



*Asian Health Institute (AHI)*

**Proceedings of the  
2013 International Course on  
Community Health and Development Leadership**

***People's Participation in  
Local Governance in Health***

***September 8 (Sun), 2013 - October 14 (Mon), 2013***

**AHI, Nisshin, Aichi, Japan**

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**Date: 9 September 2013**

9:00	Opening
10:00	Photo taking
11:00	Course orientation and organizing
12:30	Lunch
14:00	Icebreaking (by UI)
14:15	Setting ground rules and schedule
14:20	Expectation sharing group discussion
15:30	Expectation sharing presentations and QA
16:15	Guidance on OS
17:00	Day evaluation
17:45	Confirmation of task team responsibilities
18:25	Closing

### **Opening**

An opening ceremony was organized by a voluntary task group of participants and attended by AHI staff, a board member and Dr. Kawahara, AHI founder.

### **Course orientation and organizing**

AHI facilitators led the participants in establishing basic ground rules, setting up a tentative daily time schedule, going over the principles of AHI learning (as noted in the course outline), setting up task groups, and organizing small group discussion on participant expectations of the course.

To introduce the principles of AHI learning, the facilitator displayed a list from the course outline with key words and phrases blanked out, and went over the items one by one as a “quiz” to elicit active understanding.

Facilitator: Do you have the course outline? OK. I have a quick quiz for you. What goes in these blanks?

“Responsible for our \_\_\_\_\_ and \_\_\_\_\_ learning”

Facilitator: What does this principle mean?

“One white canvas, with a frame”

### **Expectation sharing discussion and presentations**

Participants split into four groups of three persons to discuss their expectations of the course, what they most wanted to learn, worries, and topics on which they could lead a session. The groups discussed for about fifty minutes, and then gave short poster presentations to the whole group. The

AHI facilitator summarized the common themes participants wanted to learn about, as below:

- Program sustainability
- Women
- PO formation, empowerment and sustainability
- Alternative leadership, skill development (e.g. management skills)

### **Guidance for organization sharing sessions**

AHI facilitators introduced the format for organization sharing presentations to be made by every participant in the first week of the course, as follows:

1. Country background (One presentation by participants from the same country)
2. Own organization and role
3. Basic question: a basic challenge in your work that you want to focus on throughout this course

Participants asked various questions to clarify expectations for the organization sharing presentation and basic question. The AHI facilitators stressed that the main purpose of the organization sharing was to get background knowledge of fellow participants' work, as a basis for cooperative learning. They also noted that participants would be able to refine their basic question(s) during the course.

### **Daily evaluation**

Participants wrote their own key learning and present feeling on small pieces of paper, displayed them on the whiteboard, then presented in turn. Examples of their comments include the following: "Design course, decide task group's responsibilities and task group members by ourselves;" "Founder's speech gave us awareness, raised motivation;" "I am excited and happy;" "Need more open communication, felt language difficulty."

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## **10<sup>th</sup> September**

8.30 Japanese Class, Prayer

9:00 Recap by Yayoi

9:15 Announcements: How to save documents in server (Kaz)

Orientation on organization sharing

Ice breaking

Presentation tips (Mela)

Orientation of Dialogue program on Sep 28<sup>th</sup> (Taka)

11:00 Pre course assessment (Yayoi)

12:30 Lunch

14:30 Organizational Sharing

NHCC, Thailand (Ja, Prang)

Soripada, Indonesia (Anju)

17:00 Reflection and Daily evaluation

**Japanese class:** Self-introductions, **Meditation, Recap:** Yayoi (AHI facilitation team) modeled first daily recapitulation for participants to follow, **Announcements:** Yayoi and Kaz made some requests about keeping the common areas tidy. Kaz also gave tips on printing presentation handouts.

### **About organization sharing**

Kyoko reminded participants of purpose and points to be covered in the organization sharing. Participants then together decided the order of presentations, allowing Tino to present when his supervisor was scheduled to visit.

### **Presentation skills (Mela)**

AHI facilitator led a brief workshop introducing key steps in preparing presentations:

- Clarify audience
- Clarify key message
- What visuals will communicate your message
- Reduce long text to key words and phrases

**Ice breaking** (Taka): Song with finger and thumb movement.

### **Orientation to Dialogue Program (by Taka)**

Taka showed slides of the previous year's dialogue program with the Japanese public and gave guidelines on preparing for the program.

### **Pre-Course Assessment (Yayoi)**

Participants take around one hour to answer a questionnaire regarding their ideas about community health and development, to gauge their attitude changes during the course.

### **Organization Sharing**

#### **1. National Health Commission Office (NHCO), THAILAND (Ja, Prang)**

Organizing the annual National Health Assembly and facilitating regional participation in making multisector health policy

Prang: national level. Ja: regional level, southern Thailand

### **Energizer (Tino)**

## **2. Soripada, INDONESIA (Anju)**

Focus on one province, North Sumatra

Soripada, in Batakland, North Sumatra

Issues: Poor road access, heavy workload for women, chemical farming

At five o'clock, the group was well behind schedule, and the moderator asked the participants how they would like to proceed. The group decided to sum up, evaluate, and postpone the next presentation until the following morning.

### **Daily evaluation, Key learnings and feelings**

- Make short presentation and finish within time
  - Women volunteers work hard
  - We freely discussed, so that I feel happy
  - Understanding each other needs more time, to clarify the point, and I need more patience.
  - Inspired by Thailand presentation, because the participatory structures are well designed
  - Encouraged because I was interviewed by a journalist today. I felt I had to do more for our people.
- 

## **11 September 2013**

8.30 Japanese Class, PS, exercise, recap

9.45 Country presentation (Nepal- Deepak,UN)

10.05 Organization Sharing (WLES: UN)

10.35 Tea Break

10.50 Organization sharing (SIDS: Deepak)

12.00 Country presentation (Bangladesh- Eva,Shailen)

12.15 Organization sharing (JCF: Shailen)

12.45 Lunch

13.45 Organization sharing (Joyoti: Eva)

14.15 Country presentation (Pakistan- Hector)

14.35 Organization sharing (AAS- Hector)

14.55 Country presentation (Sri Lanka- Maduka)

15.15 Organization Sharing (NAFSO- Maduka)

17.00 Country organization (Timor-Leste- Tino)

17.20 Day evaluation

17.40 Close

## **Personal sharing (Anju)**

**Recap:** This was the first time that a participant task group took responsibility for the recap, so there was some discussion on what should be included in an ideal recap, and what revisions should be made by the recap team before including it in the folder.

## **Group Discussion: The Moderator's Role in a Democratic Discussion Group**

### **Country Background and Organization Sharing**

#### **NEPAL**

##### **1. Women's Labour Empowerment Society (WLES), UN**

(Excerpt of discussion as the group filled out the analysis matrix)

K: Focus issue is women's health and rights.

UN: OK.

Pax: Discrimination.

K: Which is more important word for your org.?

UN: Discrimination.

K: Challenges include the low level of funding...

UN: Yes. We have little funds, only two staff. The members are crying for our help, even at night. But only two staff...

##### **2. Sindhuli Integrated Development Services (SIDS) Nepal, Deepak**

#### **BANGLADESH**

##### **1. Jagorani Chakra Foundation (Shailen)**

##### **2. Joyoti Society, Eva**

(Excerpt from the analysis discussion)

K: Is the main issue poverty?

Eva: No, we call it economic empowerment.

K: Challenges: Maintaining members?

Eva: One challenge is dropout of members, because they are in the slum, and they are floating residents, not permanent

K: Mismanagement of group funds

Eva: It's not a major issue, because now we follow up

## **Energizer**

#### **PAKISTAN**

##### **Aids Awareness Society (AAS), Hector**

## **SRI LANKA**

**National Fisheries Solidarity (NAFSO), Maduka**

## **TIMOR LESTE**

**Nagoya University School of Medicine nutrition research project, Tino**

### **Daily Evaluation**

- If possible we should go outside to get refreshed sometimes
  - Tired but happy to know about other organizations
  - Organizing communities into small group is effective, ex. Eva's group
  - Other countries also have the same problems
- 

**12<sup>th</sup> September 2013**

**Organization sharing: Tino**

### **Ice break**

## **CAMBODIA**

**PADEK, Mom**

## **PHILIPPINES**

**INAM, Ric**

## **JAPAN, KAZ**

**AHI, Kagumi**

(Facilitators for analysis: UN, Hector)

Participants gave the following questions about AHI:

Mechanism of working and coordinating. What is your strategy for sustainability?

How do you sustain volunteers' and donors' motivation?

How do you promote health?

How do you network with alumni?

AHI challenges for last ten years:

How we can be accountable and reliable to the supporters?

How we can be relevant/ helpful in terms of generating people's initiative



### **Daily evaluation: Key Learnings and Feelings**

- alternative medicine from Philippines
  - Japan is rich country but has some big problems. I thought JP is peaceful, without any problems
  - In Pakistan, we need to extend life expectancy, but even people get long life expectancy as JP, the other problem will come up such as aging societies.
  - negative effect of development on family and individuals
  - I was impressed in well-designed architecture of elderly house, designed to response their needs
  - A whole day of presentations is very hard. In the morning, we can have presentations and in the afternoon, better to have more active sessions such as outing/ visiting.
- 

### **13<sup>th</sup> September 2013**

#### **Japanese class, Personal sharing (Maduka)**

Synthesis of organization sharing

Course planning

Japanese health issues

Day evaluation

#### **Synthesis of organization sharing**

AHI facilitator leads active synthesis workshop

- Participants line up in order of age of organization, and the facilitator encourages them to ask questions to one another to appreciate the differences and common issues between their organizations and challenges, and to further clarify issues to focus on through the course.

#### **Course Planning**

The AHI facilitator displayed the list of topics participants said they wanted to learn about, and asked participants to confirm, add or change. After some discussion, she displayed a list of topics on which participants said they could serve as resource persons. She then went on to ask participants to volunteer to lead sessions on the remaining topics, matching up Resource Person post-its and Expectations post-its. The facilitators asked the participants to think about what sort of session they would like to run for each topic, and how long they would like to take for the session. The participants were to do this out of session in preparation for planning the next day.

#### **Overall Course Framework**

AHI facilitators introduced the overall course framework to aid planning.

Module 1, Who we are.

Module 2, Current situation, current issues → Where we are.

Module 3, Where to go  
Module 4, How to go.  
Module 5, What will I do  
“What we can do together”

## **Lunch**

### **Japanese Health Issue: Aging (AHI Kagumi)**

Orientation for visits to Aisenkan (elder care short stay and day care center) and AHI Hospice (terminal care facility). The presenter introduced demographic and social changes in Japan after the war: industrialization, urbanization, smaller family size, more women working outside the home, development of health insurance and nursing care insurance, long life expectancy.

Reflection on visits to Aisenkan and Hospice

- Of course they have some something like a new family there. There are positive things. But my first feeling is, I don't want to leave my family far away outside the house.
- When I saw one man and one woman working in the hospice, they looked like angels to prepare the patients for the next journey.

AHI: (Elder care) is really a gender issue. The one expected to look after the elderly is the daughter or d-in-law.

### **Daily Evaluation: Key Learnings and Feelings**

- Interesting techniques for analysis and synthesis
  - Participatory planning style
  - Good chance to think about elder care
  - Feel bad and confused about elder care issue, but necessary to respond to social change
  - Sincere workers and volunteers
- 

## **14 September 2013**

Japanese class, Exercise, Personal sharing

Course planning

Johari's Window: Self-analysis as a leader

### **Course planning**

AHI facilitators led a discussion with participants to plan out the course, based on the previous preparation. An excerpt from the discussion follows:

Pax: I want to clarify. When we are doing a presentation about Sustainability are we supposed to focus on Social Enterprises only or also other things?

Yi: Fund raising in general.

Kyo: The problem is who will facilitate it.

Yi: AHI can present. But the case of Japan may not be applicable for your countries.

Ric: If someone could facilitate, everyone can share experiences and tactics, but we need someone to facilitate and guide the discussion...

Kyo: OK, AHI facilitators will discuss about this. So, Tino, for your session you need 90 minutes?

Tino: I think I need more time. Can we put 3 and a half hours?

### **Johari's Window: Self-analysis for Leadership Development**

AHI facilitators introduced some reflection activities to improve participants' effective and open communication, to promote mutual learning during and after the course.

### **Weekly evaluation**

In small groups, the participants discussed the following topics: Sessions, Commitment, Task groups, Slogan for next week. Comments included that participants had just begun to know each other's work, challenge of time management, wish to cooperate more openly in task groups, new experience of cooking for vegetarians, need to schedule more time to ensure communication in English

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## **September 16<sup>th</sup> 2013**

8:30 Japanese Class

8:50 Exercise and Meditation, Personal Sharing, Recap, Schedule, Announcements

9:30 Task team grouping

10:00 Course planning (Kyoko)

10:45 Tea Break

11:00 Course Objective Drafting (Kyoko)

12:00 Globalization Basics (UI)

12:30 Lunch

13:30 Globalization and Health

15:15 Tea Break

15:30 Problem Analysis (Tino)

17:00 Day evaluation

### **Daily Evaluation for Saturday**

Learnings from JOHARI window: Express your feelings, give constructive feedback; Try new challenges when working with community people

### **Task Groups**

AHI facilitator led discussion on the task groups, whether participants would like to reorganize the task groups, what they would like to work on this week, and so on. The following points emerged: keep the same groups for this week, try new roles, give constructive feedback, help each other, don't depend on others

### **Course Planning**

As participants discussed, the facilitator team rearranged the schedule board. AHI facilitator also handed out and explained the guidelines for developing the Plan of Action throughout the course:

“K: In your plan, you should think about how to improve your existing activities, maybe starting something new. And also stopping something. Also, try to find a solution to your basic question.”

### **Course Objective Drafting**

AHI facilitators elicit suggestions to draft course objectives specifically for and by the 2013 group. As the time allotted draws to a close, a few participants volunteer as a task group to draft the objectives for subsequent confirmation by the group. The 2013 course has a strong focus on resource mobilization and organizational sustainability.

### **Globalization Basics (Ui)**

AHI presenter leads a lecture-type session covering definitions and history of globalization. As well as presenting statistics and general facts, she asks participants to describe and interpret political cartoons about globalization. She also begins to introduce the concept of relative poverty and how this affects health.

### **Afternoon Session**

#### **Globalization and Health (Ui)**

AHI presenter introduced current trends in health, related to globalization, including the increase of chronic “lifestyle” diseases in developing countries, distribution of health workers, and ways global institutions and market economics have influenced global health and national health policies, often negatively. She concluded with a positive example of how global civil society can also use new communications technology to advocate for people's health.

### **Analytical Skills (Tino)**

The presenter began with an overview of what analytical skills means, and two different models of

analysis and action (DO IT and root cause analysis). Then pax split into two groups to analyze a case of child malnutrition, ready for short presentations the following morning.

### **Daily Evaluation**

#### Learnings

- Global context in health sector
- 98% MMR in dvping countries
- Diabetes affecting poor
- Globalization effect in dvping countries a type of colonization

#### Feelings

- Learning new topics, need experience
- Energized
- Lazy. The information is far from my work.
- Many information. My brain stopped working.

#### For improvement

- Fruits for snacks
  - Display the food names on the table. I never eat cow meat, but today I ate it by mistake.
  - We improved timekeeping
- 

## **17<sup>th</sup> September 2013**

8.30 Japanese class; Japanese Calligraphy – 健康、日本

8.55 Continue group work- problem analysis

10:00 Presentation and synthesis of problem analysis

11:05 Tea break

11:15 Recap (G1), Today's schedule, announcement

11:30 Total well-being (building definition of Health, Development, Happiness, Community and participation, group discussion)

12:30 Lunch

14:00 Continue session total well-being, presentation and building definition

17:00 Day evaluation

### **Presentations of group analysis**

The three groups presented their analyses in turn, followed by questions and answers for clarification. Discussion focused on the importance of precise language, difficulty of sorting out cause and effect. AHI facilitator added a “But why?” activity to understand how various issues are indirect causes of child malnutrition, and alternative interventions to the end the vicious cycle.

## **Recap (Prang), Announcements**

### **Total well-being and Integrative Medicine (Ric)**

The presenter led a workshop to formulate common understanding of basic terms and concepts. In small groups, the participants discussed and formulated definitions of the following terms: Health, Happiness, Community, Participation, Development

### **Afternoon Session: Total well-being and Integrative Medicine (continued)**

Each group gave a short presentation on their draft definitions, and from these the facilitator elicited common definitions for each term. Each concept generated considerable discussion, and participants deepened their understanding of the breadth of each term and the process of drafting by consensus. For example, the definition for “development” was as follows:

“Development is an ongoing process of positive change for the well-being of people when all available resources are used sustainably and protected towards improvement of quality of life.”

### **Philippine Integrative Medicine**

This session was postponed until the following day as all participants were exhausted from the challenging discussion and drafting.

### **Day evaluation**

#### **Key Learnings :**

Problem analysis;

Concept discussion is very hard, needs patience;

Building common basis to discuss is very important

**Feelings:** Tired, happy, good

**Suggestions:** be specific and focused in sessions

At start of each session, presenter should confirm the purpose and time allocation

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## **Sep 18 2013**

8:30 JP class, PS, Recap, today's schedule

9:45 Integrative medicine (Ric)

10:50 TB

11:00 PHC and Health sector reformation (UI)  
12:30 Lunch  
14:00 National health policy (Philippines, Ric)  
14:30 National health policy (Thailand, Prang and Ja)  
15:30 Public policy development (Thailand, Prang and Ja)  
17:00 Day evaluation  
17:30 Close

JP class (Introducing JP traditional dance of mine laborers, called Tanko-bushi), Exercise, personal sharing

### **Phil Integrative Medicine (Ric)**

Integrative medicine is a way to use both alternative and conventional medicine and to put the patient in charge of his/her own healing, at an affordable price. INAM, trains community health workers to use and teach integrative medicine in the Philippine context to improve people's health. We also do research on alternative medicine to document effective approaches and convince the government to support it.

### **Primary Health Care (PHC), Health Sector Reform and Our Possible Actions (Ui)**

The presenter used a variety of lecture and discussion activities to introduce 1. the original ideas of comprehensive PHC, 2. how health sector reform is happening now, 3. some specific national health policies, 4. ways to improve global health policies. She stressed that it is urgent to discuss and advocate now while the UN is formulating a post 2015 agenda.

### **Lunch**

### **Philippine National Health Policy (Ric)**

Basic structure of the Phil healthcare system: decentralized

National Health Insurance Programme, administered by PhilHealth: 5 basic types of healthcare insurance plans

Key Challenges: Inequity in health status, Increasing migration of health profs, Uneven distribution of health workers, Low pay for nurses, Universal insurance coverage far off: 38% PhilHealth coverage (2008), Need intersectoral linkages for health

### **Thai Health Policy and Health Reform, see PP (Prang, Ja)**

Health Security System: equity, coverage, inter-sectoral collaboration

Now universal coverage has been achieved, but there is inequity betwn insurance schemes

Threats to the policy: more focus on treatment rather than prevention

**Excerpt from the Q&A session:**

Q: One thing that seems different than a lot of countries is strong political will for an equitable health system. Can you say something about that?

- Our national govt welcomes the local participation. Every tambon has the local fund.

Q: You mentioned the highly influential technocrats inside and outside MoPH. Why did they emerge in your country?

- (Laughing) Difficult one. Govt wants to have a power. Many countries local government is under the cabinet.

Q: You mentioned the Community Health Fund. How people can access this fund?

- Committee. Local community members and local govt.

**Healthy Public Policies: Moving towards an Integrated and Intersectoral Approach to Health Thailand's Experience**

The presenters showed a short video on the National Health Assembly and gave an example of the participant's work in southern Thailand.

**Excerpt from the Q&A session:**

Ja: "We think who we can work with together, and we make a relationship with many people, including the academic sector, people sector, government sector at area level. The process is like NHA. Focus is on healthy consumption. Stop using plastic and Styrofoam, repeated use of cooking oil, but some people are not interested to participate... Some areas, the local people don't want to work with local government. This is my challenge, to get them to work together.

Q: How did you make producers and shopkeepers agree? Who did the negotiations?

Ja: We invite many stakeholders. Then we discuss the issues together. We make them talk about the health effects. If have one person not agree, there is no resolution."

**Finalizing Course Objectives**

One of the task group displayed the draft and went through the proposed objectives one by one. Participants suggested further revisions, and the task group promised to follow up.

**Daily evaluation**

Learnings:

Holistic health

Consensus building as expression of participation in Thailand

Mechanism for participatory health policy development

PHC in detail, PHC document and insights

Announcements about the next day's exposure visit to daycare center for homeless people



## 19<sup>th</sup> September 2013

8.30 Japanese class, Exercise, Recap

9:30 Orientation to Sasashima Kyoseikai Homeless Support visit (Kaz, Maki Higashioka)

Visit to Sasashima Kyoseikai in Nagoya

### **Orientation for Sasashima Kyoseikai visit (Kaz)**

- Postwar Japanese industrial development: Westernization, urbanization, industrialization, pollution, casual laborers from poorer parts of Japan
- Unemployment rate increased after burst of bubble economy in 1990, production and assembly moved to cheaper countries.
- Number of homeless people decreasing, mostly elderly and have been homeless more than 10 years, low education

### **Orientation for Sasashima Kyoseikai visit Maki Higashioka, Sasashima Kyoseikai public nurse, mobile social worker,**

Motivation: as a child planned to serve as a nurse in dvping countries, but in Mother House, Calcutta a fellow volunteer challenged me to go back to Japan to help homeless people

Long-term work of building trust with homeless people: most had terrible experiences and distrust people → takes years to build trust

Reasons for homelessness: various, but often from poor and unstable homes

- Sasashima Kyoseikai NPO system: support from government. daycare service center Hidamari, intro to welfare services, hospital
- Public assistance available, but most homeless people do not try to apply because they distrust the cold govt. officials, and they must answer questions about their painful past

### **Visit to Hidamari Daycare Center and to Evening Soup Kitchen**

Participants met and asked questions to homeless people, Kyoseikai workers and volunteers. They compared the situation to that in their own countries. They asked about the situation in other parts of Japan, health issues, and support for re-employment. Overall they were shocked to see the poverty within Japan and impressed by the NPO activities.

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## 20<sup>th</sup> September 2013

9.00 Exercise/ schedule/ announcement

9:30 Wrap up of Sasashima visit

10:30 Millenium Development Goals (MDGs) and Post-MDGs after 2015

13:00 Lunch

14:00 Gross National Happiness (GNH)

15:20 NGO's role and mission, CSO's developing effectiveness

18:00 Day evaluation

18:30 Close

### **Wrap-up of Sasashima visit**

Participants reflected on and discussed their visit the previous day.

### **Key Learnings from Sasashima visit on Sep/19**

- Only material fulfillment/ economic development does not make happiness
- Need human relationship, especially family
- Just providing meals and health care does not solve the homeless problem  
Need individual approach to solve personal issue, communication, psychological/mental also habits
- Physical conditions of homeless in Japan much better than poor in pax countries
- Government welfare office should collaborate with NGO/NPOs not only wait at office (number of homeless is very small, JP's government can easily solve with will)
- Attitudes and understanding of social system/structure oppress people with differences

### **Millenium Development Goals and Post- MDGs (Ui)**

AHI facilitator gave a short lecture on MDGs and discussion of Post-MDGs: Ui noted the increased influence of mid-level countries and emphasized we still have two years to advocate on post MDG goals, using NGO networks and government, for example the People's Heath Assembly (PHA)

- Group discussion on our possible actions

Still 2 years for advocacy on post-MDG goals through NGO networks and government, for example, through the People's Heath Assembly (PHA)

### **Suggestions for Post MDGs**

**Education:** Consider values, not only techniques

**Health:** Clarify indicators of healthy life, Universal Health Coverage, health policy creation

**Access to water and sanitation:** Add "at home"

**Sustainable energy:** Phasing out of nuclear power

**Creating jobs:** Elderly people's employment

**Good governance:** Private sector's responsibility and accountability also should be added

**Peace:** Decrease amount of military expenditure

**Partnership:** Business sector's responsibility should be added

**Other:** Use of technology, Punishment, penalty in case of not achieving goals, indicators for Disabled

people should be added, Minority groups

### **What we can/should do as community development workers for better post MDGs**

1. Build linkages with national, regional and global network/advocacy
2. Monitor the progress
3. Advocacy at the grassroots level
4. Capacity building for health volunteers for sustainable of health activities
5. Extend health facilities and medical staff up to rural area
6. Organize strong management committees at village level
7. Promote awareness against gender violence, trafficking, child marriage
8. Income generation programs

### **Lunch**

#### **Gross National Happiness (Yayoi)**

The term “Gross National Happiness” was coined by the king of Bhutan in the early 1970s. Since then the concept has gained international attention as part of the economics of happiness. The Center of Bhutan Studies conceptualized nine domains of GNH in Bhutan’s context and ran an initial survey in 2008 followed by the 2010 National Census. Participants discussed the political context in which Bhutan developed the GNH indicators, including the harsh treatment of ethnic Nepalis in the country. They agreed that the GNH framework can enrich our understanding of development.

#### **15:20 Orientation to Homestay (Yuko)**

A weekend homestay with a Japanese family was arranged for each participant, to enjoy Japanese culture and lifestyle. AHI facilitator Yayoi warned the participants they might face language barriers and culture shock. For example, she said, “This is a good season for hot spring, so some families may be planning to take you. You can be honest about your feelings about going in the public bath naked.”

#### **15:25 Civil Society Organization (CSO) Development Effectiveness (Taka)**

AHI facilitator introduced current concepts of CSO development effectiveness including recent statements by the OECD High Level Forum showing growing attention to enabling CSOs and promoting human rights. Participants assessed their own organizations’ activities against the Istanbul Principles established by the Open Forum for CSO Development Effectiveness. He stressed that the proper role for CSOs is to facilitate development by helping change systems that oppress into systems that empower.

### **Istanbul Principles**

1. Promote human rights and social justice
2. Embody gender equality and equity
3. Focus on people's empowerment, democratic ownership and participation
4. Promote environmental sustainability
5. Practice transparency and accountability
6. Pursue equitable partnership and solidarity
7. Create and share knowledge and commit to mutual learning
8. Commit to realizing positive sustainable change

### **Daily evaluation**

#### **Key learnings**

Concept of GNH, 9 domains

P-MDG, analyzing targets, we know what we should we do

Good chance to compare our organization with Istanbul Principles

GNH indicators is new word, but political tool to protect from globalization

Transparency is duty of any organization

CSO assessment made AHI's weak points and strong points clearer

**21st September 2013** (early morning session only, then participants left for homestay)

8.30 Japanese class, exercise, Personal sharing by Eva, Recap

9.36 Synthesis of 2<sup>nd</sup> Module "where we are" (Kyoko)

#### **Synthesis of 2<sup>nd</sup> module – Where we are**

- 1) Each problem in each community/ country has different appearance but has similar structure which cause the problem.
- 2) Today's economy-first society damages people's health in developing and developed countries. So we have a role to suggest alternative values.
- 3) When we work at community level, we should analyze the problem to find root causes and we should take actions to solve long-term problems as well as short-term ones.

## **23<sup>rd</sup> September 2013**

8.30 JP class, PS (by Ja), Recap, announcements

9:45 Reflection on Homestay

10:45TB

10:55 Leadership

11:45 Weekly evaluation (Self-assessment)

12:30 Lunch

13:30 Weekly evaluation (Task team)

14:00 Rights Based Approach (RBA)

17:30 Day evaluation

18:00 6 pax leave for Nagoya to see popular theater about Buraku liberation

**Japanese class:** “We are the Asians” song and Japanese national anthem

### **Feedback on homestay (Yuko)**

Participants reported on the points that impressed them most during their stays and learned about other participants’ homestay families. Common points included enjoying cooking lessons, observing different family structures, visiting community activities related to their work, language barriers, and Japanese religions.

### **Leadership**

AHI facilitators led a workshop on characteristics of a good leader. Through discussion the group formulated a list of thirteen characteristics, as follows:

1. Honest, 2. Good coordination
2. Transparency and accountability
3. Knowledge and experience in issue/subject
4. Supportive
5. Participatory
6. Lifelong learning
7. Humble
8. Proactive
9. Creative
10. Listens to others
11. Patient
12. Equity

Participants then assessed themselves on a scale of 1 to 6 for each characteristic.

### **Weekly evaluation Part 1, Leadership**

As a weekly evaluation, the participants split into three groups, and then anonymously evaluated

their fellow participants on the above leadership characteristics. After completing the peer evaluation, participants received their own sheets again and then discussed the feedback and their feelings. They also discussed ways to ensure all participants, including those with language barriers, could speak out in sessions.

## **Ice- break**

### **Weekly evaluation Part 2, Task Groups**

Participants reflected on the goals they had set for themselves the previous week: “More known to each other,” “Be proactive and have an open mind.” They also considered the following questions:

- 1) What new roles did you challenge/ try?
- 2) How did you help or support the other member’s new challenges or trials?
- 3) What roles/ Responsibility will you challenge this week? / What challenges of others members will you support this week?

Based on the ensuing discussion, they decided to form new task groups to build relationships with more participants and to facilitate trying new roles.

### **14.08 Rights- Based Approach (RBA)- Hector and Taka**

**Overview of RBA:** AHI facilitator Taka introduced the concept of RBA and a five step approach to implementing activities using a rights-based approach

**Case study from Pakistan:** Hector introduced transgender people’s situation and their self-advocacy activities to gain civil and economic rights. In the face of severe discrimination, they formed their own organizations and advocated at various levels, from the Supreme Court of Pakistan, to provincial social welfare departments and media talk shows. As a result they gained recognition as equal citizens, inheritance and voting rights, and some government employment.

**Workshop:** Participants divided into 2 groups to work on Step 2, Identification of relationships between duty bearers and claim holders, and Step 3, Capacity to perform those roles. Focusing on specific rights like employment, Group 1 identified three stakeholders: the transgender people, local government and national government. Focusing on civil rights in general, Group 2 identified five categories of stakeholders: transgender people, human rights NGOs, transgender associations, sex workers’ associations, and government.

### **Topic session guidelines (Kyoko)**

1. Definition of key term/concept
2. Framework of strategy
3. Concrete case: success or failures
4. Lessons learnt

Cross cutting issues: Women, Health, People's participation and local governance, Sustainability of organization, Collaboration with multiple sectors (PO-GO-NGO-private sectors), Leadership/facilitation skill

Homework: Read handout on "good governance" and review your country's system of local governance: which levels of local government have decision-making power?

### **Key learnings**

Clear RBA, RBA process, steps of RBA,

Relationship between people and universe (Japanese tea ceremony)

Qualities of good leader, system to analyze good leader, self-assessment

Indicator is useful not only for self-assessment, also to analyze relationship with CP organization.

Difficult to assess oneself

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## **24th September 2013**

8:40 Japanese class, Recap (Ja), Personal sharing (Prang)

9:45 Introduction to local government & Decentralization

10:45 TB

11:00 Women's PO formation & Capacity building including SWOT analysis (Eva and Shailen)

12:30 Lunch

13:45 Tomonokai session

14:55 Each country's administration level + feedback (Kyoko)

15:00 TB

15:05 Sustainable PO forming (Mom)

17:00 Day evaluation

### **Recap**

Ui; RBA's message is, action is not a choice; duty bearers must fulfil their duties. We don't say Gov are so kind to us, but it is their responsibility. Normally, some organizations, like church, come when they have money and go when they want, so its kindness. But RBA is about duties.

### **Introduction to local Governance and Decentralization (Ui)**

Objectives: In order to promote multisectoral collaboration,

- 1) To have common understanding of
  - Decentralization and local governance

2) To have overview of

- Different types levels of decentralization
- Background information for Pax – how to go- sharing session

Ui introduced three types of decentralization:

- Decentralization- decision made by G
- Delegation – very important thing the decision made by central G
- Devolution- both practice and decision made by local G

Participants together completed a matrix to compare their countries' systems of governance and levels of decentralization. Ui emphasized that no system is necessarily better or worse, but should suit the country's situation. She stressed that, in order to collaborate/cooperate with government sector, NGOs need to know which level to approach, and in order to understand fellow participants' collaboration strategies it is necessary to understand their governance context. She also summarized potential positive aspects of decentralization, issues/challenges of decentralization, and conditions for successful decentralization, focusing on stability and an active civil society

Participants reflected on challenges in developing an active civil society, for example:

- “People are used to the charity approach, and now we are asking them to contribute. They feel, what is the point of the government. There is a cultural aspect too. In our Asian Pakistani culture, if someone invites you to participate, they are responsible for everything.”

Ui: So we have to see how to enhance cultures of sharing and participating. And if there is a weak culture of participation, think why it is like that, what we can do to change it.

### **Women's PO Formation and Capacity Building (Shailen, Eva)**

Shailen and Eva from JCF, and NGO, and Joyoti Society, an affiliated PO, introduced their organizations' experience of women's PO formation in Bangladesh. From the time the PO is formed, they plan with JCF on steps to reducing support. They also support the members in forming a larger federation, such as Joyoti Society. Joyoti Society has become a self-sustaining PO with its own building, social enterprises and welfare activities. Discussion focused on the PO's loan policies and social enterprises.

### **Lunch**

### **Tomo-no-kai, The Voluntary Association of Women (Inaba, Maruyama, Ando)**

Tomonokai is a nationwide voluntary association founded 80 years ago to work for women's liberation in Japan. Tomonokai members are active volunteers at AHI, especially preparing Asian meals for the ILDC participants. Their main activities are learning and teaching the public about



“good” housekeeping. In this session, the speakers introduced the history of Tomonokai, its mission and activities. Participants were impressed by their volunteer spirit, but also asked challenging questions about the organization’s purpose in today’s Japan.

### **Pep Session to encourage constructive feedback**

Why do we set the Q&A time after the session?

- Because it is written there – just joke.
- For clarification
- To help one another learn

### **Round-up of Each Country’s Administrative Structure**

AHI facilitators led a round-up of local government administrative levels and location of budget decision-making. Each participant reiterated the basic administrative structure in their country.

### **Padek Integrated Community Model (PICDM) Mam**

Mom introduced her Padek’s model of integrated community development, which promotes collaboration between a local PO, a voluntary development coordination committee established at village and commune level, and resource persons/committees with specialized expertise in fields such as agriculture and health. Padek uses a rights based approach (RBA), their goal being to bring duty-bearers and rights bearers to useful dialogue. The PICDM has three phases spanning a total of 15 years, with steps to be achieved at each stage to gradually pass leadership from Padek to the local CBO (PO).

Mom noted that since village development committees (VDCs) have started making their own village plans, local government has started paying more attention to village needs. The volunteer experts are trained by and cooperate with local government. Padek’s conflict resolution committees are an innovation for grassroots peacebuilding; they mediate and counsel in conflicts such as domestic violence and community disputes. Padek coordinates with other NGOs to prevent duplicating activities.

### **Daily evaluation**

#### **Key learning**

- Different processes for group formation
- Success examples of empowerment, community and capacity building
- Saving activities’ effectiveness to empower people
- Types of local governance, important analysis for advocate and collaboration

## **25<sup>th</sup> September 2013**

8.30 Japanese class

9.00 Exercise, Personal Sharing, Recap (G2), Announcements

9.45 Sustainable community development (Deepak)

Tea break

12.00 Reflection on PO/CBO (Ui)

12.30 Lunch

2.00 Women's Organization managed by themselves (UN,EVA)

3.00 Tea break

3.45 Orientation of Japanese health center visit (Owariasahi) and Japanese health system (Kagumi)

5.00 Daily Evaluation

5.30 Close

### **Sustainable Community Development: SIDS Sustainable Program Implementation Model (Deepak)**

Deepak started by asking about key to making community development programs sustainable. He then introduced his own organization's basic 8 year model for forming sustainable community development POs, starting with criteria for selecting program areas, to initial discussions with community and other local stakeholders, to group formation and training, and gradual independence of the PO. SIDS' most successful group, run by village women, now runs a large credit cooperative offering a variety of savings and pension schemes. SIDS' major achievements have been freeing rural poor from exploitation by moneylenders and empowering marginalized communities to raise their voices to the government. Current challenges are political instability and frequent changes in PO credit rules. SIDS plans to make a system for mature POs to share know-how with other POs.

### **Reflection on PO/CBO Development (Ui)**

(Hands out checklist on "Definition of PO Autonomy")

To synthesize and reflect on the day's sessions on PO development, Ui led the participants in considering a list of attributes defining PO autonomy, including attributes raised by course participants through the day. The group went through the list one by one, assessing their own partner PO. Participants noted common weaknesses as finance and ability to document own experiences.

### **Lunch**

### **Women's Labour Empowerment Society (WLES) (UN)**

WLES is a small new NGO supporting workers in the carpet weaving industries of Nepal. More than 70% of carpet workers are women, many from minority groups, and most do not have legal residence

in the Kathmandu area where they are living. They face many challenges, particularly reproductive health, child health and ed., violence and sexual harassment, drinking water and sanitation, risk of trafficking. WLES must discuss with factory owners and trade unions to gain access to the factories and start working with the women. First they form savings and credit groups, do expenditure analysis to help the women to plan financially, and gradually add activities to improve health. WLES achievements include establishing a rule that they will call the police if husbands drink and then come into the factory. Through this experience, the members realized they can share to help each other and gained confidence to speak out. However, WLES faces big challenges including lack of staff and skills, poor discipline among members, and impotence in the face of violent threats from co-workers and family.

UN asked participants to form two groups to consider how WLES should proceed, by discussing these questions:

1. Key elements for organizations managed by the people themselves
2. How can we mobilize the government organizations to collaborate with us?

The main conclusion they reached was, WLES must stay close to the stakeholders and coordinate and network among them, using both RBA and needs based approach as appropriate.

### **Orientation for Owariasahi Visit (Kagumi)**

Kagumi introduced Japan's health care system as an orientation for the following day's visit to a Health Center.

Japan's health care system

- Curative (private hospitals under govt insurance scheme) vs. preventive (local government)
- Universal health insurance coverage

Overview of Owariasahi

- A commuter bedroom, joined Healthy City Alliance (WHO) in 2004, initiated by former mayor
- Local gov and community participate in promoting health
- Prevention of lifestyle diseases through neighborhood exercise classes by volunteers

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### **Daily evaluation: Key learnings**

Sustainable model of community groups

Good system of feedback → can improve presentation

Japanese health coverage, system of health care and prevention

Good presentation should relate to BQ

Self-discovery, in Deepak's presentation, analyze own income and consumption

Small steps

**26th September 2013**

**Visit to Owariasahi City Health Center**

Speakers: City Health Promotion department staff, public health nurse, volunteers – Takeuchi, Nagashima, Kawahara

Tour of facilities including check-up room, kitchen, hall, etc. All eco-friendly design.

Presentation on health services and programs

- Maternal and child health service
- Genkimaru- fixing life style class, prevent life style disease.
- Muscle training program for elderly
- Community health volunteer programs for healthy diet, exercise, mothers' health, bookstart.

10.30 Health activity at community center

**13.30 Sharing and exchange with health promotion volunteers in small 3 groups.**

Three pillars of activity

- 1) Weight training -22 different group 1000 people joining
- 2) Walking - monthly
- 3) Laugh and Health seminar once a year

**14.20 Visit with mayor of Owariasahi**

**Learning points**

Group A: people here have self- motivation, volunteer after retirement.

Group B: I will try to rebuild our community by working and helping each other

Group C: system of training head volunteer to teach other people

**Volunteer impression**

G.A: So many interesting things such as micro-credit. The situation is very different

G.C: We worry whether our experience will be useful for you or not.

**Presentations on Owariasahi Healthy City Initiatives (Owariasahi govt. officers)**

- Building trust between people and Gov. is very important
- Mother-child health activities opportunity for mother to talk with others

**Key Learnings**

Ja: Healthy city-

Mom: Muscle Training-

Anju: To organize volunteers, old people are part of the community

Ric: health promotion not only to make people physically healthy, but also interaction between people in the community.

### **Feeling**

- Happy

- Bad, because my blood pressure was high

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## **27<sup>th</sup> September 2013**

8:30 JP class

8:55 Exercise, PS(Mom), Recap on Sep/25<sup>th</sup> and 26<sup>th</sup>

9:45 Female empowerment through micro credit (Shailen)

10:45 PIM (Ric)

12:30 Lunch

14:00 PIM (Ric)

14:30 Awareness raising

17:00 Day evaluation

20:00 AHI Theater "Sicko"

### **9.28 Female empowerment through Micro Credit (Shailen)**

Shailen gave an overview of JCF's activities with ultra-poor women and families in western Bangladesh. Questions focused on how JCF addresses problems such as very poor groups not meeting JCF's criteria, financial agreements between JCF and the women's federation and so on.

10:45 Philippine Integrated Medicine (Ric)

Ric introduced his organization, INAM, and the development of INAM's current activities promoting Philippine Integrated Medicine (PIM). He stressed the importance of encouraging marginalized peoples to have confidence in their own health systems and knowledge, and to use them in combination with knowledge of modern and alternative treatments. He also gave an overview of INAM's collaboration with local government in training and organizing community health volunteers.

In the afternoon session, Ric called on pax to synthesize their learnings from his presentation. Following is some of the discussion from the Q and A session.

Q: So what are the common points of the communities that are continuing?

A: It was at the end. Those volunteers who experience a lot of transformation, they have shown a lot of improvement. For example, in Bacolod, their program was absorbed by the Bgy Dvt Plan, and it is being allotted some budget by the govt. The Tanay group also had some significant changes. Before the bgy had no data on the people's health. The Domagads are so shy, that when they see people coming they run away. But after training, the health volunteers who we trained are bringing their people to the health services. The rural health service has expanded its coverage.

Q: .What is the concept of health worker? 2. You trained the people to use alternative medicine so they don't need to see the doctor, but you say the successful ones, they are going to the doctor now. So what is your criteria for success?

A: There are some diseases that can be treated at home, home care, nutritious food. The mother doesn't need expensive instruments. But other conditions require medical professional attention. Like vaccination, hypertension, prenatal care. What we are saying is if we know which conditions can be treated by mothers and which need a health professional, we can direct them what to do.

Q: What is the policy of the govt to support the complementary medicines?

A: That is where we are lacking. Part of our advocacy is to show the govt that traditional medicine can be enhanced and promoted. In the case of the tribes, there is well-documented research, done by the Dept of Indigenous People, but it is still not tapped by the local govt.

### **Awareness Raising (Hector, Anju)**

Pax split into two groups for this workshop. With just 20 minutes, one group prepared a role play about women's reproductive health issues. The other group made a poster to promote reproductive health. After 20 minutes the two groups presented their work and discussed how to make their messages clearer and more effective.

Finally, Anju and Hector gave introduced aspects of their organization's grassroots awareness raising and advocacy for reproductive health rights. Anju's organization works with ethnic Batak women. Hector works with adolescents – both in and out of school youth – as peer educators to prevent HIV/AIDS.

### **17:00 Day evaluation**

#### **Key leaning**

- Different way of awareness analysis (poster and drama)
- Various stage for raising people's awareness, from ppl to ppl,
- Accurate and enough information is critical to effective
- Showing picture help audience's understanding in presentation

## 28<sup>th</sup> September 2013

9.25 Mid-term Evaluation – Kyoko

11:15 Preparation for 4hrs dialogue

### Mid-term Evaluation

- 1) Why evaluation? To make effective use of remainder of course
  - 2) Small Group Discussion to evaluate contents, management, own participation, etc.
  - 3) Presentation and discussion: time management, presentation skills, audience skills identified as points for improvement
  - 4) Planning
- 

## 30<sup>th</sup> September 2013

8:30 Japanese class

9:00 Personal sharing (Ric)

9:30 Reflections on midterm evaluation

10:15 Mainstreaming disability

12:00 Revision of BQ

12:30 Lunch

15:15 Problem solving steps

16:30 Orientation to Nissin session

17:20 Daily evaluation

### 9:30 Reflections on midterm evaluation

AHI facilitators led review of mid-term evaluation. Typical comments included plan fewer topics per day, allow more private time for preparation, and ways to make sessions more engaging. AHI facilitators encouraged participants to ask more challenging questions. Participants asked for time to reflect before asking, and support to express complex ideas in English.

**Disability Mainstreaming** (AHI, Mela): Travelling together towards our vision through mainstreaming disability

1. The game of life (Power walk to raise awareness of how disabled men and women are marginalized throughout society, such as in schooling, employment, marriage, and political life.)
2. Where is the *shogai* (disability/ barrier)? discussion

Before the workshop, some participants felt that disability was a minor issue, unrelated to their own work. After the workshop they understood it as a cross-cutting human rights issue. As one participant stated. “This is not individual issue – it is an issue of family and community.”

## Revision of BQ (Kyoko)

As part of the process of developing relevant and feasible action plans, participants revised their basic questions. First, in small groups they analyzed each person's questions. Next, in plenary, each participant briefly presented their basic question and explained why they had/had not revised it.

Excerpt of discussion on UN's basic question:

UN: "How can we motivate district, ministry of labour, other stakeholders...to improve the carpet workers' conditions?" I want to go make it more specific.

Ui: Can you specify the stakeholders?

UN: Labour, business factory owner, government, trade unions

Ui: So I suggest you specify them in your question.

Kyo: I suggest you write two questions

→ revised as:

- 1) How can we motivate district, ministry of labour/ health to make and implement policy for carpet labourers?
- 2) How can we collaborate with Gov and owners, trade union to improve the workers (labourers') livelihood?

After all individual presentations, the facilitator commented: "From this basic question you will make the Plan of Action (POA). If you are not clear about some point, please try to make it clear. And now you know other participants' basic question so you can also help each other find the answers."

## Ice break

### Revised Basic Questions

UN	1) How can we motivate district, ministry of labour/ health to make and implement policy for carpet labours? 2) How can we collaborate with Gov and owners, trade union to improve the workers (labours) livelihood?
Hector	How to mobilize resources for AAS, for its new strategic directions> AAS Sustainability
Mom	How can we improve livelihood situation with the poor people participation to prevent drop out?
Ja	How can we build the capacity of PHA team in participatory process in development of policy?
Prang	How do we ensure all the member of the network to participate in NHA activity?



Shailen	How can we encourage health volunteers' awareness to access Gov Services?
Maduka	How can we advocate the sustainable fisheries policy more effectively to the government?
Ric	How can we motivate and support CHWs to continue their volunteer work in their communities?
Deepak	How can we make GOs accountable to have quality health services for poor people in remote areas?
Eva	How can we develop quality of business expertise in community business?
Anju	How do we build the awareness of local people for rural women Rights?
Tino	How to encourage Government's Research Department to be responsible for their role?

### **Problem Solving Steps (AHI,Ui)**

Small group work and then individual reflection on processes of problem solving, and becoming aware of one's own group work habits. The facilitator reminded participants to use "I messages" to make feedback constructive.

### **Orientation on next day's field trip to Nisshin City Hall: (AHI, Kagumi)**

Overview of Nissin city and local governance issues

Ui comment: Tomorrow, please raise questions related to your basic questions, such as how the city government works with the private sector and people's organizations (POs).

### **Daily evaluation: Key leanings**

- Understanding of barrier and disability
- AHI should be more open to disabled people, modify facilities
- Active workshop techniques
- BQ revising, help to make up BQ in a group, make it clearer through group discussion

## **1 October 2014**

8:30 JP class

9:00 Personal Sharing

9:30 Nisshin case of collaboration btwn civil society and govt.

11:55 Lunch

12:25 Leave for the city hall by community bus

13:00 Arrive at the city hall, Visit NPO center (government facility)

13:30 Meeting with Mayor

14:00 City hall tour

14:30 Visit Eco-dome

15:35 Leave for AHI by community bus

16:45 Daily evaluation

### Recap-G1

Ui; My session yesterday was about problem solving but my real intention was to think about how to learn from group discussion.

Kyo; (about disability mainstreaming session): You use the word – help. I think it's not help but how to ... remove the barriers within ourselves.

### Nisshin City Orientation (Nisshin City Policy Planning Division staff)

Self introduction by each participant

Profile and history of Nisshin local government, focusing on recent developments in local governance and people's participation.

1. Why and how cmty participation: Rapid change from farming village to commuter bedroom → need for new sort of community participation → Ordinance for Local Self-Governance
2. Before and after establishment of the Ordinance: tool for civil participation, shows direction, feeling of ownership among participants
3. Personal experiences with public participation in local gov

Discussion centered on challenges to people's participation, process of drafting the Ordinance, small number of women councilors, disability mainstreaming. The Thai participants also shared their experience of civil society – local government collaboration in policy development in the National Health Assembly.

### Afternoon Visit to Nisshin City Hall and Eco Dome

#### Daily Evaluation: Key Learnings

- Waste management system, separation of waste: We can do it in the carpet factory
- Close relationship between government and people in Nisshin
- Local government has strong political will, patience, and clear vision of development
- Need transparency and effort to increase people's participation
- City hall administration: people can easily access. Place for babies to play → easy for people to use the city hall. All the departments are in one place → easy to get information and rights.

- Civil society must find and work with like-minded govt workers
  - Make laws for participatory local govt. → promote participation, right to participate
  - In Japan, men are on the stage (local government) and women are under the stage (doing community work)
- 

## **2<sup>nd</sup> October 2013**

9:00 Exercise, Personal sharing, Recap etc.

9:50 Advocacy and networking (Taka, Hector)

12:30 Lunch

13:30 Continue Advocacy and networking (Maduka)

14:30 Fund raising strategies (Ric, Makiko)

17:00 Daily evaluation

-

### **Advocacy and Networking- Hector, Maduka, Taka**

Taka first gave an overview of CSO advocacy and steps in advocacy planning within the RBA framework. He then introduced a Japanese case of advocacy through CSO networking, the Nagoya NGO Center. This Center has a membership of about 50 local NGOs in Central Japan. AHI was a founding member in 1995. It offers support for members, development education for community and NGO workers, collaborates with JICA and the private sector, and engages in advocacy with the Japanese government on ODA. It also developed a “rule book” for collaboration between small NGOs and JICA to establish more equal and constructive partnerships.

### **Advocacy for HIV/AIDS Education in Pakistan (Hector)**

Hector set up a role play activity to activate participants’ understanding of the advocacy process. He explained the context his own NGO had faced of looking to collaborate with local and provincial government on Sexual and Reproductive Health (SRH) and HIV/AIDS prevention. Participants were to discuss the context, and decide each group member’s role in the role play. The participants found the task challenging, partly because they are all familiar with different contexts of collaboration and advocacy with government. After the role play, Hector presented how his NGO actually advocated to the government on this issue. Finally participants reflected on what they considered a key point in advocacy – organizing people’s organizations to raise issues directly with the government.

### **Advocacy by Fisherfolk in Sri Lanka (Maduka)**

Maduka presented NAFSO’s strategies for advocacy from grassroots to national and international levels. In 1998, NAFSO set up a national fisheries commission composed of fisherfolk (including women), scholars, journalists, and NAFSO leaders to advocate for fisher people’s rights through

national fisheries policy formulation. After presenting the situation, Maduka asked the participants to split into small groups to give suggestions answering his basic questions: “How can we advocate the sustainable fisheries policy more effectively to the government?” and “What are effective tools of advocacy to work with government?” Participants suggested involving the media and political parties, and slowly developing more equal and trusting relations between NGOs and government.

The advocacy session ended with a round-up of various contexts and strategies of advocacy work.

### **Fundraising (Ric)**

The aim of this presentation was to determine what strategies the participants’ organizations are already using and what other strategies they could try. Ric started with an overview of goals, means and key concepts in fundraising, covering the following points: Good governance, Continuing relevance, Resource mobilization, Approach, Stakeholder analysis.

### **Fundraising: AHI’s case (Makiko)**

Makiko introduced AHI’s fundraising strategies, challenges and lessons learned. AHI’s main source of revenue is individual memberships. Dr. Kawahara, AHI’s founder, wanted to promote personal connections between individual Japanese and people in other Asian countries. This means AHI is free from reliance on a single large donor. But the number of supporters has been gradually declining since 1990 because of competition from new NGOs. AHI started two new fundraising methods:

1. Monthly membership fee, Hitotsukami.
2. Collaboration with AHI’s healthy life style project in the Philippines through a small surcharge on lunches in a company canteen

Lessons learnt

- know social trends
- something impossible or uncommon today can be possible or common
- Try something new even though busy with routine work

To end the session on fundraising, Ric handed out a worksheet for stakeholder analysis. Ui also prepared a summary of the day’s key points, and gave participants the homework of summarizing tips for successful advocacy and networking

### **Daily Evaluation**

Key learnings

- AHI fund raising system by birthday card
- Smart to analyze the trend of society and supporting members
- Have responsible persons for fund raising

- Advocacy for the people by the people/ advocacy through collaboration with stakeholders/
- effective advocacy= resource mobilization (all kinds of resources)
- Networking is one of the steps of advocacy.
- NGOs role in advocacy is not to represent people's voice but make people's voice heard.

#### Feelings

- Sad because AHI income is decreasing.
  - Difficult (Sri Lanka case)
  - Exciting
- 

**3rd October 2013**

**8:30 JP class**

**9:00 PS, Recap etc.**

**9:45 Advocacy and networking**

**10:30 Proposal writing skills (Hector and Mela)**

**12:15 Social enterprise introduction (UI)**

**12:45 Lunch**

**14:00 Social enterprise (Eva, Shailen and UI)**

**14:45 Daily evaluation**

**Reorganizing Task Groups** : after discussing criteria for group formation, participants reorganized into new task groups

**9:45 Advocacy & Networking sum-up (Ui)**

- Base: awareness raising of people concerned on the issue and the need for advocacy
- Support the group/ persons to raise voices
- People/ NGOs collect concrete data (disaggregated data), evidence and stories
- Study, update and use official documents (policy, treaty, agreement, law) : tool for RBA
- Think of possible reactions and risks > prepare alternative plan
- Clear objective, achievement goal understood and agreed by all
- Develop clear and appealing message/ slogan
- Approach direct and indirect (higher position decision maker with authority) key persons
- Build on and utilize existing networks
- Link with/ involve local- national- international (similar issue countries/ advanced countries (cross cutting))
- Utilize election timing carefully to get support from the key persons publicly (politician)

- Base: awareness raising of general public
- Local knowledge and experience exchange
- Long term commitment with a series of small victories
- Use IT communication technologies
- Be flexible according to the situation and person to advocate
- Express appreciation in public ceremonies, programs
- Use media strategically
- Develop a model and “Sell”
- Involve partners from the initial stage.
- Find and work with sympathetic GO officials
- Monitor progress and re-plan

### **Proposal Writing Skills (Hector, Mela)**

Hector gave an introduction to the proposal process and log frame analysis, taking the example of a project for socioeconomic empowerment of gypsy women in Pakistan. Mela added a short puzzle on logical step by step thinking.

- Process of proposal application
- Project Cover sheet?
- Background and analysis: WHY of the project
- Proposed goal, implementation plan etc
- Budget:
- Attachments (depends on the donor agency): log frame

Participants brainstormed to develop a log frame analysis for a project proposal. From the discussion it became clear that accurate problem analysis is an important step in developing an effective proposal. Participants also reflected that developing personal relations with the donor agency is key to getting guidance to write a good proposal.

### **Social Enterprise Introduction (Ui)**

Achieving sustainable financing and some independence from donors is a serious issue for NGOs. One way to do achieve financial sustainability is by running social enterprises. As an introduction to case studies of social enterprise in Bangladesh, **Ui** facilitated a debate on NGO social enterprise, with the proposition:

“NGOs can do business and get profit in order to sustain own organization.”

Participants debated the proposition, giving their reasons. For example, legal constraints on NGO activities, differences between typical business and social enterprise, NGO accountability, whether NGO microcredit programs are social enterprise, and so on.

Ui then introduced “Non-Governmental Organisations: Guidelines for Good Policy and Practice”

1. Voluntary
2. Independent
3. Not for profit
  - (ア) May have paid employees
  - (イ) May generate revenue to support aims (not for profit, unlike companies)
4. Not self-serving in aims and related values

### **Social Enterprise: Joyoti Case (Eva)**

Eva introduced her organization CBO/PO Joyoti Foundation, in Jessore, Bangladesh. As a CBO/PO, it must be sustainable, so it has established enterprises to support its activities, including restaurants, community centre, fitness gym, and beauty parlor. Participants had many questions regarding Joyoti’s business management, technical support for borrowers, and Bangladeshi laws on social enterprise.

### **Jagorani Chakra Foundation (JCF) (Shailen)**

JCF, a large Bangladeshi NGO, runs several successful social enterprises to support its non-profitmaking development activities. JCF assets amount to billions of US dollars, and the organization’s overall budget was US\$210.39 billion in 2012. Revenue from micro-enterprise loans and service holder loans made up 44% of total net profit. JCF’s other social enterprises include pisciculture, a rice mill, handicrafts, and a medical college. Participants were surprised by the large scale success of JCF’s social enterprises, and asked many questions about differences between them and typical businesses and about Bangladeshi laws on NGO-run enterprises.

### **Social Enterprise Sum-up (Ui)**

Participants confirmed that, along with external donations and government grants, social enterprise is one way for NGOs to fund activities. However, they should make sure their business practices are consistent with the NGO’s principles and values. One big question is whether wealthy NGOs are using big profits to build their own castles. Participants noted that even when they offer CSR, typical businesses’ primary responsibility is to make profit for the shareholders, while NGO social enterprises’ primary responsibility is to pursue the organization’s vision. Ui finished by briefly introducing the idea of a solidarity or social economy.

Participants decided to postpone the planned final session on peace.

### **Daily evaluation**

- SE is good for sustainability
- Need good management and leadership for SE

- Difference between CSR and SE
  - Richness is not how much you get but how much you share
  - Proposal writing
  - Log Frame is not only a tool for getting funds but also for clarification among staff and stakeholders.
- 

## **4<sup>th</sup> October 2013**

8.45 Exercise, personal sharing

9.34 Introduction on Peace (Kyoko)

10.14 Peace and Health (Ui)

12:10 Women, health and community development

14.00 Peace issues in Japan (Yuko)

15.00 Orientation to Hiroshima Visit (Taka)

15.45 Day Evaluation

4.15 Close

4.30 DVD about Hiroshima

### **Peace workshop (Kyoko)**

Kyoko asked participants to rate their own country's level of peace, from 0 percent to 100 percent and mark it on a line from 0 to 100 on the whiteboard. They then took turns explaining their ratings. For example, Hector stated: "35% because there are many issues, like homelessness, ethnic issues.

People are very scared. Anything can happen." Ric stated: "85%, because we still have conflict in some areas, but most of the places people are happy even when they have floods. Even though they are poor they keep working together. And government shows good signs of developing."

For the second activity, Kyoko asked the participants to rate their own personal peace in the same way. They went on to share their ratings and rationale, for example, Eva: 90%, because my needs are mostly fulfilled. I have some problems in my organization but not in my life. I don't know what will happen in future, but I'm very happy now, because I never faced difficulties alone.

After these two questions, participants reflected on the activity. Many felt it was a good way to analyze their own feelings, definitions and ways of working for development. Kyoko finished the session with three points:

- 1) Peace is not only a condition of no war/ conflict, but is also related to personal emotions.
- 2) PEACE starts from MYSELF- and spreads to community, country, world.
- 3) What should/could we do for PEACE as community health/ development workers?



### **Peace and Health (Ui)**

Through physical energizers, Ui raised awareness on peace, conflict and cooperation and looking for peace through win-win solutions. Participants discussed types of violence, using Galtung's categorization (direct, structural, and cultural violence), and bases of conflict (resources, governance/authority, ideology, identity), and considered the concept of justpeace – peace with justice. Finally Ui presented AHI's experience in promoting reconciliation between former warring parties through the process of participatory health education training in Cambodia. She asked participants to consider, Where can we contribute to change the conflict situation? What is our responsibility for peace building?

### **12:10 Small group workshop on ways to promote peacebuilding**

Participants divided into three groups according to the theme of their work (women, health, community development). Each group summarized what they are doing now to promote peace, and what adjustments they could make to promote more peace. Some of their suggestions follow:

#### **Health group**

1	Develop strategies to encourage all stakeholders to trust the participatory process, (raise awareness, share information etc.)
2	Train more community health workers/ educators/facilitators
3	Involve and train teachers in providing health education and promotion

#### **Community development group**

Organizing people and net-working of PO and GO	Including conflict resolution capacity building
Income generating activities	Coordination linkage with government agency and human right organization
Advocacy	Involving people from different ideology, religions

#### **Women's development group**

1	Economic empowerment	Encourage women in income development activities; Skill training; Savings & credit
2	Health camp, health awareness	Focus on common issues of workers and owners
3	Women's leadership dvt.	Behavior/ practice change

### **Peace issue in Japan- (Yuko)**

Yuko introduced Japan's peace constitution, gradual Japanese militarization in recent years, and the Citizens' Peace Movement during Iraq War 2004-08. Participants were surprised to hear about

Japanese support for US military bases in the country, particularly Okinawa. They were also eager to learn techniques for awareness raising in Japan, such as the street seal voting. Ui encouraged participants to see local governments as allies for peace building, as in the Alliance of Mayors for Peace, led by the Hiroshima mayor.

### **Orientation to Hiroshima Visit (Taka)**

Taka gave a brief history of Japan, including the closing of the country during the Edo period, the Meiji Restoration and subsequent modernization and militarization, as a background to understanding the Second World War and the bombing of Hiroshima.

### **Day Evaluation**

#### **Key Learnings**

Street seal voting (new idea for awareness raising)

Dialogue is the process of peace

Peacebuilding is important in peace time

Health promotion is peacebuilding

Need to unite peacebuilding movements

Internal peace is being responsible and self-aware: inside and responding creatively to the situation

If everyone includes some peacebuilding in their health services, that would contribute to peace.

#### **Feelings**

Sad: I remember an incident from when I was a child. My fellow students and I were in one town for an exam. Then there was a conflict b/w the army and the Maoists. 22 villagers were killed, and several of my friends. But none of the soldiers were killed. They went out of the house where we were staying and they were killed. For a few months we could not go to school properly. The teacher counseled us and told us about how many people were killed at one time in Hiroshima and Nagasaki, so we have to bear the situation. I remember that now, and I remember my friends. And now we are going to visit the place our teacher told us about.

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**5th October 2013**

**Grassroots peace activity+ ANT-Hiroshima -- Ms. Tomoko Watanabe**

#### **Bomb survivors' testimony (kataribe) Ms.Teruko Ueno**

I was studying as a nurse in Hiroshima, just 1.5 km from ground zero. I saw my friends burn up. I began "kataribe" activities 20 years ago, in memory of friends who died, and because my grandson asked me for his school assignment. I'm in good shape because so many people give me energy...

For the peace building for the new generation, we should stop using nuclear power plants and go back to a simpler lifestyle.

**Bomb survivors' testimony (kataribe): Mr. Shozo Kawamoto**

Entered the bomb area 3 days after the bomb.

Q: Do you feel angry at the Japanese government?

Rather than angry i felt bad about ignorance of Japanese and also other countries...If we had the chance to talk to each other, we might be able to avoid war. Also, after war, Japan was very male centered. I hope from now on Japan will give more value to females especially mothers. I think it's one way to make peace.

Q: Are you angry at Americans

- No, because they helped us after the bombs and only few people of each nation started the war ...I learned both Japan and Americans were wrong, the education and the leaders were also wrong. I have the mission to inform the new generation.

**Daily Evaluation: Key learnings and feelings**

- Sad because government did not take any action to support the sufferers
- Speechless
- If there was good communication between Japan and US maybe the war would not happen
- To build peace, don't hurt other people
- Important to share the story of history.
- Having hope
- Learn from past
- Listen to your mother
- Education- if people who are in charge are not good, it can influence children's thinking
- Peace education in school pushed today's witnesses to start talking, so it is powerful
- I want to start building peace from today.

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**6th October 2013**

**Hiroshima Visit**

**Afternoon session**

**Radiation in Hiroshima and Fukushima (Masae Yuasa, Hiroshima City University)**

Prof. Yuasa showed data comparing the effects of radiation after the atomic bomb in Hiroshima and effects of low dosage radiation after the nuclear power plant accident in Fukushima. There are likely

to be long-term health effects of the radiation in Fukushima, but there is little reliable data on which to base predictions, and the government is trying to downplay the dangers.

#### Q&A

What can we do to improve the situation?

Yuasa: I am just one small voice, but I keep speaking out. No radiation is safe. I just keep publicizing these facts that even the affected people in Fukushima do not know. Here people in Hiroshima say what happened. Fukushima people should speak out too. Then we can fix it and move on

### **Short Presentations and Discussion with Four Citizens' Groups**

#### **1) Fukushima Evacuatee Association - Sasaki san**

This is an organization of people who evacuated from the East Japan Earthquake. Many lost not only their family members but also their homes, jobs, and confidence in the future. The organization is a venue for meeting and sharing information. Members have varied priorities and interests.

#### **2) Barefoot Gen Books, DVDs and activities-Kuniko Watanabe**

Books by Keiji NAKAZAWA, translated to 22 languages and used in peace education.

The books are based on his own experience when he was 6 years old in 1945.

#### **3) Supporting people with HIV in UK and Japan - Keita**

Comparing experiences between organizations in UK (Leeds Skyline and MESMAC) and Japan (hotline and social network communities.) "I thought I was going to die, but talking to others (peer group) supported me."

#### **4) Smile Smile - University student volunteer group**

Aim is to extend smile all over the world> one step of building peace

Six activities: Team Japan: Hiroshima study tour; Table For Two (TFT): cafeteria international nutrition activities; World Cafe: discuss social issues; Recycling bottle caps; Conflict Studies: through internet, movie, lectures; Unichil: focus on children's problems

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**7th October 2013**

### **Motomachi elementary school**

1.Introduction by principal

2.Students guided around school- about the trees and A-bomb (barefoot)

3.Played Japanese games (Ohajiki, Otedama, ikuwarai, koma)

4.Tour of facilities (Japanese Class, sick room, canteen, swimming pool)

## 5.Q&A session

Aster Plaza

Tomoko-san of ANT Hiroshima asked pax to each write a message to send to an upcoming annual memorial ceremony at a local elementary school for child victims of the atom bomb.

Reflection and group discussion on the past three days in Hiroshima

### 1) My key learnings

Mom-Important to study about peace from a very early age

Deepak: - Peace starts from self and organizing for peace advocacy.

UN: - importance of documentation for sharing; participation in peace education

Anju: - schools as one of the entry point in peace promotion

Shailen: - importance of awareness raising through visual aids

Ja: - importance of learning history in order for us to do better

Prang: - change the crisis to opportunity to empower new generation.

Maduka: - communication and cooperation is necessary for peace, health and development

Hector: - collecting and using evidence-based data for advocacy and education; - Never lose HOPE!

- (Expectation) NGOs/GOV should take a lead in abolishing nuclear power plants

Eva: - Radiation effect education is important for all over the world; - Victims' stories should be collected and shared to everyone.

- people can do pressure group to change government policy about nuclear power plant

Tino: - Importance of having peace in your heart- big heart first, need to be brave first, and fighting with selfishness before you can do anything.

Ric: -(all already mentioned)

**2) What else we can do?** Through discussion in their three work area groups, the participants came up with the following ideas for including peace building activities in their work.

#### Community Development Group

- Advocacy for peace process and community development
- promote peace education in schools and communities
- cross learning/ exposure - in and outside countries

#### Health Group

- include peace building in training programs (staff/network)
- develop the capacity and values of the staff first
- Peace and health in policy development
- include peace-building in health promotion

#### Women's Development Group

- 1) Awareness raising using attractive evidence based materials
  - 2) Networking for peace promotion
    - make a special day (6 August) for peace program
  - 3) Peace education in schools
  - 4) Gender equity issues for peace
- 

## **8<sup>th</sup> October 2013**

10:30 Exercise, Personal sharing  
11:00 Orientation to making the Plan of Action (POA)  
11:30 Overall consolidation  
12:30 Lunch  
13:30 Overall consolidation  
17:00 Day evaluation  
17.30 Distributed Aogiri tree and listened to the music.

### **Session 1: Orientation for Writing and Presenting Plan of Action (POA) (Kyoko)**

Contents of POA:

1. Basic Question
2. Concrete activity plans and your roles
3. Personal plans (presentation is optional, but must be submitted)
4. Schedule for submitting progress report to AHI

Presentation: 15 mins, Q&A: 15 mins.

POA is to be revised after receiving feedback from the audience

Consultants were assigned to each participant to help in preparing the POA. An outside resource person, a midwife with extensive experience in community health development, was also available to discuss with participants.

### **Overall consolidation**

1. Workshop: Local governance in health
2. Small Group Discussion:
  - (ア) Summary of course
  - (イ) Presentation
  - (ウ) Participatory training

### **1. Workshop: Local Governance in Health (Kyoko)**

Kyoko instructed the participants to stand up and make a circle. Each participant chose one role label (prepared in advance), such as religious leader, local government, woman, media, etc. In response to Kyoko's question, participants identified the "woman" as the most marginalized role, and Kyoko passed that participant one end of a ball of red yarn. She then began the activity as follows:

(To woman role) What is your problem?

Woman: I cannot make any decision in the family.

K: Who do you want to talk to about this?

Woman: The community leader.

(Gives yarn)

K: Who can you work with on this?

Cmty leader: I can help you, and you can go the teacher too.

Teacher: As a teacher, I never deal with the women's problems, But if I have the trust from the cmty leader, then I can open a PTA forum. Or I can contact the local govt to set up something.

(Kyoko instructs the "teacher" to throw the ball to "local government.")

The ball of yarn passes on to politicians, donors, NGO, media, the health center, and so on. After some time, Kyoko stops the activity and moves on to analysis.

K: What do you see?

Maduka: We are going doing more activities, but the issue is still not solved.

Woman (Mom): I went to the community leader, but she did not ask me more. She just went to other authorities.

K (To "person with disabilities," who did not touch the yarn even once): How do you feel?

Ric: Completely marginalized. I just went to have coffee.

UN: Donor should make the consultation sitting together with all the stakeholders, not one by one.

K: So what should we do to improve the local governance?

Eva: The problem is there in the community, but we are running away to other people.

K: So we did not understand one another's roles and responsibilities.

Maduka: First we have to see what we can do in the cmty. If we need after we can contact the outsiders.

Mom: Why did you not ask me about my problem? You just contacted the teacher.

K: Who has the ownership of the decision-making? I would like to summarize our findings in one sentence. (Revealing words on the whiteboard one by one)

### **Making/ensuring local linkage based on people's participation = local governance**

Kyoko and Ui facilitated a discussion on local governance, particularly the roles of NGOs and POs in a Rights Based Approach (RBA) framework. The following were representative comments:

- ◆ NGOs can supplement GO's work, sometimes supporting GO, sometimes advocating, and sometimes supporting people to make POs. Our role is to facilitate POs.
- ◆ NGO, GO and PO are all working for development.
- ◆ As NGO, we have to ask ourselves, why are we here? Who do we serve? If we exist to create a career for ourselves, I don't know... We are here to support the people in the communities, to facilitate them to change and improve their situation.
- ◆ (From a GO worker) Some NGOs work closely with GO. Some work separately. It depends on the role and goals of the NGO.

### **Summary of the course**

The participants split into three groups to summarize course contents, process and key learnings, using a set of questions prepared by AHI. (See appendix.) As well as reviewing course contents, participants reflected on how they developed leadership through the task group activities and how group dynamics, roles and relations changed through the course. Each small group presented a summary of its own discussion.

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## **9th Oct**

8:30 PS

8:40 Decide Order of POA, announcements

9:55 Participatory training methodology

9:30 Self reflection WS

10:10 Post course assessment

16:00 POA presentation

### **8:40 Order of POAs (Kyoko)**

Kyoko set the provisional schedule for POA presentations and asked participants to readjust as necessary.

### **9:55 Participatory training methodology (UI)**

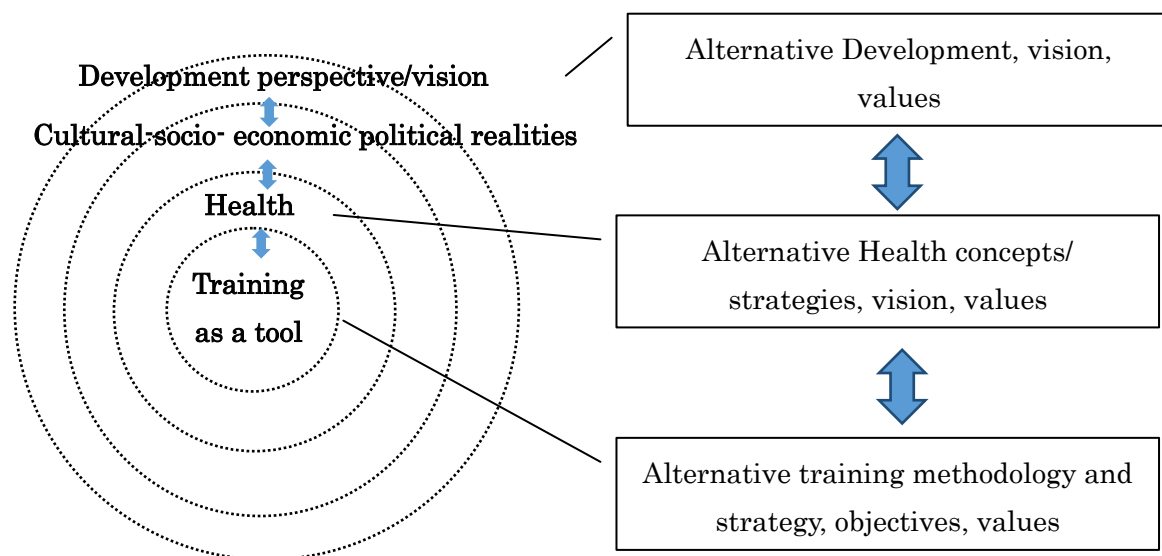
**Values and ground rules of PTM**

**Roles of facilitator (1)**

**Participatory training for what?**

Participatory training is just a tool. One has to think about the goal you want to achieve using it.





#### Comparison of Emphasis of Conventional Training and Participatory Training

Conventional	Participatory
Teaching	Learning
Answering	Asking
Speaking	Listening
Pushing	Waiting

#### WS Reflection on Leadership Qualities (Kyoko)

Using a list of criteria developed by the participants earlier in the course, participants reflected on their own leadership performance and development.

#### Post course assessment

Participants filled out the same questions as in the pre-course assessment to gauge changes in their views on health, development, community organizing, leadership, training, and gender.

#### 16:00 POA presentation

Kyoko reminded participants to use the open forum well to give and receive constructive feedback, keeping an open mind to make the most of comments.

#### Deepak

**BQ:** How can we make GOs accountable to have quality health services for poor people in remote

**areas?**

Key points:

- Disability mainstreaming
- RBA approach
- Participatory training method
- Share with local GO and politicians on local governance,

**Ja**

**Basic question: How we can we build the capacity of PHA team in participatory process in development of policy?**

Background is: Some provinces do not yet have PHA in my working region.

Key points:

- Discuss about participatory training program with PHA team in Krabi province
- Facilitate participatory training program
- Share Krabi province experience to other provincial PHA
- Suggest NHCO to support participatory training program
- learn more about participatory training methodology

**Prang**

**BQ is: How do we ensure all the members of the network participate in NHA activity?**

My organization had only ideas, and has already started collecting information/data but analysis is not finished. My new idea is to define criteria to select sectors to join the network, and make a collaborative relationship.

Suggestions:

- more frequent monitoring
- link up with Ja's POA

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**10<sup>th</sup> October 2013**

8:30 Japanese class

9:00 POA presentations

Mom

UN

Eva

Shailen

Tino

Hector

12:30 Lunch

14:00 Anju

Maduka

Ric

16:20 Orientation of overall presentation (Kyoko)

16:40 Announcements

### **Plan of Action (POA) presentations**

#### **Mom**

**BQ: How can we improve livelihood situation with the poor people participation to prevent drop out?**

#### **Key points of POA**

- Workshop about peace – about Hiroshima case
- Promote and support social enterprise (SE) run by community associations
- Disability awareness

#### **UN**

#### **BQ:**

**1) How can we motivate district, ministry of labour/ health to make and implement policy for carpet labours?**

**2) How can we collaborate with Gov and owners, trade union to improve the workers (labours) livelihood?**

#### **Key points of POA:**

1. Advocacy for carpet industry labour policy in Nepal
2. Fundraising and resource mobilization to sustain the organization; Saving and credit mobilization → social enterprise with members; approach business sector for pro bono work.
3. Sharing of ILDC learnings with close organizations, networks and carpet industries association
4. Integrate Peace Education in WLES Programs to create awareness about Hiroshima/Fukushima and peace in family and at workplace

### **Plan of Action for Joyoti Society (Eva)**

#### **BQ:**

**1. How can we involve the local elite in community health promotion as volunteers?**

**2. How can we make govt accountable to people's health needs?**

#### **Key points of POA**

1. Develop business experts through training
2. Explain vision mission and objectives of J health activities,
3. Share ILDC learnings to Joyoti staff and general body, discuss how to incorporate learnings

## Q&A

Ui: What is your idea about how to incorporate ILDC learnings about specific issues to Joyoti programs.

E: They will make the plan, and I will help them. There are so many things, and it will take time to explain. We have monthly meeting, so several times, I can speak about one issue at a time. After about 6 months, then I can make a report.

Ui: I understand that is a good participatory process, but you are the one bringing the information, so you should have some general idea.

Eva: In my mind are two things. One is the elite health volunteers. The other is the business expertise so we can survive.

## Shailen

### **BQ: How can we encourage health volunteers' awareness to access GO services?**

Through considerable questioning, Shailen was able to clarify the main problem and the rationale for wanting to mobilize college student volunteers to promote grassroots use of government health services.

## Q&A:

Hayashi: I think it is good you encourage the health service access. I want to clarify your thinking. You said, due to lack of patients, the CHCs are not open. Which way is it, they are not open, so less patients? Or few patients so they are not open?

Sh: Government service holders staff the CHCs. Ten persons provide service. But community people go to private hospitals because the private hospitals have brokers advertising in the villages. They don't know they can get the same service cheaper at the CHC.

K: Why do you train college students as volunteers?

Sh: Shomiti members are always busy. They do not have time for health activities.

## Tino

### **BQ: How to encourage the government research department to be responsible for their role?**

I have learned a lot from this course, but the question is how I can implement it in my work. Yesterday Deepak san and I were laughing because all the things I thought of were in the 50 excuses Kyoko introduced yesterday. We already have a clear tight project schedule, so it is difficult to see how I can incorporate my learnings.

### **Key points of POA**

1. Share ILDC experience with the HR&D staff
2. In weekly meeting, share the RBA approach, because the government is mostly using charity approach.
3. Peace Education in my village's elementary school, in my free time. Negotiate with NGOs to work

in villages as well as capital; translate Japanese peace education picture books to Tetum.

Q (from Tino's supervisor): Why I sent you here is, we know in Timor Leste there are many research findings which are not applied in the health work. As a foreign researcher, I cannot do it, but I want you to make some way to link the research and implementing. Also, I understand you are a freelance researcher. I also wanted to bring a GO researcher colleague here. So I hope you will be a catalyst for change. You may have more ideas than the GO officers, so I hope you can convey some of your experiences to them.

## **Hector**

**BQ: How can we mobilize more financial resources?**

### **Key points of POA**

1. Nominate a fundraising team
2. MCH, savings among members to sustain activities.
3. Make PO program sustainable, coordination with microfinance organizations.
4. Integrate Health and Peace Education Program. Join CDA Annual Peace Festival
5. AHI alumni reunion in Pakistan
6. Establish ILDC in Pakistan, run by ILDC alumni

Q: How will you gain the new financial management skills for your programs?

Hector: We will work it out with the financial team. We will also have some exposure visits with microcredit and microfinance organizations in Pakistan.

Taka: Is it new for you to involve women?

Hec: No. But we want to expand our focus, integrating HIV/AIDS education with other activities.

## **Afternoon Session**

### **Maduka**

**BQ: How can we advocate for sustainable fishery policy more effectively to the GO?**

### **Key points of POA**

1. Organize village level meetings on how to advocate for sustainable fisheries with GO
2. Arrange consultation meeting with district fisheries officer
3. Organize national seminar
4. Help organize meeting between the PO and the fisheries minister (although he dislikes NAFSO).
5. Peace education, links between local uni and Hiroshima university students' group

## **Anju**

**BQ: How do we build the awareness of local people for rural women Rights?**

### **Key points of POA**

D: What particular points do you want to include in the leadership training? State those clearly.

A: Maybe how to do things in participatory way. I will think more deeply.

Ui: About the peacebuilding camp, my suggestion is to include the religious leaders.

Ric: Add it in your plan to include them.

Taka: In Sumatra, the male-dominated culture is an issue. Can you start a gender-sensitive education in the school, with children?

A: I will think about it. I want the camp to be fun. The module about gender, I will think about it.

**Ric**

**BQ: How can we motivate and support the community health workers to continue their voluntary service in their communities/villages?**

**Key points of POA**

1. Sharing of ILDC experience to INAM coworkers
2. Incorporate ILDC learnings in staff development plan.
3. Participate in developing resource mobilization program, so we can respond as needed
4. Monitoring and Risk management plan: provide early intervention.
5. RBA with LGUs to advocate Right to Health

H: Your BQ is about the CHWs and now you identified the programs. How are those programs strategies to support CHWs?

Ric: We need to have the technical capacity to create programs responding to their needs. And our org is starting a new cycle. So to prepare for that, as training facilitators, we need to improve our capacity. And as an org as well. Then we can move on to create support programs for them.

H: So first you want to train INAM staff to build capacity to support the CHWs?

Ric: Yes. If our capacity is enhanced, we can respond better.

Ui: I understand how your plan addresses your BQ. But maybe you have to be more specific in some places, and also rearrange the order, so plans directly affecting the CHWs are first. Plans building capacity of INAM staff are second. Now you are thinking to increase the social enterprise activities to support and motivate the CHWs. So you can state that more clearly in the POA.

Circle activity as ending activity: "Good good very good" chant in all participants' languages

## **Overall Evaluation**

Meaning of evaluate : draw out value:

Purpose: capacity building 1. to measure result / meaning / content in the light of objectives; 2. To improve gaps / lacks for the future

For whom? Pax, facilitators, management, organizers future organizers and future pax

## **Oct-11<sup>th</sup> 2013**

9:00 Exercise, PS, POA Revising (Individually)

12.30 Lunch

14.00 Overall Evaluation – discussed in 4 groups

17.30 Close

### **Afternoon Session**

#### **Overall Evaluation**

The overall evaluation was organized and managed by a group of four self-nominated participants and one facilitator. They decided the method and content of the evaluation as follows:

Participants and facilitators divided into 4 groups of 4 persons, including one facilitator team group, and each group discussed five evaluation questions and prepared a summary for presentation.

Q1.

- How much were the course objectives met, in %, and why?
- How much did the pax participation / ownership change?
- How much did presentation and audience skills develop, how and why?

Q2. What do you think about the various elements of the ILDC 2013, such as:

Topics, Exposure, cultural exchange, training mgmt.

Q3. Logistical arrangements:

Environment (equipment, food, dormitory, session room)

Communication (Before and during the course)

Q4. Facilitator team (Kyoko, Ui, Yayoi, Taka): personal feedback, Learning points and Suggestions

Q5. What is the overall meaning / impact of this course to you?

Some participants also asked for feedback, as a group and personally, from the AHI facilitation team. The group as a whole discussed what sort of feedback and format would be most constructive.

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## **Oct 12<sup>th</sup> 2013**

9:00 Exercise, PS

9:30 Presentation of overall evaluation

12:30 Lunch

14:00 Result of course assessment  
14:15 Future relationship after ILDC  
15:10 Close  
15:45 Closing program

9:10 PS (Kagumi)

Kagumi related her experience during a tour to Bangladesh, when she realized that formal PO leadership elections were important to giving the elected members the authority to speak out as representatives of the group, and that this is the essence of elections.

### **Overall Evaluation (Compiled from all three pax groups)**

Q1: From 81% to 60% depending on objective.

Q2. More exposure visits, games, group activities and discussion; time for regular exercise

Exposure: Impressed by highly motivated volunteers. Enjoyed and learned from visits, but need to develop ways to ask about “unsuccessful” practices to see in perspective, for example, give a question about before and after the project, or why previous approaches did not work well

4 hour dialogue: Only one-way sharing. No time for Japanese participants to share their experience  
→ NOT dialogue. Next time, invite more people, including professionals working in that area.

Audience skills lag behind presentation skills, although both types of skill improved

Training mgmt.:

Task group: Learned how to work together, manage time

AHI: Good, but want more time for interaction with volunteers and interns

Environment: comfortable; computers should be upgraded, add webcam

Communication: good communication and correspondence with AHI

Q4: Good listening, friendly, techniques, motivation

Suggestion: some topics very theoretical → find ways to make easier to understand

Q5:

- Opened our minds and made us concerned about global issues
- Peace
- Learning together
- Inspired to try something new

A lot of discussion focused on time management. Participants felt they needed more time to prepare to lead sessions. On the other hand, they saw it was difficult to select topics in advance while



maintaining the participatory process. Also, in the first few days of the course, while participants still do not know one another well, they found it difficult to say “no” to others’ suggestions in order to prioritize. Preparing and contacting other participants before the course also presents difficulties. As one participant explained, “I did not want to make contact with them, because I am ashamed. For example, Hector is older than me and he is married, so it is not polite...” The concrete suggestion was to allocate more time during the course for preparing to lead sessions.

### **Overall Evaluation (Summary of AHI Facilitator group’s report)**

#### **Q1. How much was each course obj reached and why?**

Very good resources among the pax this year who gave easy to understand examples. But I feel some participants did not learn some points I wanted to communicate, for example, last night some pax came late for dinner. I was very sad because if you really understand the importance of expressing thanks to the cooking volunteers, you would come on time.

Q1-3. About the presentation skills, some improvements, but still too many words on some.

2. As for audience skill, need more questions, especially in discussion with Japanese POs.

3. Sometimes the moderator forgot to summarize. Other group members could remind or help them.

Topics and course management: almost all the topics you expected were included, but perhaps it was too many. We also need to improve ice-breaking and so on to manage the long session time

The facilitation team asked for input on how to increase questions, how to improve evaluation, and how to improve the pre-course communication.

### **Afternoon Session**

#### **Results of Pre and Post Course Assessment (YT)**

The facilitator returned the collated results showing each participant how their answers changed for the same assessment questions at the start and end of the course. As she explained, “This is not a test, it is just to check how your opinion changed, and why it changed. Don’t worry about your score, but think about why you changed your answer.” Some participants pointed out that the questions were confusing and should be simplified.

#### **Relationship between pax and AHI, and among AHI pax after ILDC**

AHI facilitators led a session on post ILDC relationships among AHI and participants. First they introduced how AHI keeps in contact with all former participants, and possibilities for further collaboration through joint programs. AHI also sees former participants as a resource for programs such as study tours and newsletters. Participants discussed what sort of mutual networking relations they would like to create and maintain after the course.

## **Closing Ceremony**

Like the opening ceremony, the closing was organized by a small group of the participants and was attended by a few members of the board of directors. It began with a video collage of the course. Then participants held a long scarf tied in a circle. In turn, each attendee made a short comment. The following is an excerpt:

“Renew and inspire”

“Together we can change the world”

“Networking, connecting and sharing experience”

“I made a new family”

”Bhalo bhalo khub bhalo. Very good”

“I am the biggest coward among you. Every day I was afraid whether you would accept me. You always gave me your energy, so I could stand there. This is the final day, but not the last day of your journey. You have the new map named POA.”

## Appendices

## Appendix 1 : Course Outline



*The Asian Health Institute Foundation*

### **2013 International Course on Community Health and Development Leadership** (\*Former ILDC)

Theme: ***People's Participation in  
Local Governance in Health***

Date: ***September 8 (Sun), 2013 - October 14 (Mon), 2013***

Venue: ***AHI, Nagoya, Japan***

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, 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.

AHI offers one international training course in Japan for 2013 described in detail below.

## **COURSE OUTLINE**

### **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."

With regard to health as well as other sectors, recent trends in globalization and governance have created both new threats and new opportunities for the poor. In Asia and elsewhere, neo-liberal economic globalization, which has accelerated since the 1990s, has made survival even harder. On the other hand, another global trend, decentralization, provides a new space for the poor to take part in decision making at the local level on issues and policies affecting their lives – in theory. Nevertheless, in reality, the poor are often still excluded from genuine 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, and explore new strategies with wider perspectives. Middle-level workers, 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 forming people's organizations (PO) and in building their capability to actively participate in local governance. At the same time, these middle-level workers can also support local governments and other partners in embracing participatory local governance.

## 2013 COURSE FOCUS

The 2013 course will focus on strategies to promote people's participation and collaboration in local governance. We will consider the following questions. Based on 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? Vice versa, how can experiences in other sectors be applied in health? Participants are expected to bring case studies of concrete field experiences of forming and strengthening POs and of promoting people's participation in health (or in other development sectors) in collaboration with other partners. In addition to this case sharing, participants are to lead sessions as resource persons on topics in which they have expertise.

## OBJECTIVES

The course aims to enhance the leadership quality of the participants so they can effectively facilitate the empowerment of people's organizations through partnership and collaboration among NGOs, POs, 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 people's participation in local governance and applications to health
- discuss potential roles of the health sector in conflict prevention and peace building
- enhance their own participatory concepts and skills in field activities, training, and organizational management
- 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 collectively by the participants 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 and others' 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 and mutual-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. **AHI expects prospective applicants to understand the basic characteristics of the course as below:**

### 1. LEADERSHIP DEVELOPMENT THROUGH GROUP PROCESS

This is **NOT** a technical or theoretical course led by experts on how to become a higher level leader or manager. Rather, this course provides opportunities for participants to reflect, discover, and develop basic leadership qualities as health and development workers through a group process. 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.

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 will be 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 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. No “specialists” come from outside to give participants answers what to do. Participants are expected to make presentations, design and lead sessions as resource persons on their own areas of expertise. Participants become teachers and advisers as well as learners.

Therefore, participants should be clear what they want to learn and what they can contribute as resource persons for others.

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

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

## **SENDING ORGANIZATIONS**

The sending organization must have experience in PO formation and strengthening, multi-sector collaboration, and human development as major strategies in their work rather than just for service delivery in health and development. 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 hold middle-level leadership 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 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 completion of this course

We will also consider the following points in selecting participants when there are many applications:

- Variety of countries
- Gender balance

- Working with the current organization for more than 3 years
- Priority given to applicants with no/less experience in training/study abroad, especially in economically advanced countries including Japan

## **FINANCIAL REQUIREMENTS**

In line with our standard financial sharing policy, **AHI will be responsible for:**

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

AHI requests the **sending organization to take responsibility for:**

- The remaining half of the domestic and international airfare\*
- Domestic transportation expenses within your country
- Other expenses incurred by travel preparations such as obtaining a passport and visa, 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 consult with us as needed.

\*\*Regarding 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 contact us for further details.

## **COURSE PERIOD**

September 8 (Sun), 2013 - October 14 (Mon), 2013

\* required to arrive at AHI on Sep. 7 evening or Sep. 8 morning

## **VENUE**

Asian Health Institute (AHI)  
987-30 Minamiyama, Nisshin, Aichi, 470-0111 JAPAN

## **APPLICATION PROCEDURE**

Please complete and submit the following documents:

1. AHI official application form for ILDC 2013
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 face photos
4. Copy of your passport page with your name and birth date  
(If you do not have a passport yet, you can send it later.)
5. Brochure and annual activity report in English  
(If not written in English, attach a summary in English to the original brochure and annual activity report.)

## **DEADLINE FOR SUBMISSION**

1. Please send all application documents through e-mail (if possible). Please send twice at different times to avoid mail failures.

\*If you do not have an e-mail address and internet access, you can send the documents directly by post.

2. Please wait for an acknowledgement of receipt of the above from AHI because we will check whether these documents are complete.

3. After checking, we may ask you to revise or add something. Please do so, and send the original documents with signatures by post.

\*To finalize the application, all the above **ORIGINAL HARD COPY** documents must reach AHI **via post** before:

**April 26, 2013**

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.

\*Please note that application documents submitted to AHI will NOT be returned to the applicants, but AHI will make sure the individual information will be carefully treated and/or disposed of to ensure confidentiality.

**CONTACT PERSON**

Ms. HAYASHI Kagumi  
General Secretary  
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](mailto:info@ahi-japan.jp)

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

**\* You can download the course outline and application form from our website listed above, or request AHI to send this information through the mail.**



**Appendix 2: Course Schedule, International Course on Community Health and Development Leadership 2013**

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
9/8 Arrivals  14:00 Orientation on Living	9/9 - Opening, Course Orientation (Deepak, Hector, Prang) - Course Planning & Organizing - Expectation Sharing - Planning of 1 <sup>st</sup> Week - Orientation on Organization Sharing (Kyoko)	9/10 - Japanese Class(JPC) (Intern) - Orientation of 4 hrs Dialogue (Taka) - Tips of Power Point Presentation (Mela) - Confirmation on Organization Sharing (Kyoko) - Pre-course Assessment (Yayoi) - Organization Sharing > Thailand, NHCO (Ja, Prang) > Indonesia, SORIPADA (Anju)	9/11 <u>P.S. Anju</u> - JPC (Intern) - Moderator's Role (Kyoko) - Organization Sharing > Nepal, SIDS (Deepak) WLES (UN) > Bangladesh, JCF (Shailen) Joyoti (Eva) > Pakistan, AAS (Hector) > Sri Lanka, NAFSO (Maduka) > Timor Leste (Tino)	9/12 8:30 Hospital Greeting (Yayoi) - Organization Sharing > Access to Health   (Tino) > Cambodia, PADEK   (Mom) > Philippines, INAM   (Ric) > Japan     (Kaz) AHI   (Kagumi)	9/13 <u>P.S. Maduka</u> - JPC (Intern) - Synthesis of Organization Sharing (Kyoko) - Course Planning (1): pick up topic/common Issues, Course Module & Schedule (Kyoko) - Japanese Health Issues (Kagumi / Yayoi) > Orientation > Aisenkan (Caring facility for the Aged) > Hospis   (Terminal Care) > Wrap up	9/14 <u>P.S. Deepak</u> - JPC (Intern)- Course Planning (2) (Kyoko) + Topic Session Guideline - Self-Reflection Workshop: <b>Johari's</b> Window (1) (Ui) - Weekly Evaluation (Kyoko)  <i>15:30 Mtg with Host family</i> <i>16:00 Welcome party</i> <i>18:00 Mtg with dialogue program com.</i>
9/15 Free / Optional act.	9/16 <u>P.S. Hector</u> - JPC (Intern) - Task Team in this week (Kyoko) - Course Planning Finalizing (Kyoko) - Course Objective Drafting (Kyoko) - Globalization Basic (Ui) - Globalization & Health (Ui) - Problem Analysis (1) (Tino)	9/17   - JPC (Intern) - Problem Analysis. Cont. (Tino) - Total-Well-Being (Ric)	9/18 P.S. UN    - JPC (Intern) - Integrative Medicine in Philippines (Ric) - PHC & Health Sector Reform (Ui) - National Health Policy : > Philippines (Ric) > Thailand (Prang, Ja) - Public Health Policy Dev. (Prang, Ja) - Finalization of Course Objective (Hector, UN, Eva)	9/19 - Japan's Economic Development & Homeless Issue (Kaz, Ms. Maki Higashioka) > Orientation > Exchange meeting with Ms. Maki Higashioka (Kyoseikai Staff) > Visit to Kyoseikai, Day care center for Homeless & Dialogue with (ex) Homeless + Staff > Observe Free Meal Service	9/20 - Wrap-up of Kyoseikai Visit (Kyoko) - Post MDG: Suggestions & Application (Ui) - Gross National Happiness (Yayoi) - NGO's Role & Mission: CSO Development Effectiveness (Taka) -<Optional> Movie: "Economics of Happiness"	9/21 <u>P.S. Eva</u> - JPC (Intern) - Synthesis of "Where we are" (Kyoko) - About Daily Recap (Kyoko)  11:00 Homestay
9/22 Homestay  19:00 Back to AHI	9/23 <u>P.S. Ja</u> - JPC (Intern) - Feedback on Home stay (Yuko) - Leadership (Kyoko) - Weekly Evaluation (Kyoko) - Right-Based Approach (Taka & Hector)	9/24 <u>P.S. Prang</u> - JPC (Intern) - Introduction of Local Governance & Decentralization (Ui) - Women's PO formation & Capacity Building (Eva, Shailen) - Dialogue with Tomonokai (Japanese Voluntary Association) (Yuko) - Sustainable Community Development & Sustainable PO formation: PICDM (Mom)	9/25 <u>P.S. Shailen</u> - JPC (Intern) - Sustainable Community Dev.: Ownership & Motivation (Deepak) - Reflection of PO/CBO: it's Autonomy (Ui) - Women's Organizing managed by themselves (UN) - Japan's National Health System (UHC) & Orientation of Health Center Visit (Kagumi)	9/26: Visit to Owariasahi Health & Welfare Center, Healthy City (Kyoko, Yayoi) > Observing the health Center's activity) > Joining Muscle Exercise & Dialogue with the participants > Discussion with the Health Promotion Volunteers > Discussion with the Health Officers	9/27 <u>P.S. Mom</u> - JPC (Intern) - Women's Empowerment through Micro-Credit   (Shailen) - Philippines Integrated Medicine (PIM) training for health Volunteers (Ric) - Raising Awareness on: > Rural Women's Issue (Anju) > HIV/AIDs Prevention (Hector)	9/28 - Mid-Term Evaluation (AHI, Kyoko)  13:00-18:00 Dialogue program with Japanese

## Appendix 2: Course Schedule (continued)

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
9/29 Free/Optional act.  Mtg. with OH Committee	9/30 <u>P.S. Ric</u> - JPC (Intern) - Planning the latter half of this course (Kyoko) - Mainstreaming of Disability (Mela) - Revising Basic Question (Kyoko) - Problem Solving Steps & Reflection on Group Work (Ui) - Orientation of Nissin Exposure (Kagumi)	10/1 <u>P.S. Tino</u> - JPC (Intern) - Exposure to Nissin: Collaboration with People & NGO (Kagumi, Yayoi) > Dialogue with Government Officer (Mr. Nomura) > Visit to City Hall > Mtg. with City Mayor > Visit to Eco-Dome	10/2 <u>P.S. Kyoko</u> - Advocacy & Networking (Hector, Maduka, Taka) > Introduction > Case1: ASS + Workshop > Case2: NAFSO + Workshop - Fundrasing Strategies (Ric, Maduka) > Resource Mobilization > AHI Case > Assessment + Workshop <Optional> Movie: "Supersize me"	10/3 - Advocacy & Networking Sum-up(Ui) - Proposal Writing Skill(Hector, Mela) - Organization Sustainability: Social Enterprise (Ui, Eva, Shailen)	10/4 - Introduction Workshop on Peace (Kyoko) - Peace and Health(Ui) - Peace Issue in Japan (Yuko) - Hiroshima Visit Orientation(Taka)  Leave for Hiroshima	10/5 Hiroshima Visit - Visit to ANT-Hiroshima - Dialogue with A-bomb victims - Visit to Peace Memorial Musium
10/6 Hiroshima Visit - Hiroshima and Fukushima (by Dr. Yuasa) - Exchange meeting with people's groups for peace building - Socialization with AHI supporters in Hiroshima	10/7 Hiroshima Visit - Visit to Motomachi Elementary School - Wrap-up of Hiroshima Visit  Back to AHI	10/8 Overall Consolidation - Workshop: Local governance in health - Guided small group discussion to review and consolidate course content - Presentations of SGD in plenary	10/9 PS Kaz PTM (Ui) Self-reflection WS (Kyoko) Post-course assessment (Yayoi) ➔ POA making and consultation POA Presentation (Deepak, Ja, Prang)	10/10 POA presentations all day (Mom, UN, Tino, Eva, Shailen, Hector, Anju Maduka and Ric) Orientation on overall evaluation (Kyoko)	10/11 - POA revising (individually) - Overall evaluation (Task Team: Tino, UN, Eva, Hector + Kyoko) Small group discussion	10/12 PS (Kagumi) Overall Evaluation cont.. Presentation Future Relationship b/w AHI and pax (Kyoko) Closing program (Task team: Pran, Mom, Deepak, Ja + Yayoi)  Mtg with OH committee members
10/13 Free/Optional visit to Tarui-town Open House preparation	10/14 Open House Certificate Offering	10/15 Departure				

### Appendix 3: List of Participants

No..	Country	Name	Organization
1	Bangladesh	Ms. Archana Biswas <b>(Eva)</b>	Joyoti Society
2	Bangladesh	Mr. Shailendra Nath Das <b>(Shailen)</b>	Jagorani Chakra Foundation <b>(JCF)</b>
3	Cambodia	Ms. Mom Sak <b>(Mom)</b>	Partnership for Development in Kampuchea <b>(PADEK)</b>
4	Indonesia	Ms. Elyanju Sihombing <b>(Anju)</b>	Soripada Foundation
5	Nepal	Mr. Uma Nath Dhamala <b>(UN)</b>	Women Labour Empowerment Society <b>(WLES)</b>
6	Nepal	Mr. Deepak Kumar Ghimire <b>(Deepak)</b>	Sindhuli Integrated Development Service/Nepal <b>(SIDS)</b>
7	Pakistan	Mr. Hector Nihal <b>(Hector)</b>	AIDS Awareness Society <b>(AAS)</b>
8	Philippines	Mr. Ric Olaes Caminade <b>(Ric)</b>	Integrative Medicine for Alternative Health Care Systems <b>(INAM)</b> Philippines, Inc.
9	Sri Lanka	Mr. Maduka Sampath Siriwardana Samaraweera <b>(Maduka)</b>	National Fisheries Solidarity Movement <b>(NAFSO)</b>
10	Timor Leste	Mr. Florentino do Rego Tilman <b>(Tino)</b>	"Access to Health" research project, Nagoya University
11	Thailand	Mr. Jaruek Chairak <b>(Ja)</b>	The National Health Commission Office <b>(NHCO)</b>
12	Thailand	Ms. Prangtip Netnoy <b>(Prang)</b>	The National Health Commission Office <b>(NHCO)</b>
AHI Facilitators		Ms. Kyoko SHIMIZU (Main Facilitator) Ms. Shiori UI, Ms. Yayoi TAKADA (Co-facilitators)	