanding of Primary Health Care and health sector reform, more experienced participants deepened their understanding of national health policy by reviewing it in the context of neo-liberal globalization, including introduction of user fees and privatization due to donor pressure. One participant led a workshop on analyzing globalization with grassroots groups. Two participants gave a presentation on their activities as part of the People's Health Movement, a global networking and advocacy movement led by NGOs from around the world. Thus, participants expanded their own knowledge of globalization, practiced analyzing national policy against this background, and shared approaches to promote global partnership for equity in health.

3.1.2. Case Study and Field Visit on Health Care and Elder Care in Japan

As part of the national case study of health and development in Japan, participants visited neighboring facilities providing convalescent care for the elderly and hospice care for the terminally ill and talked with staff and volunteers. These visits and subsequent discussion were carried out together with a multi-national group of government health officials currently enrolled at the prestigious Nagoya University Medical School. For the ILDC participants, the visits were emotionally demanding. Both observing the health care issues in a post-industrial nation (in particular, institutionalized elder care) and interacting with the health official group stimulated them to reflect on the current situations in their own countries and the sort of future they envision.



As part of a case study workshop on health and elder care in Japan, ILDC participants visited an elder care facility, hospital and hospice neighboring AHI. They were joined by a multi-national group of government health workers on a training program at Nagoya University.

3.1.3. Weekend Homestay with Japanese Family

This module also included the weekend homestay visit with a Japanese family. Japanese families, mostly AHI supporters, volunteer to host a participant for an overnight stay, and for them it is an interesting chance to share a relaxed time with a health and development worker from Asia. For ILDC participants, it is a chance to experience Japanese culture and family life, as well as to relax and rest away from AHI. For AHI, it is a chance to stimulate public interest in its activities.

3.2. What the Facilitator Did: Scheduling Sufficient Time for Reflection

In this second module, there were a number of pre-planned outside lectures and exposure visits. A challenge for the facilitators then, was to manage sufficient time for orientation, preparation and follow-up to maximize participants' understanding. Before outside lectures and visits, the participants need to cover some basic knowledge. After the lecture or visit, they also need ample time to reflect and share their responses in the group. This reflection time tends to be whittled down as participants try to schedule more topics and activities.

Scheduling sufficient time for reflection was also a key concern during the course planning session at the end of Module 2. In previous years, participants and facilitators felt they had crammed in too many topics. In 2009, then, the facilitators encouraged participants to prioritize while planning.

Topics of high interest to all participants should be scheduled within session time, while lower priority topics could be scheduled as optional sessions in the early morning or at night. Further, as well as the planning session at the end of Module 2, the facilitators led a course review session, mid-term evaluation, and an exercise to promote trust and openness.

One further concern in planning upcoming modules was to schedule opportunities for all participants, including weaker members, to lead sessions. In some years, some participants can offer many resources of interest to the group as a whole, while others have less confidence and/or fewer cases to present due to limited English ability or relative lack of experience in some areas. On occasion the facilitator encouraged participants to create opportunities for quieter members to present.

3.3. Summary and Highlights: Range of Enthusiasm for Macro-level Analysis

The primary aim in Module 2 was to enhance participants' understanding of the global and national contexts of their own work. In 2009, there was a considerable range among participants in terms of level of interest and knowledge about global and national trends. The lecture input by outside resource persons was too basic for some and too advanced for others. Fortunately, the more knowledgeable participants took the initiative to present relevant case studies to explain the topics more clearly and stimulate enthusiasm among other participants.

By the planning session at the end of Module 2, participants had adjusted to life at AHI and to the training style. As their enthusiasm grew, so did the list of topics to cover. To ensure sufficient time for reflection and to provide chances for all members to learn by presenting, the facilitator encouraged participants to prioritize as a group, and to schedule lower priority topics for optional out-of-session time.

4. Module 3: Where We Want to Go

4.1. What Happened: Clarifying Our Vision of Health and Development

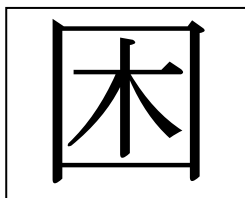
The main aim of this module was to come to a common general understanding of the society participants want to achieve and the roles of NGO and GOs in working towards that society. In 2009, Module 3 covered three main topics: development vision, primary health care and local governance.

In the Module 3 week, some time was also spent preparing for the exposure visit to Hiroshima to learn and reflect on peace issues, part of Module 4.

4.1.1. Development Vision

The AHI facilitators led a number of activities to encourage participants to consider the current state of development, and to reflect on the sort of development they want. First, there was a debate where participants took sides on various statements about development, and the two sides tried to persuade one another of their views. Second, in small groups and then in plenary, participants listed current development trends and suggested their own alternative visions. Together, the group named the current development trends “profit-centered” and their alternative vision “people-centered” development.

After a brief consideration of equity, the main facilitator led discussion of community



empowerment by analyzing the Chinese character 困, a pictogram of a tree in a box, meaning “suffering” or “difficulty.” The participants compared the pictogram to the situation of disadvantaged communities or people, whose development is

constrained by externally imposed barriers. “How can the frame be broken? Who can break it?” the facilitator asked. Participants suggested a combination of pressure from the tree itself and from outside, in order to achieve “people’s empowerment.”

Having established this image, the facilitator introduced some academic theories of community empowerment (Friedman, Sen) and capacity building domains (Gibbon, Lebonite and Laverack). After going over Gibbon's classification of domains (areas) for capacity building, she asked participants to discuss 1) how particular programs of their organization have helped to increase community capacity in particular domains where stakeholders recognize a gap, and 2) how to monitor and evaluate community capacity building/empowerment. Through this sequence of lectures and workshops, the participants clarified their collective development visions, with a focus on ways to achieve community empowerment.



Three participants exchanging views during a small group discussion. Course sessions often included lecture input followed by small group discussions to reflect on particular situations in the participants' own working areas, or to prepare for group presentations.

4.1.2. Primary Health Care

The sessions on Primary Health Care (PHC) and global health advocacy aimed to review ideals and global trends in health care development. Two sessions were led by participants and one session by the main facilitator. In 2009, the sessions on PHC were scheduled during the week focusing on globalization, before consideration of general development vision.

The first participant-led PHC session reviewed the post-World War II history of global health care policies led by the UN and major donors, starting from the UN's definition of health as physical, mental and spiritual well-being. The session facilitator discussed the development of comprehensive PHC, subsequent narrowing to selective PHC, and further cut backs in response to international

funding pressures, and involved the participants in noting how economic and social policies, outside the health sector, affect people's health. Participants shared information on the situation in their own countries as they reviewed the basic components of PHC, and fundamental principles of Health for All. In particular, they focused on government responsibility for health care, community and personal control over health care, and differences between conventional medical-centered health care and progressive PHC community health and development.

The main facilitator's session helped participants gain a critical overall view of global health policy, reflect on health issues in their working areas in this context, and consider how to participate in global NGO advocacy for health promotion. In particular, she analyzed reasons for the limited success of PHC in the past, and noted better prospects for achieving comprehensive PHC now given increased decentralization and people's involvement in local governance over the past three decades.

Two participants led a session dealing specifically with global health advocacy in the form of the People's Health Movement (PHM). These two participants reported on their own organizations' involvement with the movement, in Bangladesh and Sri Lanka. (As this topic dealt with both globalization and PHC, it is also discussed in the Module 2.)

4.1.3. Local Governance

One of this module's main topics was local governance, and ways for residents (communities and People's Organizations), NGOs, and local government to contribute to development. AHI facilitators led a series of introductory sessions building a common conceptual framework to approach relevant issues in local governance. First, a participatory session on the widespread trend of decentralization clarified the increased significance of local governance. Each participant mapped his/her own country's level of decentralization on a chart in the training room so the group could understand the local governance contexts of other participants. The sessions on development vision and community empowerment reviewed the participants' overall goals. Next, several participants led discussions on NGO roles, PO formation and strengthening, and public-private partnership, focusing

on the strategies and experiences of their own organizations. The organizations had a range of strategies for working with local government, from collaboration through commissions to run local government-owned health centers (Karuna Trust in north India), to relatively combative relations including frequent demonstrations to achieve fair and honest service from local government officers (ANITRA Trust in south India), to partnership through community groups' involvement in managing local health and development (various cases from Cambodia, Philippines, Bangladesh, Nepal).

As key learnings towards the end of the sessions on local governance, participants' comments included the following: "Fostering solidarity and community spirit is most important," "Strength of local governance depends on the depth of people's participation," "Community Health Workers (volunteers) should be selected by the community for better sustainability," "It is important to strengthen community members' management capacity as well as micro skills."

4.2. What the Facilitator Did: Eliciting Visions and Providing Conceptual Frameworks

The facilitators played a central role in setting the stage for addressing participatory local governance to promote community health, the main focus of the 2009 ILDC. In the sessions on development vision, the facilitator elicited participants' views and drew them to a consensus using various participatory workshop techniques. In the sessions on primary health care and local governance, the facilitator and participants with theoretical knowledge gave lectures on conceptual frameworks and history to help participants analyze specific cases. Reflecting on field visits in Japanese case studies helped participants think critically about the key concepts.

4.3. Summary and Highlights: Clarifying Development Vision and Expanding Knowledge of Healthcare and Local Governance

This module focused participants' attention on their overall development vision, and reviewed basic knowledge of healthcare and development. It also introduced the main theme of the 2009 ILDC –

Asian Health Institute (AHI). Report on the 2009 International Leadership Development Course (ILDC) on People's Participation in Local Governance

participatory local governance – with conceptual input by the facilitators, and case studies by participants on a range of strategies. Having gained a broad view of healthcare and people's participation in local governance, participants were enthusiastic to start sharing and discussing their own areas of work and expertise. After many days in the AHI training room, they were also excited to start their exposure visit to Hiroshima.

4. Module 4: How We Can Approach Our Vision (How We Will Go)



During their 3-day trip to Hiroshima, ILDC participants met with various groups of peace activists, such as these from the Yes! Campaign for a world free of nuclear weapons.

4.1. What Happened: Participants Take the Lead in Sharing Expertise and Learning from Hiroshima

In this module participants took greater control of course planning and management, as the content was primarily presentations and discussions of their own case studies – topics they knew well and felt confident to share. The topics in this module were also a continuation of the general theme of participatory local governance, concentrating on concrete strategies that have been successful in the participants' work. In 2009, they included grassroots peace building, alternative medicine for community empowerment, mainstreaming health interventions in local governance (including organizing community health volunteers, health education, and multi-sectoral change interventions), and cross-cutting input on the Rights Based Approach (RBA).

Twelve of the fourteen participants hailed from countries with ongoing conflict or a damaging legacy of war. Given their strong interest, five and a half days were spent on sessions related to peace

building, including a 3-day visit to Hiroshima. (This long visit to Hiroshima was the first in the history of the ILDC, and was partly financed by a grant from Shinnyo-en, a Buddhist denomination.) Two further peace-related dialogue events took place in Nisshin involving local residents, including AHI supporters: a Multicultural Workshop with the general public, and a workshop with peace activists and organizations in Nisshin City.

Particularly during this module, participants listened eagerly to pick up concrete “how to” hints from one another. After establishing common conceptual frameworks in the previous module, in Module 4 participants led sessions on their own areas of expertise, particularly case studies from their own work, with some theoretical input from the facilitator as introduction and/or synthesis of the session topic.

4.1.1. Peace building

Hiroshima Visit

The main aim of the 3-day visit to Hiroshima (a seven hour car journey from AHI) was to introduce participants to Japan’s experience of war and subsequent reconstruction, underscore the danger of nuclear weapons in particular, and exchange with grassroots peace activists. The experience of atomic bombing during World War II has made Hiroshima (as well as Nagasaki) particularly active in peace building and awareness raising. While it took an investment of time and money, physically visiting the city and meeting with local activists deeply impressed participants on the importance of peace, and the close relation of health work and peace building. Further, besides motivating the participants to step up peace building components in their work, coming midway through the training period, the 3-day group trip also cemented mutual trust among participants and facilitators and sparked their commitment for the final two weeks of the course.

In Hiroshima, participants visited the Peace Museum and Park, held workshops and fellowship dinners with several local peace building groups, listened to an A Bomb survivors’ testimony, and

visited an elementary school with a high proportion of non-Japanese children, including orientations to school health programs and in-school peace education.

Grassroots Peace Building – Cases from Nisshin, Timor Leste and Cambodia



A peace activist from Nisshin presents her *kami shibai* panel theatre for ILDC participants.

Before and after the trip, participants furthered their own understandings of peace and peace building through health work. In particular, before the trip, AHI provided extensive orientation to peace building in Hiroshima. Participants gained basic knowledge of Japan's peace movement, security treaties, and the bombing of Hiroshima and Nagasaki through lectures and a film. They extended their knowledge of grassroots peace building by meeting with Nisshin-based activists in a workshop at AHI. The Multicultural Workshop, arranged primarily to raise diversity awareness among the Japanese public, also introduced a different aspect of peace, as harmony between different cultural groups in a society.

After the visit to Hiroshima, participants learned about peace building in other Asian countries. Two participants and one AHI facilitator presented cases of grassroots peace building, in Cambodia and Timor Leste. The AHI facilitator then led the focus back towards health through a workshop session on the role of health workers in peace building. Having just returned from the group visit to Hiroshima, participants considered deeply how they might incorporate peace building in their

own organizations' activities. Thus, sessions were scheduled to allow sufficient orientation and follow-up to the Hiroshima visit.

4.1.2. Alternative Medicine

In 2009, a number of the most active participants had a strong interest in alternative medicine and communicated this enthusiasm to other participants. One participant from northern India shared his knowledge of herbal medicine and his experience supporting self-help groups in commercial farming, processing, and marketing of medicinal herbs. Another participant explained the concept of Philippine Integrated Medicine (PIM), providing specific traditional remedies and demonstrating other alternative techniques in response to the needs identified by the group. As well as regular sessions by participants, a Japanese practitioner of alternative medicine, Mr. Yamada, gave a lecture and demonstration. Even participants whose work was not directly related took part, and one participant started implementing the treatment method upon return to her workplace, with technical support from another participant with expertise in training health volunteers on herbal medicine.

4.1.3. Mainstreaming Health Promotion in Local Governance

Participants presented their experience with various strategies for participatory local governance for health, and one presenter outlined the Rights Based Approach (RBA) as a way to conceptualize community development for participatory local governance. The strategies included one Indian NGO's experience rehabilitating government health centers on commission, a Nepali NGO's role in building a PO support and pressure group of uterine prolapse survivors, as an illustration of cross-cutting gender issues in local governance. Three participants, from the Philippines, Timor Leste, and Afghanistan, shared lessons on organizing community health volunteers. Presenters from Japan, Timor Leste and India introduced multi-sectoral interventions for environmental health and health financing. The Japanese case study was presented by an AHI volunteer and his friends, who had served as sanitation volunteers with their neighborhood association.

There was one further field visit during this module, to see the health promotion activities of a neighboring city government. This city government's approach is to mainstream health promotion in the activities of various government sectors, with the concept "Healthy City Owariasahi." The health promotion activities are focused on non-communicable chronic diseases, with very active involvement of health promotion volunteers. ILDC participants exchanged ideas with health center staff, health volunteers, service users, and city government officers.

The participants also learned about Owariasahi City's "Mama-Papa classes" for expecting parents. The program's attempt to include fathers in child health programs was eye-opening for many participants, and was mentioned by several of them in their plans for action after return to work.

4.2. What the Facilitator Did: Setting Participants' Experiences in Broader Context

In this module, participants took the lead in sharing their own expertise, success stories and challenges. The facilitators' job was to help participants understand the context of each topic, and to consolidate the essence of each presentation. Another key role was to encourage participants to prioritize topics to cover during session time and those to deal with in optional evening and morning sessions.

Organizing the field visits to Hiroshima and to Owariasahi demanded considerable time and effort from facilitators prior to the course. As in Module 2, ongoing challenges for facilitators included capturing the participants' concentration in pre-visit/event orientation and maintaining sufficient time for post-visit/event reflection.

4.3. Summary and Highlights: Participants and Japanese Exchange Experiences in Promoting Health and Peace

In this module participants took the initiative in exchanging their own successful strategies and concrete experiences in areas of participatory local governance, ranging from grassroots peace building, organizing community health volunteers, alternative medicine for community empowerment, and awareness raising, to Rights Based Approach (RBA). Participants were highly motivated to listen to and learn from one another as well as to share with Japanese activists, officials and residents they met during field visits.

In 2009, AHI was able to carry out a three-day ILDC field visit to Hiroshima. Meeting Hiroshima peace activists face to face deeply moved participants and motivated them to include peace building in their own future work. Participants' concept of peace building broadened to include working towards ending all types of discrimination and injustice, on societal and interpersonal levels, and advocating against nuclear weapons. A further benefit of this group trip half way through the course was that it deepened the participants' group trust and solidarity, an important base to promote powerful group learning.

How to incorporate exposure visits into the ILDC is an ongoing issue. Field visits are time-consuming, and preparing for them also takes a lot of time, both in making arrangements and in providing sufficient orientation and follow-up for participants. However, one of AHI's aims for the ILDC is to link up people/organizations in Japan with relevant people/organizations from other Asian countries. Also, from the perspective of the AHI Foundation, while the participants are in Japan for the ILDC, the organization must make the most of the opportunity to attract and involve the Japanese public as their donations are AHI's primary source of funding. From the perspective of the participants, exposure visits and local community dialogues are welcome, first, to break up the long hours in the training room, and second, because the participants want to see and learn from Japan as well as from one another.

5. Module 5: How We Should Change

5.1. What Happened: Input on Participatory Management Skills and Reflection on Personal Leadership

As noted in the introduction, Module 5 issues of leadership and personal growth were dealt with throughout in personal sharing, course management, planning, group reflection, task group work and assessment, and the Johari's Window session. Direct session content on this module was short (only two days) and focused on organizational management and leadership, in particular, participatory management, participatory monitoring and evaluation, and participatory training methodology.

“Personal sharing” sessions were a daily venue for participants and facilitators to reflect on their own personal growth as health and development workers. Each day before the recorded sessions, participants and facilitators took it in turn to share their life stories, one person per day, for about fifteen minutes, focusing on what led them to their current work, and what keeps them in community health and development work. This sharing enhanced participants’ mutual trust and solidarity as a group and commitment to their work.

5.1.1. Participatory Management

AHI's general secretary gave the first session in this unit, a lecture on AHI's organizational management, and the organization's role in network advocacy to improve Japanese official development assistance (ODA). Participants led sessions on issues they had identified: monitoring and evaluation, fundraising, and staff motivation. One participant introduced Appreciative Inquiry (AI) as a tool for participatory evaluation, and the group later decided to apply this technique in the overall ILDC course evaluation.

Leadership Qualities Workshop

Prior to the workshop, participants assessed their own leadership qualities using a checklist, identifying both strengths and points for improvement. In the workshop, first a group of participants led a session analyzing leadership qualities using role play and discussion. Next, the facilitator displayed the following sentence stems, and asked the participants to complete the sentences on post-it cards.

A person is a good leader if s/he:

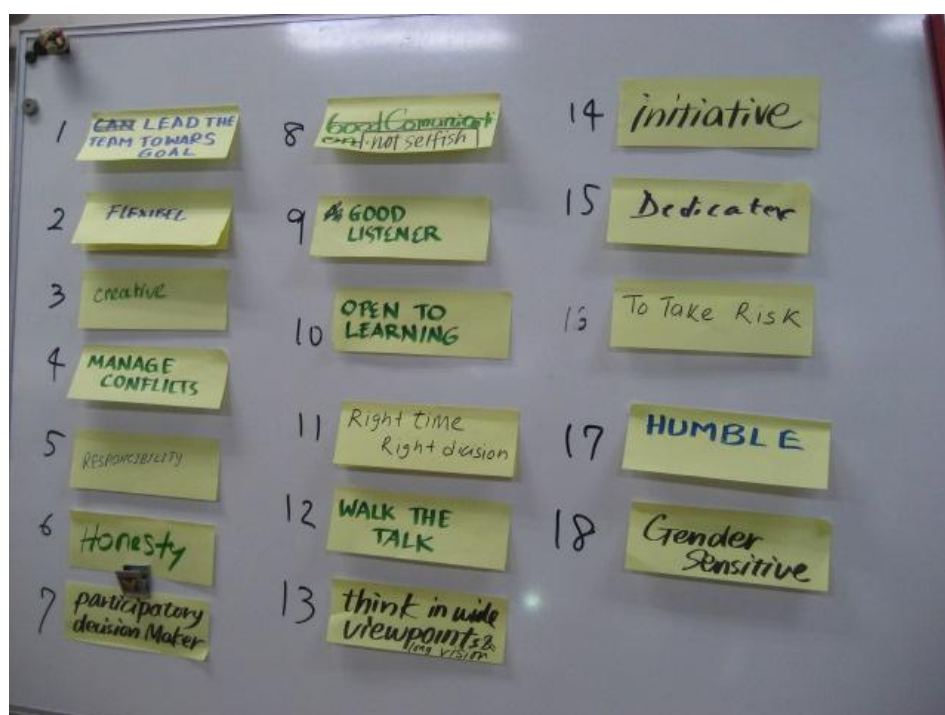
is.....

can.....

does.....

has.....

When participants were satisfied that they had written enough, they were asked to post them on the blackboard, and the group went over the sentences in turn, asking the writers to clarify the meaning as necessary. Next, each participant and facilitator selected the characteristic they felt was most important to them personally. The participants then voted to select four more characteristics,



As part of the leadership evaluation session, each participant posted the leadership quality most important to him/her. After discussion, participants used these characteristics to evaluate their own and fellow participants' leadership.

making for a total of 18 items. Each participant was then given a sheet of A4 paper and copied this list of characteristics. They then folded the paper lengthwise several times.

Self-evaluation started here. Participants were asked to rate themselves on a scale from 1 (none) to 6 (perfect) for each of the characteristics to reflect on their own leadership qualities, including both strengths and points for improvement.

The next step was giving mutual feedback in groups of four to five persons. The facilitator asked the participants, “This is our last chance to give each other systematic feedback on our leadership skills. If you are open to doing it, we can go on to evaluate one another. Are you willing to do it?” With the participants’ approval, the facilitator gave guidelines for peer evaluation and feedback.

Guidelines for the feedback giver:

- *Intention is to help the person to grow*
- *Feedback should be clear, open and specific*
- *Use “I” messages (“I felt...when...because...”)* rather than “you” messages

Guidelines for the feedback receiver were:

- *Intention is to develop oneself*
- *Don’t argue, but try to understand the feedback*
- *Crosscheck your understanding if necessary*

After taking sufficient time for assessment, participants received their own sheets and read them. Participants then discussed the activity in their small groups. In plenary, the facilitator asked for comments on the entire process, stressing that there was still time during the ILDC for participants to work on improving their own leadership.

The facilitator also encouraged participants to adapt this evaluation technique for mutual assessment on any qualitative issue. She introduced AHI’s experience using the technique with partner organizations on partnership evaluation. “When we discovered differences in our evaluation, we discussed them in detail to clarify our different points of view.” She stressed that this type of

ranking evaluation is primarily a tool for starting dialog and sharing what is important to various partners, not an absolute or objective measurement. She also gave the practical hint of using an even number scale to ensure that evaluators give a clearly above or below middle figure.

5.1.2. Participatory Training Methodology

As part of the overall consolidation, the main facilitator led one session directly considering principles of Participatory Training Methodology (PTM), roles of the facilitator, and PTM's role in social transformation. She characterized PTM as based on belief in each person's capacity to change, emphasizing values, attitudes and behaviors as much as knowledge and skills, and focusing on participants both as a group and as individuals. She identified various roles of the facilitator, such as creating opportunities for participants to experiment and discover, and promoting exchange of information /experiences among members. She also stressed that PT should be seen not as an end in itself, but as a tool for empowerment and social transformation. Reviewing such key points, the facilitator asked the group to reflect on how these principles were applied/not applied in the ILDC.

5.2. What the Facilitator Did: Choosing the Right Time for Sensitive Content

One of the important tasks for the facilitators during this module was to closely monitor the group's dynamics to select a good timing for the workshop on leadership skills at any time during the course. This workshop involves frank self and peer evaluation, and as such, it is a sensitive activity. It can only be done effectively after participants have worked together and built mutual trust. On the other hand, it should also be carried out early enough to allow participants a chance to make use of peer feedback by trying new strategies before the end of the course.

The leadership skills workshop also oriented participants towards preparing their Plans of Action for after return to work.

5.3. Summary and Highlights: Short Module to Reflect on Hands-on Leadership Challenges throughout the Course

Participants learned and practiced participatory leadership and management skills in a hands-on way through their task group work and course sessions. In module 5, participants scheduled two days of course sessions directly addressing participatory management and participatory training methodology.

The leadership skills evaluation was a climax of the module. The activity was valuable because the group had developed sufficient mutual trust to share and listen to each other's evaluations. In fact, the facilitators were careful to include trust-building exercises, reflection, and so on to ensure that participants were ready to make use of this potentially hurtful evaluation exercise.



Serious fun. Participants and AHI facilitators led frequent energizers to break up the long hours of serious study in the training room, as well as to build trust between participants.

6. Module 6: What I Am Going to Do

6.1. What Happened: Preparing a Bundle of Learnings to Take Home

This brief module guided participants in synthesizing their learnings from throughout the course and preparing their own “bundle” to take home. The module included three main activities: 1. Overall synthesis on the course flow, contents, process and key learnings; 2. Presentations on Plans of Action (POA); and 3. Overall course evaluation. Participants also organized a closing ceremony.

6.1.1. Overall Course Synthesis

The facilitator prepared a set of questions to guide participants in reviewing and synthesizing learnings from the course as a whole. The questions were:

- ① How was the course planned, implemented, monitored and evaluated?
- ② What were the leadership development components?
- ③ How did the group (not only each task team but the participants as a whole group) develop?
- ④ How did the roles of participants and facilitators change from the beginning of the course up to now? Was there any change/shift as the course moved on?
- ⑤ What roles were taken by participants, AHI facilitators, resource persons, AHI staff, and interns/volunteers?

Taking account of time constraints, the participants decided to deal with the first two questions in plenary, and then to split into small groups, each taking responsibility for one question, to address the remaining points. Each small group then reported briefly on their discussion.

Regarding the first question, the main facilitator reminded participants of the outline of course modules (Who we are, Where we are, Where to go, How to go, What I will do) and the levels of analysis covered (self, organization, community, country, Asia/global).

Regarding the second question, participants identified the task teams as practice in leadership development. They particularly saw the cooking team as a very important part of training design, partly because such professionals are not available in Japan. Female participants valued the cooking task team as a good venue for gender sensitization.

6.1.2. Plan of Action (POA)

Each participant was required to prepare, present and write up a Plan of Action (POA) for after return to work, incorporating their key learnings from the ILDC. Some free time during the day was scheduled for participants to work on their POAs, but most spent long hours on preparing their presentations and revising before submission to the AHI office. In 2009, the presentations were all made on one day, and AHI's senior staff and board members also participated to give feedback. The feedback enabled participants to further clarify and improve their POAs.

Basic guidelines were provided for preparing the POA. Format was free, but the POA was to indicate "why, who, what, when, where, and how" in relation to each proposed action. Facilitators also encouraged participants to ask for further guidance in preparing the POA, as necessary. The main facilitator advised:

In making your POA, refer to: your own notebook, list of key learnings and ideas for action, workshop outputs, handouts and readings, reflective assessments (PO autonomy, PHC approach, community capacity building, leadership). Your POA may include improving an ongoing system or activity, starting something new, stopping something. Consider how you are going to put your learnings from the ILDC into concrete action in field activities, organizational management, or personally.

POAs included many new activities or revised ongoing activities based on learnings in the ILDC. Participants listened actively and offered constructive comments and questions. For example, in response to one participant's plan to involve fathers in his organization's "Mother and child" health programs, other participants and audience members gave the following questions and comments:

G: Your objectives include "including fathers in childrearing." Can you give us more details of what you would like to include?

L: In Timor Leste, fathers often don't pay much attention to their wives during pregnancy, childbirth and after the baby is born. Essentially, looking after babies is seen as women's responsibility. I want to introduce the idea that men's participation and help is important.

Facilitator: It seems very feasible because you are adding to ongoing issues.

Often, audience members encouraged the presenter to reconsider the POA in the light of his/her Basic Question. Some of the Plans also included cooperation between ILDC alumni. For example, two participants from the same geographical area, one from an NGO and the other a local government official, planned to propose and implement a garbage management scheme. Audience members gave feedback as follows:

F (local government): We have training going on now and some budget for the scheme.

AHI staff: As you mentioned in your basic question, how about including the mayor in your program implementation?

L (NGO staff member): The level of decentralization is not high enough, so mayors do not have the authority to get involved.

Facilitator: Are the local government officials interested?

L: Yes, they are very interested.

Facilitator: So why don't you invite the local government officials and politicians to the training you give. Then, when the government is decentralized they will have the knowledge to get involved quickly.

Some of the plans included actions on longstanding organizational management in the participant's workplace, which the participant became fully aware of during the ILDC, as in the following example.

G: Can you be more specific about Item number 5 in your plan?

T: Now I'm at ILDC I am receiving lots of e-mails asking me to decide and take responsibility for a lot of things. I realized very clearly that one person handling a lot of responsibilities is inefficient. I will address this now.

S: Do you have an assistant?

T: No.

Te: How many staff are there in your office?

T: Nine in all. But we organize and supervise many training courses in different provinces at the same time. We have to prioritize more clearly which courses to attend in person and which work to prioritize in the office.

Facilitator: So, this issue has existed for a long time. How can you make sure the upper management and staff understand and support your efforts to reorganize your unit?

Thus, each participant prepared plans for concrete actions after return to their workplaces. Having developed a strong sense of mutual responsibility, participants and facilitators also criticized one another's POAs constructively and actively. Finally, participants were required to revise their POAs making use of the feedback received, and submit the final versions to AHI for future follow-up.

6.1.3. Overall Course Evaluation

The course evaluation was led by a volunteer task team, which also included the main facilitator in planning the overall evaluation session. The course facilitator's role included introducing the evaluation sessions, reminding participants of the purpose and meaning of evaluation, and encouraging the participants' task team to plan sessions to be meaningful to participants themselves. In all, almost one full day was spent on the overall evaluation, including individual reflection, small group workshops and plenary presentations, and an Appreciative Inquiry exercise.

The course facilitator asked participants to consider the purpose of evaluation (“as a positive tool”), and came up with the following list:

- To improve oneself
- To understand achievements and changes
- To see growth of group/individual
- To identify challenging factors
- To find out where we are in relation to dreams/visions
- To find out our direction

She clarified the origin of the word evaluate as “ex” (drawing out, extracting) “value” (meaning, significance). She also defined evaluation as a part of capacity building, in that it strengthens people’s ability to learn from the past and adjust their approaches for the future.

After this introduction, the evaluation task team took over facilitation. They started with an orientation, going over the questionnaire they had prepared the previous night.

Questionnaire

- 1 Were your personal objectives / expectations met? Why do you think so?
- 2 Were your group objectives / expectations met? Why do you think so?
- 3 What were the most important/ best learnings for you from this course?
- 4 How do you think about your personal growth / development during this course? (e.g., change in attitude / behaviour.)
- 5 Your POA about yourself as a person, what you decide to improve: “From now on I will...”
- 6 For you, what is the overall meaning / impact of joining this course?
- 7 How do you assess the roles played by the 3 AHI facilitators? Comments and suggestions?
 - Overall facilitator
 - Co-facilitator
 - Peace-related programs facilitator
- 8 Any comments / suggestions on the other staff and volunteers involved?
 - Administrative support
 - Other AHI staff and board members
 - Interns

- Other volunteers
- 9 Any comments / suggestions on the following?
- Food
 - Dormitory
 - Facilities / equipment / stationery
 - Reading and reference materials
 - Pre-information to participants before the course
- 10 Any other comments / suggestions

After some discussion of how to approach and use this questionnaire, participants took about 15 minutes to reflect alone on all the questions; 30 minutes for small group discussion on questions related to group learning, facilitators, and AHI; and 30 minutes for sharing in plenary. Sharing on more personal questions was conducted in a separate session.

Participants stated that the group objectives were met. They were also satisfied with the facilitation, administrative support, meals prepared by volunteers, and pre-arrival information. A number of participants suggested cleaning or buying new bedding. The evaluation also provided an opportunity to clarify some misunderstandings about travel schedules.

The AHI facilitator team also presented their own answers to the questionnaire. They rated achievement of objectives at 80%, because participants included new concepts in their POAs, but some of the plans were vague, for example, with relation to concrete activities for promoting peace or advocacy on other issues. Regarding session content and process, facilitators reflected that they should encourage participants to prioritize topics more rigorously, and encourage participants to ask each other more challenging questions. Regarding participants' leadership initiative, the facilitators reflected that the 2009 batch was especially considerate and supportive of one another's learning. Thus, both facilitators and participants exchanged their assessment of the group's achievement.

All participants stated that their achievement in the course had exceeded their expectations. As their most important learnings from the course, many participants cited participatory training methodology, hearing experiences and case studies from various countries, peace building,

volunteerism and volunteer management, and developing cultural sensitivity through living and working together.

Regarding the principle of 24-hour learning, participants noted that it was physically and mentally demanding, but also enabled them to learn about cooperation and leadership, as indicated in the following comments. (All quotations are from the Facilitation Team Daily Documentation, 6 October 2009.)

- ✧ It really develops our leadership skills. I was very impressed by the principle 'You can learn everywhere all the time.'
- ✧ When I heard that we have to stay in a shared room, I was upset, because we come from different countries. I didn't like it at first. I thought it was bad conditions. But then I realized it was also a very good opportunity for us to learn too.



One participant leading a workshop on her own field of expertise. Many participants were surprised by the extent to which they themselves served as resource persons, facilitators and planners for the course – as well as cooking, cleaning, and learning.

Regarding the participatory training design, one participant summarized how he had gradually become aware that participants themselves would be responsible for deciding the details of course content.

- ✧ In a training course, usually you get a schedule on the first day. But we got no schedule here, even after the second or third day. After a couple of weeks, I got to understand.

Another participant commented that she appreciated being given space and time to learn at her own pace, and to take responsibility for the content of her own learning.

- ✧ Before I came here I knew I was responsible for my own learning. I was very aware in the first few days that we have to take the initiative for our own learning... I think we were given enough time to not feel stressed – we can be alone or go in the group. I really appreciated being able to learn on our own. Even though the staff knows a lot, their experience is not mine and their learning is not mine.

Evaluation regarding more individual level learning and participation was dealt with in a separate session with participants and facilitators sitting in a big circle on the floor, to give a chance for each participant to speak to the whole group, and to present their plans of action for personal life. Common themes in participants' personal plans of action (PPOA) included starting small, starting in the family, being a better listener and more participatory leader, reducing the tendency to judge, building trust and solidarity, and, from several male participants, doing housework at home.

During the evaluation session, the AHI general secretary also took the opportunity to get some feedback to improve the course description. Many participants commented that the level of participation had surprised them. For example:

- ✧ I was expecting more expert lectures from resource persons. But the participants themselves were able to share their own knowledge to meet our course objectives. It's very unique that we are asked to be resource people here.

Another frequent comment regarded the informal atmosphere, for example:

- ✧ I thought I would have to wear a suit and tie to give presentations... Maybe you can add something about the at-home atmosphere.
- ✧

6.1.4. Appreciative Inquiry Evaluation

During the earlier module on organizational management, one of the participants introduced the method of evaluation by Appreciative Inquiry (AI). The participants took the opportunity to include an appreciative inquiry session during the overall course evaluation.

The session was carried out as follows. In turn, each participant received words of appreciation from the other participants referring to concrete actions and attitudes observed during the time at AHI: “I appreciate you because...” For example, one participant received the following comments:

“a good learner,” “always first to help,” “helped me to prepare a Powerpoint presentation,” “very friendly,” “makes jokes,” “good teamwork,” “tries to overcome negative situations,” “good learner,” “taught me a new breathing exercise”

As the session continued, participants and facilitators became quite emotional as they communicated their appreciation for one another. To conclude the session, the participant facilitator said, “When you feel discouraged in your work, remember these words of appreciation.”



Participants performing a role play during the course. During evaluation, many participants mentioned they were pleasantly surprised by the supportive at-home atmosphere during the ILDC, an essential factor in fostering creative learning and experimentation.

6.1.5. Plans for Post-ILDC Follow-up

The AHI facilitators initiated discussion of post-ILDC follow-up by characterizing the relationships between AHI staff and ILDC participants before, during and after the ILDC, as follows:

Prior to the course: Organizer – applicants

During the course: Facilitator/host – participants

After the course: Development partners, colleagues

The facilitators listed AHI's regular follow-up programs, AHI requests for alumni to serve as resource persons, and scope for joint programs and partnership with AHI. A number of participants asked about details of possible future domestic workshops. One of the participants also suggested setting up a Facebook page for the 2009 batch.

6.1.6. Closing Ceremony

A brief spiritual closing ceremony was organized by a team of three participants and one AHI facilitator. AHI founder Hiromi Kawahara, Board Chairperson Hisafumi Saito, and General Secretary Kagumi Hayashi also participated. During the ceremony, each participant, including facilitators, spoke for one minute on their overall impressions of the course. Kawahara, Saito and Hayashi also gave short closing words. This spiritual ceremony rounded off the course.

6.2. What the Facilitator Did: Shifting from Teacher to Partner

The facilitator's main job was to ensure that each participant reviewed and synthesized course learnings to make a "take home bundle." By this module, the participants took the initiative in organizing and learning, rather than depending on the lead from the facilitators. The facilitator gave

only basic guidelines for preparing POAs, and participants actively asked each other for help as needed. The evaluation session, too, was planned and facilitated by a team of participants including the facilitator. Thus, the facilitators gradually moved away from the “teacher” role and towards a partner relationship with participants.

6.3. Summary and Highlights: Evaluating the Course, Planning Next Steps, and Giving Appreciation

Preparing and presenting the POAs represented a culmination of ILDC learnings and preparation to return home. Participants worked very hard to incorporate and apply their learnings to address the situation in their own workplaces, and to encourage each other to clarify and improve those POAs.

The evaluation allowed participants to organize their thoughts and feelings, and also allowed AHI to gain feedback to improve the course. In 2009, Appreciative Inquiry (AI), an evaluation method introduced by one of the participants, was also incorporated in the ILDC overall evaluation.

By this time, participants had developed the leadership to take the initiative in proposing and carrying out course sessions, openness to learn from one another, and courage to try out new approaches. Finally, they had also become very supportive of one another and eager to maintain their personal and professional relations through post-ILDC networking.



AHI holds an annual Open House for supporters and local visitors, and as a graduation ceremony and party for ILDC participants. Here, participants

Part 3 Executive Summary

7. Executive Summary

7.1. Asian Health Institute (AHI) and the International Leadership Development Course (ILDC)

The Asian Health Institute (AHI) is a Japanese non-governmental voluntary organization (NGO) committed to supporting the development of well-being and well-doing of marginalized people in Asia. Since its establishment, AHI has been working for human resource development through participatory training programs, based on its philosophy of “Sharing for Self-Help”. Course participants are community health and development workers from people’s organizations (POs), local government and NGOs throughout Asia. The current framework of the International Leadership Development Course (ILDC) emerged around 1990, and AHI continues to revise it as appropriate.

7.1.1. Aims of the Report: A Reference, Not a Manual

This report is intended as a representative summary of the ILDC, recording the 2009 course. AHI has a basic framework for the course, but no manual, for a number of reasons. First, each facilitator must develop his/her overall leadership, that is, his/her development vision and personal style as well as a repertory of training techniques. Second, as each training course and each ILDC is different, guidelines and possible activities are more useful than a prescriptive manual. At the ILDC, within AHI’s overall course framework, participants plan specific content and goals. The facilitators, too, plan activities to meet AHI’s goals, building on past experiences and adjusting activities to meet the apparent needs of the group. Thus, AHI hopes the report will serve as a thought-provoking reference rather than a manual, for other organizations conducting similar courses.

7.1.2. International Leadership Development Course (ILDC): “Sharing for Self Help”

Selection process

The ILDC begins with a careful selection process as there are only around 15 slots for each course. Applications are accepted only from representatives of organizations, and the sending organization must demonstrate its commitment by paying half the airfare to Japan. Selection criteria are set according to each year’s thematic focus, which in 2009 was people’s participation in local governance.

Training Design

AHI’s motto is “Sharing for self help,” and the training design follows this idea with three key strategies: 1. leadership development through a group process; 2 participants as resource persons, and 3. live-in training in an intercultural setting.

The course runs for five weeks at AHI’s Training Center in Nisshin, Aichi, Japan. The facilities are simple and the atmosphere is homely – which is often a surprise to participants expecting a formal international course in an industrialized nation. Participants stay in shared rooms, and participate in daily cleaning, cooking, and moderating task groups. Learning by doing and reflecting on this intercultural group work is an integral part of the course.

Course sessions follow a loose framework of six modules, each lasting a week or less. Detailed objectives and contents of each course are decided by participants. The framework is as follows: In the first module participants introduce themselves and their organizations, and set individual and group course goals; in the second module they look at current global and national contexts of health and development; in the third module they clarify their overall development vision and concepts of community health care; in the fourth module they share their experiences and strategies for community health care; in the fifth module they reflect on their own leadership development and learn specific leadership skills; in the sixth module they synthesize their learnings before returning to work.

Participants See Their Leadership Develop as the Course Progresses

In 2009, as usual, there was a gradual change in the relationship between participants and facilitators as the course progressed, and by reflecting on their own experiences in task groups and sessions, participants observed their own leadership develop. At the beginning of the course, participants tended to treat the facilitators as teachers and leaders. During the first course planning session, however, many realized for the first time that they, the participants would be responsible for deciding and providing course content, and ultimately, responsible for their own learning. In the fourth session, all participants shared their own expertise as health and development workers, and learned practical strategies from one another. By the sixth session, participants were taking the initiative to organize and plan events. The relationship between participants and facilitators had developed from that of student and teacher to partnership between equals, and participants observed their own personal growth as participatory leaders.

2009 ILDC Peace Focus

In 2009, the course included a focus on peace building in relation to health care. Many of the participants hailed from post-conflict regions. For the first time in the history of the course, the group participated in a three-day exposure visit to Hiroshima, where they met with atom bomb survivors and local peace activists, after meeting with peace activists in AHI's home city, Nisshin. Participants shared their own organizations' strategies for peace building and reconstruction, and ways they combine peace building with health care interventions. This peace focus deeply impressed the participants, as was clear in their Plans of Action (POAs) for after return to work. Building on AHI's own experience, the participants came to see health and other sectoral interventions as venues to build community and promote a culture of peace.

Part 4 Appendices

Appendix 1. ILDC 2009 Course Outline



The Asian Health Institute Foundation

2009 AHI TRAINING COURSE OUTLINE

The Asian Health Institute (AHI), founded in 1980, is a Japanese non-governmental voluntary organization (NGO) committed to supporting the development of well-being and well-doing of the marginalized in Asia. Since its establishment, AHI has been working for human resource development through participatory training programs. These training programs offer opportunities throughout Asia for middle-level community-based health and development workers to enhance their capabilities as: 1) community organizers and trainers in health and development issues; 2) facilitators for people's organizations (POs) and local governments (GO) towards participatory local governance; and 3) as middle-level managers to empower their own organizations through participatory management. Moreover, AHI promotes networking among participants and their organizations to strengthen overall NGO effectiveness in responding to the health needs of the people. AHI offers one training course in Japan for 2009 described below.

International Leadership Development Course on

People's Participation in Local Governance in Health

INTRODUCTION

Health is the fundamental right of all people. However, in reality, health and health care is, to a large extent, a privilege of the rich. Rather than "Health is Wealth," it is "Wealth is Health."

For the poor in Asia and elsewhere, neo-liberal economic globalization, which has accelerated since the 1990s, has made their survival even harder. The privatization and commercialization of health are turning the basic needs of the poor into a market commodity. Governments have withdrawn from their responsibilities in the social service sectors such as health and welfare through extremely low budget allocations. Many governments privatize some of their health facilities, charge user fees for service, and push local governments and health facilities to take care of the health budget, all of which causes a further unequal access to health care for the poor.

The failure of a free market economy together with the lessened government responsibilities has caused wider gaps among people, areas, and nations, and further destruction of nature and the living environment both locally and globally. Intensified militarization and increasing arm conflicts after 9.11 in 2001 take the already limited resources away from social services and put people's lives and health further at stake. The sudden global financial crisis from the later 2008 caused massive unemployment and uncertainty among the people, not only the poor but also for those who believed to be better off.

On the other hand, another global trend, decentralization, has been underway which provides a space for the people to take part in decision making at the local level on issues and policies affecting their lives. In health or any other sectors, the space for people's participation was created and stated in new policies. However, in reality, the genuine participation of the local populace often does not take place but remains nominal, or, as often is the case, the poor are excluded from opportunities to participate.

In order to effectively respond to current and emerging health and development challenges, community-based health and development workers must review their roles, explore new strategies and actions with wider perspectives. Middle-level workers, who are in touch with both grassroots and global realities, can play a key role in achieving health for/by/with the poor. They can facilitate in the people's organization's (PO) formation and, in building a capability for them to actively participate in local governance, can also support local governments and other partners in embracing participatory local governance.

COURSE PERIOD

September 9 (Wed) , 2009 - October 12 (Mon), 2009

2009 COURSE FOCUS

Based on the PO formation and strong capability building work, how can people's community-based actions and active participation in local governance be promoted? How can such people's initiatives and participation experiences in the health sector be extended to other development issues? Or vice versa, how can experiences in other sectors be applied in health would be examined. Participants are expected to bring case studies of concrete field experiences on PO formation and strengthening and of promoting people's participation in health (or in other development sectors) in collaboration with other development partners in specific localities. In addition to this common case sharing, participants are to lead sessions as resource persons on related topics of their expertise.

OBJECTIVES

The course aims to enhance the leadership quality of the participants, who facilitate the empowerment of people's organizations through partnership and collaboration between and among the NGOs, the POs, the GOs and other partners in health.

During the course, the participants will be able to:

- brush up analytical skills around health and development issues at the local and global levels
- discuss the effects of global and macro trends such as globalization, decentralization, and health sector reform on the poor and the vulnerable
- clarify key terms in health and development such as primary health care, health promotion, decentralization, local governance, etc.
- seek alternative development perspectives and the role of NGOs, POs, and GOs
- revisit the principles of people's organization formation and find effective approaches for capability building
- explore effective strategies to promote the people's participation in local governance and its application to health
- discuss potential roles of health sector in conflict prevention and peace building
- enhance the participatory concepts and skills in field activities, training, and organizational management
- re-examine their own organizations and find specific points for improvement
- reflect and enhance their own attitudes and values to become more effective community health and development workers
- formulate their own plans of action, incorporating their learning and insights from the course

The above are tentative objectives. Specific objectives and schedules will be developed and finalized by the participants collectively during the course.

PRINCIPLES AND METHODS

AHI's basic philosophy is "Sharing for Self-Help". The course will be conducted applying AHI's participatory principles and methods. Participants are responsible for their own learning. The course process becomes its content, and learning is most powerful when thinking, feeling, and action converge together. Participants will share their own ideas and experiences and learn from each other to build the course together. By sharing and working collectively, the course serves

to facilitate self-reflection by the participants. The process enables them to grow and become more effective workers capable of empowering and motivating people to think, feel and act for themselves while continuously learning from and being empowered by the people and others. This is not a technical or theoretical course on how to become a good leader or manager. There will be no fixed course schedule made by AHI with a list of lecturers. Details of the course schedule, contents, and methods will be planned by the participants with AHI facilitators. The bulk of the course input will be formed by the participants' ideas, skills and experiences, rather than relying on outside resource persons. Participants are expected to make presentations and lead sessions on their expertise topics as resource persons. Primarily, participants will learn through working together on case studies, demonstrations, workshops, learning exercises, dialogues, small group discussions, role plays, exposure visits and cultural programs. Moderating, reporting, and reflecting on activities are also important components of the course.

Another feature of AHI course is the live-in style training in intercultural setting. Learning through living together in the dormitory accommodation, including the sharing of daily living tasks such as cooking breakfast, washing dishes and dormitory management, offers opportunities for participants to work with others with different cultural backgrounds. AHI considers such out of session time as an important integral part of the course.

SENDING ORGANIZATION

Must have experiences in utilizing PO formation and strengthening, multi-sector collaboration, and human development as major strategies rather than just service delivery in health and development work. Primary participants are NGO workers. However, a team application of an NGO worker with a partner PO leader is welcomed. NGO applicants may invite qualified PO leaders who have been working in the same area toward a common goal and can present their concrete experiences on PO formation and participation in local governance in health in English.

PARTICIPANTS

Twelve (12) women and men from various Asian countries.

The participants should meet all of the following criteria:

- Have at least 5 years of field experience working in community-based health and development programs in rural and marginalized areas
- Have extensive experience in community organizing/PO formation and capability building
- Have experience in multi-sector collaboration toward participatory local governance in health or plan to extend into health from other sectors/issues in a specific locality
- Currently in the middle-level management positions where they can implement plans and influence organizational changes
- Be able to articulate their ideas clearly in English, which is the common language used

in this course

- Be cooperative and responsible in group work
- Be around 27 to 50 years of age, and in good health
- Have a strong commitment and support from her/his sending organization to fully utilize the learning and techniques acquired from the course
- Be committed to continue working in the sending organization for minimum 2 years after the completion of this course

VENUE

Asian Health Institute (AHI)

987-30 Minamiyama, Nisshin, Aichi, 470-0111 JAPAN

FINANCIAL REQUIREMENTS

In line with our standard financial sharing policy, AHI will pay for:

- Training expenses
- Board and lodging during the course period
- Domestic transportation expenses incurred within Japan
- Half of the international airfare to and from Nagoya, Japan using the most economic direct route with minimum transit expenses

AHI requests the sending organization to take responsibility for:

- The remaining half of the international airfare*
- Domestic transportation expenses within your country
- Other expenses incurred by travel preparations such as obtaining a passport and visa, and airport tax within your country

*For PO leaders, a different international airfare sharing could be considered according to the financial situation of the POs and their partner NGOs. Please inquire us as needed.

**Regarding the sending organizations in Korea, Taiwan, Hong Kong, and Singapore, and the field offices or counterpart organizations of Japanese NGOs, AHI requests that you pay the full amount of the international airfare and part of the training expenses. Please inquire us for further details.

APPLICATION PROCEDURE

Please complete and submit the following documents:

1. AHI official application form for ILDC 2009
2. Statement by the sending organization with information.

(For PO applicants recommended by NGOs, the ENDORSEMENT sheet should be filled out by the authorized personnel of their partner NGO and attached to the application.)

3. Two passport size photos

4. Brochure and annual activity report (If not written in English, attach a summary in English to the original brochure and annual activity report.)

DEADLINE FOR SUBMISSION

Please send all application documents through e-mail (if possible) AND post mail. When you are sending them through e-mail, send twice at different times to make sure to avoid mail failures.

AHI will send you back an acknowledgement of receipt. To finalize the application, all the above ORIGINAL documents must reach AHI via post mail before:

April 22, 2009

All applicants will be informed of the selection results approximately one month after the application deadline. Successful applicants will receive further information and documents necessary for travel and course preparation.

CONTACT PERSON

Ms. HAYASHI Kagumi

Tel : 81-561-73-1950

General Secretary

Fax : 81-561-73-1990

Asian Health Institute (AHI)

E-mail: info@ahi-japan.jp

987-30 Minamiyama, Nisshin

Website: <http://www.ahi-japan.jp/english/english.html>

Aichi 470-0111 JAPAN

Appendix 2. List of Participants

* Organization Type Key: GO = Government Organization; J = Japan; LNGO = Local NGO; JNGO = Japanese NGO; LGU = Local Government Unit

Country	Name		Organization	Org. Type *	Position
Afghanistan	Ms.	Nasrin D/O Mohammad Aziz	JICA-Ministry of Public Health (MOPH) Project	GO/J	Training Coordinator
Bangladesh	Mr.	Shankar Kumar Nandi	The Salvation Army, Bangladesh	LNGO	Project Manager
Bangladesh	Mr.	Abu Hena Mostafa Kamal Prodhan	Community Development Association (CDA)	LNGO	Coordinator of Planning, Monitoring and Evaluation Section
Cambodia	Ms.	Thavry Kak	Ministry of Health (MOH), National Center for Health Promotion (NCHP)	GO	Deputy Chief of Environmental Health and Hygiene Unit
Cambodia	Ms.	Sokun Thea Sok	Partnership for Development in Kampuchea (PADEK)	LNGO	Programme Support Officer
Timor Leste	Mr.	Alfredo Jorge	Ministry of Health, Lautem District Health Service	LGU	District Public Health Officer
India	Mr.	Anup Kumar Sarmah	Karuna Trust	LNGO	Clinic Coordinator and PHC organizer
India	Ms.	Florence Vijayavani Uthla	Asian Network for Innovative Training, Research and Action Trust (ANITRA Trust)	LNGO	Coordinator, Health Program
Nepal	Ms.	Bijaya Subba	Centre for Agro-Ecology and Development (CAED)	LNGO	Administrator and Project Holder

Appendix 2. List of Participants (cont.)

Country	Name		Organization *	Org. Type	Position
Nepal	Mr.	Ujjwal Upadhaya	Lalitpur Nursing Campus (LNC)	LNGO	Program Coordinator: Women's Reproductive Rights Program
Philippines	Ms.	Marites Estabillo Cangao	I-CAN Foundation Philippines, Inc.	JNGO	Executive Secretary
Philippines	Mr.	Gilbert Arche Hernandez	Integrative Medicine for Alternative Health Care Systems (INAM) Philippines Inc.	LNGO	Project Coordinator
Sri Lanka	Ms.	Marie Princy Henarath Arachchige Dona	Janawaboda Kendraya (JK)	LNGO	Training Officer: Advocacy, Research, Networking and Training Department

Appendix 3. Participants' Statement of Group Course Objectives

By the end of the ILDC 2009, through sharing of each other experiences, the participants would have an understanding of what community development is in the different contexts of different countries.

Further, the participants would not only gain knowledge and skills, but also change their attitudes as well as relationship building between and among the participants. With these changes, the participants would be equipped to formulate plans of action.

A. The participants would gain knowledge/skills on the following:

1. International issues such as globalization and see its effect on the people and health of different countries.
2. Key concepts on health and development including Primary Health Care.
3. Approaches and strategies to ensure people's participation.
4. Strategies for participatory local governance and ways to ensure the involvement of other sectors in health
5. Ways of linkages and networking between PO, NGO and GO and definite roles of each actor.
6. Methods of balancing preventive and curative aspects of health services, as well as education/awareness building,
7. Role of health in conflict resolution and peace building at the community level.
8. Tools to measure the program efficiency, effectiveness and sustainability, including a "process" focused monitoring tool.
9. Strategies to develop policy advocacy on local and national level.
10. Approaches, strategies and ways to motivate health professionals, POs, volunteers and staff for volunteerism and strengthening commitment towards behavioral changes.
11. Alternative ways of health services delivery.
12. Tools and approaches for income generation and fund raising.
13. Communication, leadership, facilitation and moderation skills.

B. The participants would also reflect on points of learning, insights, changes in perspectives, lessons learned from the course and by incorporating these insights, be able to formulate own plans of action to become more effective development workers when we go home to our country.

C. The participants would also develop relationship among themselves by knowing more about one another, building positive attitudes and fostering a deeper closeness and camaraderie.

Appendix 4. Schedule at Start of Course

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
9/6	9/7 Arrivals	9/8 Arrivals 2pm:Orientation/living	9/9 9am- opening	9/10 8:30am- Hospital greeting	9/11	9/12 3-4 Meet host family 4-6 Welcome party
9/13 Free 9- Orientation 10:30-Outing	9/14	9/15	9/16	9/17	9/18 Joint Session with Nagoya U.group	9/19 10:30- Home Stay
9/20 Home stay	9/21	9/22	9/23 1-5pm Nisshin Dialogue Program	9/24 9:30-11:30 Dialogue with Nisshin peace group	9/25 1:30-2:30 Tomonokai Hiroshima visit	9/26 Hiroshima
9/27 Hiroshima	9/28 Hiroshima	9/29	9/30	10/1 Healthy City : Owariasahi visit	10/2	10/3 AHI OH prep (1)
10/4	10/5	10/6	10/7	10/8	10/9	10/10 Closing AHI OH prep (2)
10/11	10/12 Open House Certificate Offering	10/13 Departure	10/14			

Appendix 5. Course Schedule as Finally Implemented

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
9/6	9/7 Arrivals	9/8 Arrivals 2pm:Orientation/living Planning opening program PC orientation Mini bazaar	9/9 9am- Opening Program Course orientation, organizing principles, time, daily training design, task groups. Expectation sharing Planning 1 st week Organization sharing guidelines & order Pre-course assessment	9/10 8:30am- Hospital greeting PS: Ujjwal Orientation to org sharing Organization sharing 1. Anup 2. Flo 3. Kamal 4. Nandi 5. Tez 6. Gibe 7. Nasrin Pick up key issues	9/11 PS*: Nasrin Japanese language Role of moderator Organization sharing 8. Marie 9. Bijaya 10. Ujjwal 11. Alfred 12. Alino 13. Thavry 14. Sokunthea Pick up key issues	9/12 Japanese language Japan country overview:(Kyoko) 15. AHI How and why we started (Kawahara) Organization sharing:(Kyoko) 3-4 Meet host family 4-6 Welcome party
9/13 Free 9- Orienta tion 10:30- Outing : Nisshin City waste mgmt: Eco- Dome	9/14 PS: Anup Japanese language Organization sharing synthesis Course planning based on group expectations and topics/issues from Organization Sharing Weekly evaluation Group reflection Globalization basics	9/15 PS: Kamal Japanese Language Group Course Objectives(Gibe+Team) Globalization and Impact(Nandi) Globalization and Health (Ui) Primary Health Care (Nandi) Health Sector Reform + Health Policy Sharing Guideline (Ui) Japanese Economic Development, Orientation to Sasashima Clinic Homeless Issue (Kyoko)	9/16 PS: Kaz Japanese Language Globalization & Impact on Health -Bangladesh -Philippines Globalization Analysis at Grassroot (Flo) Global Trends & Civil Society Action (Ms. Kitazawa) Sasashima Homeless Day Laborers Issue, Film with Ms. Maki Higashioka	9/17 PS:Poung Japanese Language Review of Kitazawa Session National health System & Policy (Nepal, Afghanistan) India, Bangladesh Synthesis Japanese Health Care System, Health Insurance Orientation for 9/18 Aisenkan Case	9/18 PS:Flo Joint Session with GO Health Officers (Nagoya Univ. YLP group) Elderly Care in Japan “Aisenkan” Case Hospice Visit Orientation for Homestay Farewell to Kaz	9/19 PS: Nandi Orientation for Course Planning Sign up topics 10:30- Home Stay

Appendix 5. Course Schedule as Finally Implemented (cont.)

9/20 Home stay	9/21 Japanese Language Sharing from Homestay Synthesis of Analysis Course review & Course Planning Mid-Team Evaluation Discussion on Task Group JoHari's Window Self, Pair Feedback	9/22 Decentralization Development Perspective – debate -alternative dev't vision Community Empowerment Community Capacity Building Peace Issue in Japan Orientation for Hiroshima Visit Hiroshima video- Nagasaki	9/23 Community Capacity Building What is NGO -Characteristics -Role of NGO -NGO generation (Gibe, Anup) 1-5pm AHI-Nisshin Dialogue Program	9/24 PS: Alfred 9:30-11:30 Dialogue with Nisshin peace group (forum of small groups) Local Governance -Basic concept -PO Formation & strengthening (Kamal) -strategy for LG(Bijaya, Flo)	9/25 PS: Marie Japanese Language Strategy for LG(Sokunthea,Gibe) PO Autonomy and Assessment 1:30-2:30'Tomonokai' -Anup: Public Private Partnership Gender: Uterine Prolapse (Bijaya) Night Bus to Hiroshima	9/26 Hiroshima Peace Memorial Museum & Park ANT-Hiroshima Witness of A-Bomb Survivor Fellowship Party with ANT and other groups
9/27 Hiroshima (optional) Church visits Prof. Yuasa's session on Hiroshima & Palestine Dialogue with Peace Groups Fellowship Supper	9/28 Hiroshima "YES" campaign National Peace Memorial Hall for A-Bomb Victims Motomachi Elementary School Visit -peace education -school health -dialogue with teachers Overall evaluation of Hiroshima visit Back to AHI by Shinkansen	9/29 PS: Tez Peace Building Basics Peace Building Cases at grassroots level -Sokunthea -Lino -AHI Role of Health Workers in Peace Building Session Planning Leadership styles (Kamal) Task Group Reformation	9/30 PS: Gibe (Sokunthea's BD) Herbal Medicine (Anup) Community Health Volunteers (Tez, Lino, Nasrin) Community Participation in Health, Assessment Non-communicable Chronic Diseases Orientation for Health Center Visit	10/1 Healthy City Owariasahi visit Health Promotion Volunteers Health Center	10/2 PS: Bijaya Education and Awareness Raising -Freire's Pedagogy (Marie) -Providers Behavior (Thavry) Change Intervention -Environmental Control(Kuno) -Dengueand Malaria (Fred) -Community Health Insurance (Anup) -Team Effectiveness Assessment (Kyoko)	10/3 PS: Kyoko AHI OH prep (1) AHI Org. Mgt., Fundraising, Volunteers, Evaluation System, Advocacy to ODA/JICA (by Kagumi) *Optional – Water & Sanitation (Alfredo & Nandi) Orientation to Open House, Meeting with OH organizing committee members

Appendix 5. Course Schedule as Finally Implemented (cont.)

10/4 FREE SUNDAY	10/5 Early Morning Prayer (Flo) Rights Based Approach (Flo) Philippine Integrative Medicine (Gibe) Demonstration: Japan Alternative Healing (Mr. Yamada) Workshop: Consolidation on Participatory Local Governance	10/6 Leadership Practices Inventory Monitoring and Evaluation (Kamal & Nandi) Appreciative Inquiry (Nandi) Fundraising (Kamal) Staff Motivation (Ujjwal)	10/7 Leadership skill workshop (Ui) Overall Consolidation(Ui) Participatory Training Methodology(Ui) Individual Work for Plan of Action preparation Post course Assessment	10/8 Presentation of Plan of Action Revising Plan of Action Planning Open House Pax Hour	10/9 PS: Taka Overall Evaluation Discussion After ILDC (future collaboration and making network between Pax and AHI)	10/10 Closing Program Rural Village Visit AHI OH preparation (2)
10/11 FREE SUNDAY Yasaijyuku (Nisshin Organic farming group) visit	10/12 Open House Certificate Offering	10/13 Departure	10/14 Departure			

***PS: Personal Sharing, off-record sharing of personal life and commitment to community health and development work**

Report on the

2009 International Leadership Development Course (ILDC)

on

People's Participation in Local Governance in Health

Dates: September 9 – October 12, 2009

Venue: Asian Health Institute, Nisshin, Japan

Asian Health Institute (AHI)

987-30 Minamiyama, Nisshin, Aichi 470-0111

JAPAN

Tel : 81-561-73-1950 Fax : 81-561-73-1990

E-mail: info@ahi-japan.jp

Website: <http://www.ahi-japan.jp/english/english.html>

**Compiled by Melisanda Berkowitz and Ui Shiori
December 2011**

Available for downloading from the AHI website.



The Asian Health Institute Foundation

