

987-30 Minamiyama, Komenoki, Nisshin, Aichi 470-0111 JAPAN
 Tel +81-561-73-1950 Fax +81-561-73-1990 Email: info@ahi-japan.jp
 Homepage: <http://ahi-japan.sakura.ne.jp/english/html/> Facebook: <https://www.facebook.com/AHI.JP>

Community's challenge to fight against COVID-19

COVID-19 has affected to all over the world. It impacted especially the lives of the most vulnerable. Amid lockdown in each country, however, many of AHI alumni immediately started responding to prevent the infection from spreading in their working area and handle with increasing COVID-19 related issues. They involve their working partners such as the village health volunteers, self-help group members. Even the children and youth members also cooperated in awareness activities on protection from the COVID-19.

As realized by many of us, the pandemic has reminded us of the importance of the strength of the community participation and closer collaboration among different stakeholders at local level. In this special issue, we introduce some alumni's activities responding to COVID-19 related issues.



Bannar Campaign by youth volunteers, Thailand



Mr. S. Joseph-stalin

*Mr. Savariouradimi Josephstalin, ILDC2019,
Rural Development Council, India*

The Pandemic of COVID-19 resulted in nationwide curfew. Even though India took steps in preventing infection from spreading, the poor rural people in our area, particularly the tribal (irulas) community and the migrated people from various states living were left behind without food and other source of livelihood. In Denkanikottai Taluk in Krishnagiri district of Tamil Nad, more than 1500 families of both the tribal and the migrated workers are victims to this lockdown. These families have been working as contract workers in various companies, but due to the lockdown, they were not able to find job to sustain their family. The malnourished infants and children were facing the adverse effect of not having

food. Rural Development Council is provided medical assistance to these people in the remote areas. We collected and distributed food and protective materials to them. (4/13/2020)



Distribution of food and materials to the migrant worker



Mr. R. Been

**Mr. Rajon Been, ILDC2017,
Protibondhi Community Center (PCC), Bangladesh**

Under the Community Based Rehabilitation for Disabled People (CBRDP) project, Protibondhi Community Center (PCC) - formed a disabled people organization (DPO) called Agrodut in 2011 and registered from Cooperative in Mymensingh district, Bangladesh. It is a federation of 48 self-help group (SHGs). They have an executive committee (EC) with six members and Hosna is the elected president of this DPO.

At the beginning the DPO had some challenges. For example, the most members were illiterate, lack of interest to attend the meeting, unskillfulness in management, lack of confidence and dependency on the PCC project staff.

PCC provided the DPO with basic trainings on leadership, resource mobilization, rights of persons with disabilities and networking. After my returning from ILDC-2017, I also provided the DPO with trainings which focuses on making a good collaboration with different service providers for accessing to health services and ensuring health rights.

Day by day, the DPO members are getting aware of their responsibility and starting to move forward for their rights. Hosna and EC members now visit other organization for knowledge sharing and also government office and other service providers' offices to demand on their rights. The government officers like Deputy Commissioner and Upazila (sub-district) officer appreciated their active participation and their demands.

The DPO members promised that they would continue to work for sustainability, because the members improved the management skill and got confidence for regular communication with service providers.

By our empowerment for the members on their right, the DPO has its own office with government's support. They have a project "Women Integrated Sexual Reproductive Health (WISH)" supported by Handicap International. Adolescent girls and Pregnant mother (Priority for women and youth with disabilities) are the main target beneficiaries of this project. One regular to office weekly. Now, the persons with disabilities can visit the DPO and share their challenges. staff is in the office and EC members



**DPO meets mother and child care hospital staff
(Hosna, the 2nd from right)**

also come DPO members are happy to support them by making linkage with different service providers.

Activities on COVID-19 response

Now (June 9, 2020) the COVID-19 situation is very serious in Bangladesh. Most of the SHG members in the rural area are living hand to mouth. Their daily income source has stopped because of nationwide lockdown and unemployment.



Awareness meeting on COVID-19, right Hosna

The DPO has soon started awareness activities from March-2020. At first, they shared in the meeting on COVID-19 and the DPO leaders started awareness meeting in the each SHG. At that time it was normal situation in Mymensingh, so they could visit physically but now they are doing by mobile communication. Therefore, they collected funds and food from different people and organizations. Through the linkage they also demanded Chairmen and

Upazila office to support the DPO members. They also sent request to Deputy Commissioner, chief executive of Upazila and city mayor to support the persons with disabilities in this situation. It was promised that the persons with disabilities would be registered on food support list and given the first priority.

(6/9/2020)

In Thailand about 2,551 people were infected by the new Coronavirus (Ministry of Public Health, April 12, 2020). In the beginning the cases were reported only in Bangkok and big cities. However, the number has been doubled in March. The personal protective equipment for health staff and health volunteers were still lacking.



People waiting at check point at Ubon Ratchathani



Mr. S. Arsasri

***Ms. Siriwan Arsasri, ILDC2011,
Health And Share Foundation (HSF), Thailand***

Ubon Ratchathani province, which Health and Share Foundation (HSF) is working is on the border with Laos. At the end of March when the Thai government announced to close the border, many of Thais and Laotians started to travel home from Bangkok and big cities, Because the factories has been closed and the economy stopped, there is no other way for those who lost job and money but going home. The border area was so crowded. We didn't know who had already infected. Physical distancing and COVID-19 symptom screening by health staff were hardly practiced.

Therefore, HSF started working with health volunteers who were able to tell the newcomers in the village, outreach, screen and quickly report to health staff. The health volunteers were trained by health staff for Covid19 basic screening. HSF has supported health volunteers by providing necessary equipment such as thermometer, mask, hand wash gel and alcohol.

The first infected patient in Ubon Ratchathani was found on March 26 and it spread out to 15 people until April 13. HSF's concern was a spread of infection in the remote villages through the returnees from the big cities. We made posters, tricycle banners, leaflet both in Thai and Laos language and provided right knowledge to people. HSF also appealed for prevention from infection through local radio station at the permanent immigration check point and also for the remote villages in Khemarat, Natan districts. Thus, Ubon Ratchathani Province found no new infection case for the last 10 days.

(4/13/ 2020)

**Mr. Zaheer Abbas, ILDC2019,
Research, Advocacy and Social Training Institute (RASTI), Pakistan**



Mr. Z. Abbas

Research, Advocacy & Social Training Institute (RASTI) has been facilitating children and the community.

Children's Forums (CFs) have been organized by RASTI in order that children could raise their voice and ensure their rights. CFs consists of children in with diverse background in the community such as school

going, non-school going and working children. Each CF has 22 members with two elected captains.

The members of CFs share responsibilities according to their monthly plan of action. Because of training and support by RASTI, the members of CFs became aware on how to promote child rights and help each other. CF members have taken initiatives and played leading roles in different programs and activities organized at the non formal education centers.

RASTI had been preceding a lot of activities with these children, but everything has changed due to this pandemic. Children in our area are currently facing the following challenges.

- The closures of schools have disrupted children's education routine.
- Due to lock-down daily wagers including working children lost source of income which affected the daily needs of families as well as children.
- Children have nothing to do during lock-down and staying at home which affected them both



Distribution of PPE kits among working children



CF members taking training for awareness activity

physiologically and mentally.

- As stress is increasing at homes due to overall pandemic impacts, children's sense of helplessness is increasing.

As children are at the heart of our work so we changed our activities to respond to the pandemic situation based on the need and priorities. RASTI provided the protection guideline, personal protection equipment and hygiene kits among the children, parents and community based organization (CBOs).

The CFs immediately started activities in the communities.

- The CF members used a mask and sanitizer publicly and raise awareness on how to protect themselves from Covid-19 infection among their families, relatives and neighbors.
- The CF members practiced the health and hygiene activities at home and in their near community with physical distancing.
- Some of the girls trained in a skill course sewed cloth masks and distributed among the CF members.
- The skilled girls sewed one thousand clothes in cooperation with other stakeholders. CF members helped to identify miners, orphans, children with disability and other children in need for living.
- CF members participated in the domestic activities such as harvesting, bringing water, helped in kitchen and other household chores to be role models for other children.

Change in the community

CF members worked as peer educator on protection measures in the community. A good liaison is developed among the CFs, CBOs and young people in the community through working together in emergency situation.

My motivation

The pandemic has brought many stakeholders closer together to contribute to humanity. As a NGO, RASTI is playing its role to protect children and overall community welfare in this critical situation. Considered that this pandemic will

continue throughout this year, we are going to facilitate establishment of child friendly spaces at home levels where children can enjoy education, recreation and other activities.

(6/9/2020)

Mr. Chheangkim Heng, ILDC2017, ARV Users Association (AUA), Cambodia



Mr. C. Heng

People living with HIV (PLHIV) are under the urgent situation. As the COVID-19 spreads in Cambodia, it is increasing that PLHIV missed appointments and access to antiretroviral therapy (ART) services. This has increased by 40% compared to before, because;

- Some patients migrated to Thailand and other provinces but were not allowed to travel back. Or, PLHIV themselves don't like to travel because they are afraid to be infected on the way.
- Some patients in the community couldn't be reached by phone and we cannot follow up them.
- Some patients lost their job and have no money for transportation to access to the ARV services.
- Some patients do not have protective materials such as face masks, alcohol, hand sanitizers which are required to use when they come to the hospital for taking consultation every two or three months. AUA cannot provide these materials within limited fund because the prices of these materials are suddenly rising.

AUA's consultation

Although the COVID-19 is still widespread, AUA continues to provide day-to-day care and ART to 7,540 patients in six hospitals in Phnom Penh. Currently, the counselling and ARV treatment are provided every 3 - 6 months. We included a guideline on COVID-19 prevention in our counselling for patients so that they can share the information with their family, relatives, neighbors and other PLHIVs in the community.



AUA Counselor provides counselling on ARV and guidance on COVID protection to HIV patients

We included a guideline on COVID-19 prevention in our counselling for patients so that they can share the information with their family, relatives, neighbors and other PLHIVs in the community.

Within the community, the local authorities and partner organizations are also providing guidance and on the prevention of COVID-19 infection. Through working together, we provide a number of posters regarding COVID-19 prevention measures to the communities.

My commitment

As well as other staff, I'm concerned about COVID-19 situation, because we work in hospital every day to meet and provide counselling to patients through direct communication. In fact, AUA's workplace is located in the same building for coronavirus testing / COVID-19 treatment (infectious disease unit). Even so, I continue to engage with more than 7,000 HIV patients. I hope that the community people will protect themselves from the new Coronavirus by sharing messages via our patients.

(6/3/2020)

Inequality between men and women
Ms. Baktygul Bozgorpoeva, ILDC2018,
Kyrgyz Family Planning Alliance (KFPA), Kyrgyz



Ms. B. Bozgorpoeva

Coronavirus exacerbated inequality between men and women in Kyrgyzstan.

At the moment out of 2007 reported cases registered in Kyrgyzstan, 395 medical workers got infected with Coronavirus, on average one in 5 infected persons is medical worker such as nurses, paramedics and midwives. 83% of workers in the health and social sector of Kyrgyzstan are women. Therefore, women are more likely to come in contact with the virus.



Training on COVID-19 and women health for medical workers

In addition, in conditions of quarantine, women and girls are at greater risk of domestic violence. This is because of the stress of staying in closed space and unemployment and difficult financial situation of majority families that live on daily-wages. According to the Ministry of Internal Affairs, from January to March this year, the number of complaints about domestic violence has increased by 65% compared to the previous year.

What we are doing

At the moment Kyrgyz Family Planning Alliance (KFPA) is conducting following work:

- Provide information to the people on the issues related to COVID-19 and reproductive health, maternity and child welfare.
- (ongoing) Produce 2 minute video for the vulnerable groups such as women, teenagers and people who infected virus. We think that infected patients might face social stigma and need psychological care and support to reintegrate to the society.

There is also an increase in the number of suicide among teenagers. The video is to provide psychological support to the vulnerable groups.

- As JICA Alumni Association, donated personal protective equipment (PPE); protective overalls, goggles, valve respirators, gloves and antiseptics to the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance as humanitarian assistance. These supplies will allow medical professionals to fully, quickly and safely respond to potential patients throughout the country.
- International partners such as GIZ, UNICEF, UNFPA, WHO prepared the information material about antenatal care to protect pregnant women from COVID-19 and staying safe during Ramadan and KFPA helps to disseminated these material to the target people.

As a citizen

I feel hopeful, together we will combat the virus. What motivates me in this difficult time, is my civic position. I am a mother, a sister, head of organization with a number of staff, a citizen of the Kyrgyzstan that hopes for healthy and bright future for new generation here.

(6/9/2020)

Postponement of ILDC 2020

Considering the global situation on COVID-19-related issues, AHI decided to postpone ILDC 2020 under the theme of “Youth Empowerment for Making Change” until next year.

Since the spread of COVID-19 started, AHI has carefully observed the situation and sought for the possibilities to hold the training course, believing that the empowerment of community leaders will become more critical than ever and that our training course could contribute in such effort.

However, after analyzing various risk factors of the COVID-19 in the process of preparation and implementation of the training course, we made a painful conclusion that we are not able to effectively provide mutual learning environment among the participants and Japanese resources, which is the core essence of our participatory training.

While making our decision of the postponement of the training, we finished screening from the candidates. The successful candidates will be invited to the next year's course.

Now, we are preceding a preparatory learning process for ILDC 2021 in which a series of online meetings and interactions are to be held among those candidates who are youth leaders and NGO workers involved in youth empowerment, their organizations' representatives and AHI.

With their commitment to this long process, ILDC 2021 hopefully will contribute to every participants in exploring strategies for responding to ongoing and also newly emerging health and development issues.

ILDC 2021 - Youth Empowerment for Making Change -

EXPECTED PARTICIPANTS

13 persons from 7 countries

BANGLADESH NGO	 <p>Ms. Shah Rahnuma Binte Jalal Sarna Centre for Disability in Development (CDD)</p>	CAMBODIA NGO	 <p>Ms. Leanghouy Chhoeung Live & Learn Cambodia (LLC)</p>
INDIA (Team) Youth Leader	 <p>Mr. Khayammi Hashuwo Lunghar Youth Club</p>	 <p>Mr. Chuimaran Shangh Participatory Action for Sustainable Development Organization (PASDO)</p>	NGO
INDONESIA Youth Leader	 <p>Mr. Yan Petrick Rajagukguk Huria Kristen Batak Protestan (HKBP) Diakonia Departmen</p>	 <p>Mr. Bayu Satria Millenials Empowerment</p>	Youth Leader
MONGOLIA NGO	 <p>Mr. Nyamjargal Purevdorj NGO Youth for Health Center (YHC)</p>	 <p>We welcome your support messages!</p>	
PAKISTAN (Team) Youth Leader	 <p>Mr. Hasham Mehmood Youth in Positive Action (YIPA)</p>	 <p>Mr. Rehan Gill Research, Advocacy and Social Training Institute (RASTI)</p>	NGO
SRI LANKA (Team) Youth Leader	 <p>Ms. Dona Amanda Shivanthi Schira Munasinghe Mangrove Conservation Youth Group (MCOYG)</p>	 <p>Mr. Pramodhya Bandara Dissanayake Small Fishers Federaiton of Sri Lanka (Sudeesa)</p>	NGO
SRI LANKA (Team) Youth Leader	 <p>Mr. Cader Mohideeen Ijas Ahamed District Fisheries Solidarity Organization (DIFSO)-Ampara</p>	 <p>Mr. Manamalage Pradeep Laksiri Fernando National Fisheries Solidarity Movement (NAFSO)</p>	NGO