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## Youth Leadership Development

*From your Editor Ms. Joy A. Bastian:.*

The Youth has a strong potential as community-builders. True enough up to this time, every community somehow relies its future to the care of the young generation. Providing the youth sufficient life support like food, clothing, shelter, health services, education, leadership, and positive values is thought to hone them to be the future caretakers of our communities and eventually our countries.

In the advent of high technology, especially cyber-tech, the Youth has a broader capacity to enhance ones' potentials in order to realize the aspiration, that the Youth is the hope of the nation. Nonetheless, the Youth is also being challenged to determine the right path, as there are many distractions along the way. For instance, illegal drugs, juvenile delinquency, violence, broken homes, poverty, and so on.

This issue of the AHI English Newsletter highlights the avenues on how the Youth are playing their roles as community-builders and leaders. Ms. Eva Khovivah narrated in her article how they empowered the Youth in Aceh, Indonesia to become active players in peace and health endeavors. They do it through broadcast on TV and radio shows. Mr. Bishnu P. Prajapati wrote on the mental self-help groups and youth mobilization in Nepal. They acknowledged the capability of the Youth to be part of the team dealing with psychological issues. Ms. Meenakshi Rai elaborated in her article the role of the Youth as change agents to stop sexual and gender based violence.

For more than 35 years history of AHI, it is now gearing its focus on youth leadership development. The articles shared by each writer would hopefully encourage all of us to do more, further explore possibilities, and exchange experiences in youth-formation for sustainable development of our communities.



*A young girl-child (right) helping an elderly woman. Photo by Ms. S. Arsasri, Thailand.*

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# FOCUS ARTICLE

**Framing Youth Empowerment for Peace and Health in Aceh Indonesia**  
*Ms. Eva Khovivah, ILDC 2016*  
*Indonesian Planned Parenthood Association (IPPA) Aceh, Indonesia*

## **1. Claiming Aceh's Independence**

Aceh is the westernmost province in Indonesia, consisting 26 districts. Aceh had experienced armed conflict between the Free Aceh Movement Gerakan Aceh Merdeka (GAM) and the Indonesian Government since 1970s. The earthquake and tsunami that hit Aceh in December 2004 literally ended the armed conflict. Aceh Peace was marked by peace agreement between GAM and the Indonesian government in August 2005.



*Ms. Khovivah*



## **2. Youth Left Behind in Peace-building**

The peaceful situation and the rehabilitation process, the post-earthquake, and the tsunami reconstruction in Aceh contributed to the growth of the population of the youth, especially the productive age (10 to 29 years old). However, the youth have been left behind in the peace building process in health. They have been vulnerable due to low access to services and information about sexual and reproductive health. They have not given the opportunity to voice their rights. They don't know how to learn and do not recognize that they are facing the risks of crime, drugs, and physical and sexual abuse.

Cases of sexual assault towards children and adolescents have been increased in Aceh from year to

year. There are 305 cases recorded in 2015 to 2016, 97 of which are sexual violence and 39 of the victims are children and adolescent girls. Such assault cases are more likely to be hidden in a society because of the strong patriarchal culture, and the educational system that still considers talking about body, sexuality and reproductive health a taboo. The impact of the tendency of the increasing sexual violent cases experienced by children/adolescents has caused other issues such as the high rate of school dropouts. The social stigma on the victims lingers in the community, and the re-victimization occurs in the process of case investigation. Early marriage and unwanted pregnancy greatly affects the function of their reproductive organs.

## **3. Youth Empowerment**

Indonesian Planned Parenthood Association (IPPA)-Aceh has been working with marginalized group in Aceh for decades especially focusing on the recognition of adolescent rights. One of them is the right to receive education and information on sexual and reproductive health. We have engaged in awareness campaign for this right in formal schools as well as monthly village discussions and meetings.

For youth empowerment, IPPA Aceh developed the Youth Center, provide counseling, education and information dissemination on sexual health, prevention and protection from HIV/AIDS, sexually transmitted infections, and unwanted pregnancy for school and out-of-school youths in towns and villages.

The center has also assisted youth networking and advocacy process related to adolescent reproductive health issues as well as other problems. A teenage volunteer association named Centra Muda Putro Phang (CMPP) was organized for the empowerment of children and youth so that they become decision makers in terms of sexual and reproductive health and rights. It has undertaken several activities to bring together teenagers, both boys and girls at schools, and adolescents with/without disabilities. Now, 18 youth volunteers are involved. The CMPP engages in awareness activities for children in the kindergarten as proactive prevention from sexual violence. They also provide sexual and reproductive health education in special schools and for the parents of children with disabilities, because they are

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sometimes become victims of rampant sexual violence.

Apart from the aforementioned activities, they also speak local culture through the arts (dance, saga, music and so on) as entry point in organizing the group and in the effort to maintain the peace in Aceh and the values of local wisdom.

The Youth volunteers of CMPP are given continuing education and training; to improve their capacity as peer educators, resource persons on radio talk shows, and active participants of their activities.

#### ***4. Media Campaign by CMPP***

Media has become an effective communication tool among youth. Various campaigns are promoted through the regular radio talk shows and sometimes on local televisions, leaflets, booklets, posters, and stickers related to youth issues. The Youth volunteers in CMPP are empowered to be speakers at talkshows on local radios and televisions. They talk about common issues and information useful for the youth such as how to recognize and prevent dating and sexual violence, where and how to access public service, etc. Other development and environment issues are also tackled on the talk show.



***CMPP members speaking during a Talkshow.***

Social media is also currently very familiar and useful for teenagers. Access to information through social media can be very vital and become part of public education. The big challenge is that with Sharia Law still remaining in Aceh there has been no integrated effort to prevent the youth from involving in cases such as risky sex, pornography access, violence, among others. The punishment of the perpetrator including the death penalty for the child

offender will not guarantee non-repetition of sexual violence cases. It is important to encourage the state to provide the real and accountable support for public education on the respect for the body, dignity and sexuality of women and children and commitment for prevention of sexual violence.

An alternative to spread positive contents on social media for peace and health campaigns should be popularized in order for adolescents to drive their goals. This alternative should be accessible in the community at all age levels to achieve a wider reach.

#### ***5. Youth Forum***

In 2017 the Youth Forum of Aceh was established in order to strengthen the roots of youth empowerment in collaboration with other organizations namely Solidaritas Perempuan Aceh and Kontras Aceh. The Youth Forum of Aceh is composed of youth representatives from various communities in Aceh such as schools, CSOs from different ethnicities, and religious groups. They are discussing specific concerns related to youth such as community organizing, adolescent role in preventing sexual violence, control over local resource, and so on. It has just started and still needs capacity building for the members in order to become a group that would be involved in the development sphere.

#### ***6. Changes for Health and Peace in Aceh***

Within the World Health Organization framework, health is defined as a state of complete physical, mental and social health, and not just the absence of diseases or weakness. One of its components is reproductive health that entails the reproduction processes and functions at all stages of life. Reproductive health, therefore, implies that people can have a responsible, satisfying safe sex life, and have the ability to reproduce, with freedom to decide when and how often to do it. Implicit in this respect is the right of men and women to be informed and have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice, and the right to access appropriate health services that enable women to go safely through pregnancy and giving birth. The impact of these conditions may lead to healthy and happy generations. They will grow and develop in safe conditions within the communities that provide protection.

Still, the community empowerment in health continues to strengthen the capacity of youth groups, with the provision of facilities (ie. discussion room)

by the local government that they can use. The Health Office of Aceh in particular is actively supporting. In the long run, these endeavors may lead to the improvement of human development index, better quality life and uphold the value of peace.

### **7. Snapshots of CMPP Volunteers**

- Muzanna, 26, is one of the male CMPP volunteers. Muzanna became very concerned on youth issues. He believes that the youth should not be left behind in development. They often experience instability in making decisions in their lives. He is now confident that the process of forming his decision is supported by many peer educators.
- Siti Maisarah, is an active female volunteer since the second year of high school. As one of the counselors, she is now organizing CMPP. After training, she feels confident and independent in living her life. She often goes to the villages to share her knowledge and experience about health, gender, and the behavior of adolescents with other friends in the village.

CMPP volunteers can be humanitarian volunteers at the time of the disaster. Peace Agencies by engaging in cross-cutting dialogue – one which is the international conferences on the Role of Aceh Youth in Understanding and Addressing the Humanitarian Crisis of Myanmar Muslim Minorities that was held in September 2017. Communities should be a safe place for the growing process of youth knowledge and organization.

### **8. Futuristic View**

Change has been emerging in Aceh. Empowerment of teenagers created good initiatives that should be echoed. These initiatives should be strengthened and supported by all parties particularly on advocacy, policy, budget allocation, and empowerment programs. Community support is equally important as well. In communities, the youths are self-sufficient in grabbing opportunities and platform to convey their critical role in development, ensuring that no one is left behind. In the community, youth group activities are carried out by humanitarian calls which cannot be ignored.

Youth groups in urban and rural areas through the CMPP, the Youth Forum of Aceh and other informal youth organizations must be sustainable in order to pursue peace and health of the young people in Aceh amidst global challenges.

## **Mental Health Self-Help Group and Youth Mobilization**

**Mr. Bishnu Prasad Prajapati, ILDC 2015  
Center for Mental Health & Counseling-Nepal  
(CMC-Nepal), Nepal**

### **1. The Youth in Nepal**

The Center for Mental Health and Counseling-Nepal (CMC-Nepal) is working on mental health and psychosocial support since 2003. Our main working strategies are mental health and psychosocial empowerment of government health personals through training and supervision, advocacy and lobby with government and non-government organizations, awareness raising activities and advocacy to human right of people with psychosocial disabilities.



**Mr. Prajapati**

Nowadays, psycho-social disability cases have been detected more in youth in society. Around 25 to 30 percent of all psycho-social problems are seen below 20 years old and some suicidal cases are also prevalent among the youth. One of the most common mental health problems with the youth is depression that sometimes lead to suicide. They are caused by various reasons such as migration in other countries for labor works, drinking alcohol, drug use, and domestic and gender based violence. Another common mental health problem is conversion disorder. Mass conversion due to stress from their lives (ex. studying) is particularly common at schools in Nepal. Because psychosocial disabilities were unknown in the community, people had misconceptions and mistrust in treatment at community health facilities.

### **2. Self-Help Group Formation**

To enhance community awareness and mutual help, CMC-Nepal has initiated to form mental health self-help groups (SHGs) of the people with psychosocial disabilities and their family members. There are 32 SHGs formed in our working areas.

Facilitated by the Mental Health Coordinator and the Community Mental Health worker of CMC-Nepal, SHG members are empowered through various activities such as training on leadership devel-

opment, awareness raising on mental health issues in the community and exercising their rights to claim, and so on.



*Home visits by the SHG members.*

SHG members visit homes of other patients in the community. It is an effective approach in taking the patients to the health facility. The community people can directly recognize that mental health problem is treatable as explained by the SHG members during home visits.

The Youth SHG members are aged between 17 and 35 years old who are actively working to run the meetings themselves. Most of them are able to share their emotions during the regular meetings without hesitation as a result of the training they underwent. They also write request letters to the health center personnel seeking for support such as providing psychotropic medicines, awareness campaign and availability of psychiatrist service. With the support of the local government health workers, the SHGs are providing orientation in the secondary and higher secondary level schools.



*Awareness raising activity at a secondary school by the youth SHG member and the health staff.*

### **3. Lobbying for Government Support**

Because psychotropic drugs are not designated in free drug list, many of the patients had to stop the treatment on the way due to high cost and restart when the problems became severe. To counter this from recurring, the SHG members have requested the government to allocate some budget for mental health issues.

The Village Development Committee (VDC), Nepal's local government body, is providing money for medication for people with psychosocial disabilities course through the health facilities. Furthermore, some of the VDCs provided money directly to SHGs for awareness raising activities and support for poor patients. Since 2016, most of the SHGs are able to get \$97 to \$970 (USD) as fund for psychotropic medicines and mental health awareness through the local village and the municipalities. The fund is being managed by SHGs and they use the money to give assistance to the poor patients and conduct awareness raising activities.

#### **Case Story**

*Yesoda is 29 years old and has been suffering from bipolar disorder for 10 years. Her husband got second marriage then got severe mental health problem. She is living in her parent's home with two kids. The SHG members took her to the health center for treatment as a result of home visits. Now she is getting medicines and counseling at the health center. She is showing remarkable improvement. She is now actively involved in group meetings, doing home visits and sending cases in the health center that she finds. Through the SHG requests, she is now working in a private boarding school as a helper. She is also looking the possibility of running a beauty parlor to sustain her and the children's life.*

### **4. Changes in the Community**

Several improvements have been observed at the community level as a result of organizing mental self-help groups and youth mobilization. They are outlined as follows.

- Awareness on mental health and psychosocial problems was increased in the community and the number of patients who receive treatment at the health centers and private psychiatric clinics increased. Trust for the treatment at public health

centers was increased. Based on the needs of the Youth SHG members, the leaflet on mental health has recently been published for a tool of their awareness activities in community and at schools.



*Mental Health Leaflet*

- With the support of VDC, the budget for mental health issues of most of the health facilities was increased. Also, through the SHG's request to District development committee, municipality and other government offices started to provide some chronic mentally ill patients with government's temporary jobs such as road construction and helping at school with support of treatment.
- Many gender based violence cases became easily found out through SHG and youth mobilization in the community. They are getting support on psychosocial problem through CMC as well as other support from the Women Development Office, and the Department of Women and Children Office of the government.

### 5. Future Plan

There is a challenge in sustainability of SHGs. Some SHG members who recover from disease, he or she starts to engage in work and become unable to continue participation in the meeting. The empowerment to raise their ownership and responsibility for the SHG is necessary. Also, the group members gather from various remote places. So we plan to divide the group so that members can sit together within near circle.

Even though government gives some short-term free psychotropic medicine, it is not sufficient to supply for health institutions. It is also difficult to find such medicines in private pharmacy. Due to

frequent unavailability of medicine, patients easily stop medication. More awareness toward mental health is necessary.

We hope that the youth SHG members would be able to raise awareness on psychosocial disabilities in all sectors such as schools, communities, farmers, and cooperatives among others. Hopefully they will be able to do advocacy in upholding their human rights in the local government bodies. This can be done by also participating in other community activities, not only on mental health, so that the SHGs could maximize their functions.

**DAISAN - Youth Leadership for Change**  
**Ms. Meenakshi Rai, ILDC 2014**  
*Respect, Educate, Nurture and Empower Women (RENEW), Bhutan*

### 1. Introduction

The Youth (13 to 24 years old) in Bhutan constitutes 31% of the population. Paramount emphasis is given to youth development through various leadership programs and trainings. The Youth in Bhutan, akin to other countries in the world, have a lot of challenges in the face of modernization, rural urbanization, and migration. The factors affecting them most are substance abuse, teenage pregnancy, suicide, and peer violence. Some are in conflict with the law and others under difficult circumstances due to bone breaking family situations. The Youth today are often trapped in their own assumptions and beliefs which many times prove counterproductive and self defeating. They tend to blame on their parents, teachers, neighbors, peers and others for their difficult situations. We need to empower the Youth so that they can become the main actors instead of brushing off which in turn underestimate their potential to be our partners. To do so, schools, CSOs and governments can play a vital role in contributing towards creating a conducive environment for the Youth to think and act for themselves.



*Ms. Rai*

### 2. Youth Volunteer Network

Respect, Educate, Nurture and Empower Women (RENEW) is a Civil Society Organization established in 2004 by Her Majesty the Queen Mother

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Sangay Choden Wangchuck, the Founder and President of RENEW, to empower women and children. RENEW has committed to create a better understanding on the circumstances causing domestic violence, sexual and gender-based violence, and gender inequalities at all levels of the society. One of the main activities of RENEW is youth development through training.



*DAISAN's training workshop at a secondary school.*

A youth volunteer network named Druk Adolescents' Initiative for Sexual Awareness Network (DAISAN) was established in 2010 by the RENEW youth volunteers' initiative. It started with 25 members from various youth groups in schools and in communities, and is managed by youth volunteers. DAISAN focuses on two main activities: 1) spreading awareness on Sexual and Reproductive Health and Rights (SRHRs), and 2) advocating for gender equality and against Gender Based Violence (GBV). Aiming that every youth can spend a responsible, safe and happy adolescence, DAISAN has increased its members through awareness-creating activities. At present there are 540 members in the network across 20 districts, who are actively engaged in activities that spread awareness on GBV and SRHRs. For better coordination and effective communication, adult focal persons (the school teacher coordinators), guide and monitor them in their programs. They organize campaigns and sensitization programs.

DAISAN members are building their capacity through training programs on youth leadership and update their knowledge on Child Rights and Child Care and Protection Act of Bhutan, and enhancing their skills to handle difficult situations at home and at schools. Also, they discuss openly the challenges that the youth face in knowing and taking care of their reproductive health. Puberty starts as early as 10 years old. Thereby, it is important to prioritize

their mental and physical health; and very foundation of their well being.



*The Youth members during the Inter-house competition on domestic violence.*

Some of our worth noting initiatives are the introduction to *Transformation through theater* performances (ex. drama, street play, roleplays) whereby children and youth are passionate and actively participating. DAISAN youth members in one of the schools organized inter-house competition on domestic violence, GBV and violence against children, the first ever program with special focus on the social issues like this. Some schools have started the information board at regular intervals. The information board displays information essential for the people. Children and youth have increasingly coming forward for discussion.

### ***3. Agents of Change***

DAISAN members are encouraged to take the ownership of their services and the responsibilities to stop violence. There are two pledges for DAISAN members to follow, 1) I will not abuse any of my family members and 2) I will not tolerate violence. Furthermore, they carry out awareness in their schools for their peers and parents during school meetings, in the community during festivals. Through the activities, they are reminded to be a change agent. It is ongoing program and expected to grow till these youth graduate to become adult volunteers of Community based support system (CBSS). CBSS is a network of volunteers in all 20 districts to ensure the safety and security of survivors of domestic violence through partnerships with community members.

DAISAN has close coordination with organizations both government and CSOs. We have been working

with Ministry of Health, Department of youth and sports under Ministry of Education and other Youth networks. The networking is the area still remains to be strengthened.

During my training in AHI in Japan, I was lucky to have got the opportunity not only to visit schools but interact with children and that was one of the best parts of the training. Children in Japan like the children here in my country are inquisitive and full of curiosity. What impressed me was the promotion of peace by the Japanese children. They taught us to make paper crane (origami) which I still cherish. We hope to network with children and youth in Japan in the near future for a better world.

As stated in the speech of His Majesty, the 5th King Jigme Khesar Namgyel Wangchuck, Bhutan's philosophy of *Gross National Happiness* clearly defines what happiness is, and explains what happiness skill is. That is exactly what we are trying to equip our youth-led groups.

## FLASH ARTICLES

**Buddy Home Care Project**  
**Ms. Siriwan Arsasri, ILDC 2011**  
**Health And Share Foundation (HSF)**  
**Thailand**

### 1. Background

Health and Share Foundation (HSF) is working in rural area on primary health care and HIV/AIDS along the border Thai-Laos, Ubon Ratchathani Province. In the rural area the family structure has been changing, many families moved to the big city for working. They have left children at home with aging people. Those aging people sometimes don't know how to raise and communicate with the children who would rather favor of playing internet and phone. They would just blame it. The absence of fostering circumstance has affected children's be-



*Ms. Arsasri*

havior both in physical and mental health. Moreover, children are facing with many problems.

In year 2015, the HSF surveyed and identified 344 disadvantaged children in Khemarat and Huana Sub-district who are in difficult situations such as, 1) homeless 2) orphan 3) live in risky situations (drug, domestic violence, sexual violence, etc) 4) poor family (family income less than US\$45 per month, 5) health problems, 6) parent in prison, 7) single parent due to divorce, 8) disabled children 9) discrimination and injustice problem, and 10) stateless or No ID number/non Thai.

### 2. Stakeholders

Recently, the Family Care Team (FCT) has been set up for taking care of households which have health problems in the whole country under the policy of Ministry of Public Health. The FCT works at three different levels, namely district, sub-district and community. The HSF has already experienced to work with the health staff at the sub-district level and with the Village Health Volunteers (VHVs) in our project area. Some of the VHVs have been trained as a community caregiver and they visited home of the aging persons along with the health center staff. Because the FCT has not focused on capacity building of those disadvantaged children, I came up with an idea to work with them to join the home care project.

Granted a small budget of US\$ 1,500 from the social welfare office, we started the Buddy Project. The Buddy Project is pairing a Village Health Volunteer or VHV and a disadvantaged child. They make home visits to the aging people. Through the activities of Buddy Home Care, VHVs play a key role in observing and supporting the disadvantaged children and their families. VHVs share information on how to access to social welfare and health services with the children's family.

Apart from VHVs, we are also working on the project in collaboration with the Community Action Group (CAG) who represented five sectors in the community such as the 1) local government, 2) schools, 3) hospital and health promoting hospital or health center, 4) community based organizations and 5) administration. CAG have worked for the disadvantaged children in the community.

### 3. Working Process

Meetings were held by the VHVs and CAG to study the problems of the disadvantaged children and



screen them as project participants. We selected 20 children out of the target group (aged 10 to 15 years old), who are living in the community and available to join the project. Then, coordination among these children was initiated for them to attend the Buddy Home Care activity together with CAG.



***Buddy home care visit planning session.***

Meetings and capability building activities for children and VHVs are organized such as:

1) Self-empowerment workshop. The purpose of which is to know each other and raise their self-confidence in order to be more capable in facing other people in their own community.



***Problem solving and analysis done in a creative way in order to be easily understood.***

2) Community analysis. At this point, children and VHVs analyze community health problems through community mapping and screening cases. They also learn about their roles as buddy home care. For instance, what they should do when they work as buddies for home care in the community.

3) Basic health skills training. They learn the concepts and acquire skills on basic health care and home care during the training. They are trained how to sponge bath the body to reduce the patient's temperature, to turn over the body position, to change fresh clothes, and to do exercise and rehabilitation.

#### ***4. Plan and Prepare Materials for Home Visits***

The Buddy team has to perform two main activities as follows:

1) the Buddy team of a disadvantaged child and a VHV carry out home visits for the aging people in their community together with the hospital staff and CAG members;

2) the Buddy team summarizes their activity and refer information to the hospital staff or to the social welfare office staff when they find a serious case that needs financial support, medical equipments, and the likes.

#### ***5. Achievements***



***A Buddy home visit makes the aging man smile.***

Most of the aging people stay in bed all the time. Children's visits made them smile and eased their stress caused by loneliness at home. The disadvantaged children raised their self-confidence and self-

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esteem as a result of doing home visits. They felt proud of themselves that they could work for others in the community.

The VHVs could directly support the disadvantaged children. They taught other children some life skills such as negotiation and bargaining skills, self-protection skills (to prevent them from being in a risky situation), problem solving skills (scenario making to draw concrete solutions in response to problems identified), and referral skills (for health and/or social welfare), and so on.

### **6. Case Conference by CAG**

The Buddy team found an 11 year old boy in a difficult situation. He lives in a small house with no security. Last year, his Laotian mother got stroke after giving birth that resulted to paralysis of half of her body. His father was addicted to illegal drugs and has no job. The boy had to stop school to look after his mother and family member instead of his father. The Buddy team visited his house and reported this case to the CAG meeting. The CAG discussed over the case and led the following outcomes.

- 1) The health staff helped the mother for rehabilitation from paralysis and gave advice to avoid another pregnancy.
- 2) CAG referred the information to the social welfare office, and sub-district office and fixed her house to make it accessible for the handicapped mother and offered transportation to the provincial hospital.
- 3) CAG helped the school and the sub-district office in behalf of the boy, which turned out to be a scholarship of \$ 610 (USD) a year.

The Buddy team still visits his house and supports him to go to school, together with the school teacher. The VHVs who live nearby his house are watching him and taking him to school together with their kids and other children who are also project members.

### **7. Lessons Learned and Next Steps**

There are some challenges related to sustainability of the project. Some of the disadvantaged children cannot join the activities continuously because of family problems. Others have to take care of other family members while the parents work outdoor. VHVs want to invite other community people to

understand the situation of the disadvantaged children and join the activity. They especially aimed for the village chief, hospital staff and others who are interested on volunteer work so that the project would take root in the community.

Screening the aging persons as the subject for home visit was mostly decided by the VHVs. They tell the children what to do, when they both do home visits. Because the VHVs mostly chose severe cases like dying, it affected the children's mind. Some children were scared and did not know what to do while they were visiting. The children as they reflected realized that they want to join the succeeding home visits but doing something more appropriate for their young age. For instance, demonstrating how to exercise, helping to clean the rooms of the aging people, and other lighter tasks. The buddies need to be more motivated to stimulate discussion and decision making on whatever activities they have to do. In this leaning, each of the buddies might value their team even more.

For the home visits, environmental cleanliness and hygiene management is a big challenge. These include room cleaning, safe environment, and rehabilitation. It may also entails rail support for stand and walk signals.

The VHVs and the disadvantaged children still lack the skills of taking care aging people. In response to this discrepancy, we plan to prepare the handout on the basic health care and the typical diseases such as diabetes, hypertension and stroke. They are more prevalent among the aging people.

The aging people themselves or caretakers cannot manage to dose and/or administer medicine. The Buddy team discusses with the aging people and the caretaker to prepare some medicine boxes. These boxes are more efficient for the aging people to get their medicine easily following the right dose, and the right time regularly.

For food, the children and the VHVs could give suggestions on what food is appropriate to eat for each patient at home.

Regarding exercise and rehabilitation, children could help to show how to exercise at home or encourage the patient and caretaker by teaching them how to do it with the help of a physical therapist.

# HERE AND THERE

## The International Course on Leadership for Community Health and Development 2017



*A session during the ILDC 2017.*

### Synopsis

*The International Course on Leadership for Community Health and Development (ILDC) was held from August 27 to October 9, 2017 under the theme “People’s Participation in Local Governance in Health”. This time there were 12 participants (5 females, 7 males) from 10 countries particularly from Bangladesh, Cambodia, India, Indonesia, Mongolia, Myanmar, Nepal, Sri Lanka, Thailand, and Vietnam. During the six-week course, the participants participated in exposure visits in Japan. One of the exposure visits was to Achi Municipality in rural, mountainous area in Nagano Prefecture. The ILDC participants learned about the enabling roles of the local government in enhancing people’s participation in local governance.*

### **A Perfect Example of People’s Participation in Local Governance**

**Mr. Binaya Prakash Acharya, ILDC 2017**  
**Friends Service Council, Nepal**

We, the ILDC 2017 participants were taken to Achi Municipality which is located in Nagano Prefecture. It was a three-day visit where we got the opportunity to meet and interact with various representatives from the local government as well as the community people who are working hand-



**Mr. Binaya**

in-hand for the welfare of their place and its residents.



It was indeed a great learning experience especially for people like us living in developing Asian countries. It is quite a common knowledge that coordination and complementary partnership between our governments and the community people is a bottleneck that we have been experiencing for a long time. Because of this bottleneck, development initiatives cannot spring off as they should be. If remained unsolved, it will cause slowdown in progress and development of our communities.

### **1. Best Practices Learned in Achi Municipality**

#### **1.1 Volunteerism of the Community People**

One of the things that drew our attention was the volunteerism and sense of ownership of the community people towards their community. The people showed great enthusiasm to work for their community and support each other. They have established two different kinds of structures from the community people’s side, namely, *Neighborhood Residents Association (NRA)* and *Issue Based Development Association (IBDA)*. The NRA is formed by the people residing in a community which is represented by a board with an elected president as the representative. They are responsible for doing environment maintenance, and conducting community festivals/events and annual assembly. One of the major responsibilities of the association is to propose *Community Infrastructure Development Plan*.

The IBDA on the other hand is formed whenever there is a need to solve any identified issues in the community. Community issues are discussed in the *Community Learning Center* established by the local government and managed by the community people. Important issues are acknowledged through the active participation of the community people. Task groups of IBDA are voluntarily formed and they take responsibility for solving the issue in col-

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laboration with the government. Some of the IBDA that we could learn about were, Center for Intellectual Disability People, Home Visit and Nursing Care Center for the elderly people, social café, and community restaurant.

### ***1.2 Conducive Environment for Good Governance***



***Meeting with the mayor and the Department Head of the Collaboration Promotion of Achi Municipality.***

We were fascinated to observe how the local government played an important role to create an enabling environment for the community people to participate in decision making and community development processes. The government gave recognition to NRA on 2004 as a part of community structure and started to provide yearly budget for promoting community welfare activities. The government also gave the responsibility to NRA for preparing *Ward Development Plan*. Likewise, the *Local development Plan* from the government is also prepared and finalized with the active participation of the community people through NRA.

Similarly, the government has established *Community Learning Center* as a venue for community level meetings where people can discuss the issues in the community. Government acknowledges the issues presented by IBDA and takes necessary action through budgeting and providing other needed support to solve the issues identified by the community people. The Government of Achi has a separate *Department of Collaboration Promotion*, which is responsible for promoting collaboration between local people and the government to work together in partnership and complementary approach.

## ***2. Utilizing What We Learned***

The learning from Achi Municipality is valuable for development workers like us who work closely with

the local government and also with the people in grass-root levels. Although it might be impractical to try to achieve everything that is into practice in Achi Municipality in the context of our communities, but certainly there are some things that we can initiate from our side. We can make aware our communities as well as local government about the roles that they can play from their end. Sense of ownership of the community people and creating an enabling environment to the people from the government is the first step to the success.

I have included a small initiative for implementation of this learning from Achi Municipality in my plan of action (POA) that I prepared at the end of the ILDC 2017. One of the objectives of my POA is to strengthen the capacity of newly formed local government in the district where we are working. For this, our organization will have meetings with the municipal government and identify possible areas for capacity development needed by the municipal staff. This initiative is positioned to help achieve better results in areas of improving water supply, sanitation and disaster management along with effective collaboration between and among community based organizations and private sectors.

We will use our in-house as well as external experts in conducting trainings for the municipal staff. A major part of our capacity building program will focus on how to encourage the municipal government to effectively partner with the local community in local planning processes.

Likewise, in my POA, I have also included the conduct of coordination meetings between the local government and the people's organization in the hope of exploring ways of collaboration. We will also encourage the community people, especially the most marginalized and vulnerable, to participate in quarterly public audit of municipalities in our working districts. In this way they can raise their voices and issues in local government's open discussion forum. The aim for including these activities in my POA is that I want my organization to play a role as a facilitator in order to ensure optimum people's participation in local governance for effective community development.

As the saying goes: "We can never clap with only one hand". Similarly, there should be contributions from both the government and the people in order to achieve peace, progress and prosperity of the communities and the whole nation. A part of my effort in this development sector will always be focused on turning this into reality through capacity building

of the community people and developing awareness of the government officials and political leaders.



*Participants relaxing in a foot bath in Achi.*

### *Achi Municipality*

The municipality of Achi with a population of 6,700 people is located in hilly and mountainous area of Nagano Prefecture.

A complementary collaborative relationship between community people and the local government of Achi was created by an initiative of the former Mayor who had been closely working with people as a civil servant. Through that experience, he realized that people had a tendency to dependent on the local government. In addition, the municipality was facing with a problem of population decline which would weaken local economic vitality and incite population outflow. He definitely believed that the responsibility of the local government is to guarantee the human rights of people in the community and promote local economy, on the other hand, the community people as sovereigns should take on the responsibilities.

After he came to the position in 1998, he started trying to raise self-awareness on active citizenship among people, to develop capacity of the local government as an enabler, and to institutionalize the people-oriented community development process, beyond people-participated.

The exposure program to Achi was adopted in the ILDC since 2016 to get a clear view of local governance.

## **The Speaking Tour in Japan of Mr. Murugan Kalirathnam, Director of Thiruppani Trust Association**

*Mr. Takahiro NAKASHIMA, AHI*

### *1. Background of of the Speaking Tour*

Mr. Murugan Kalirathnam, (right photo) a former participant of ILDC 1994, came to Japan for the AHI Speaking Tour from November 20 to December 4, 2017. A total of 24 meetings were held all over Japan. In the session, he started by explaining the caste system in India and the root of Dalit which means “suppressed” or “crushed” in Marathi language. Dalits forming around 24.5% of the population in India are outside the caste system.



*Mr. Kalirathnam*

Oppression and discrimination happened in various ways such as, dowry system, low access to education and domestic violence. Furthermore, a Dalit woman is more oppressed and discriminated compared to a Dalit man; by her own family, religion and society.

Mr. Kali joined Association for the Rural Poor (ARP) in 1982. He has engaged in several interventions to address the aforementioned issues on Dalits. Recognized that the similar discrimination and oppressions were happened to other vulnerable people, ARP has broadened its focus to tribal and other needy people.



*Mr. Kali (left) speaks at AHI Open House in 1994.*

He participated for ILDC in 1994 and learnt more institutionalized activities from different countries’

experiences. He, then, established Thiruppani Trust Association (TTA) in 2012 to apply participatory approach for empowerment of Dalits and other marginalized people.

TTA organized social action groups, self-help groups, village sangam, groups of person with disabilities and youth groups. These group members became aware of their rights, duties and responsibilities in the community and empowered to raise their voice for advocacy.

Convinced with the idea that working with government is inevitable, he changed his strategy from confronting government at the past Dalit-liberation movement to building good rapport so that the community people can have access to basic service and government program. For example, Dalits and tribal community have availed to housing scheme, infrastructure such as light and water, and scholarship for students, old age and widow pension for more than 2000 persons as well.

ILDC also gave him an idea to strengthen the linkage with corporate sector. Through the linkage with financial institutions, the dowry issues of inter-caste marriage among poor people became decreased. For women, through bank loans and government subsidies, they started savings as groups.



***Promoting inter-caste marriage with the presence of the community people to soften the social stigma towards Dalits.***

The impacts were brought in community in various ways, especially for Dalits, women, and other vulnerable people like person with disabilities, widows, destitute and children. Their access to basic service and safety net entitlements and poverty alleviation schemes from Government was improved. Dalits have own network and are starting to extend their solidarity support to other groups at the grass-root level.

**My Learnings During the Speaking Tour 2017**  
***(Interviewed by Mr. Takahiro NAKASHIMA, AHI)***

During the 15 day-AHI speaking tour, I met 800 participants, including children, who were eager to know about India. A medical student from Kumamoto University asked: “Why women and matured girls do not choose single life in order to relieve themselves from dowry system?” I replied by explaining the social norms regarding the importance of marriage for women in India. I added that discrimination is a persisting issue from generation to generation dated back over 3000 years. It will never be solved so easily.



***Mr. Kali making curry in AHI on November 21, 2017.***

Nevertheless, Dalits are getting more education and employment and also many strong Dalit movements are working to reduce the discrimination. NGOs are also working with government for the development activities for Dalit and tribal people to come forward through some of the livelihood activities.

I also challenged those medical students to share even just 20 % of their time for the marginalized people. They were inspired by this idea. Before I came to Japan, I spent much time making power-point presentation. I did not expect that our methods were dialogue and group discussion for the AHI speaking tour. Through this experience, I updated my approach and methods of communication. I also learned more about how to talk with different focus groups such as the university students, women’s groups, church members, NGO workers, and elders.



***Mr. Kali, Mr. Nakashima (sitting, respectively 5th & 6th from right), after meeting the university students.***

## NEWS FROM FRIENDS

### PHILIPPINES

*Ms. Violeta Villanuva Casiguran, ILDC 1995  
Community Medicine Development Foundation  
(COMMED)*



*Ms. Casiguran performing health check-up.*

Warm regards all AHI staff, supporters, and volunteers. My heartfelt thank you for the beautifully crafted birthday card. I am still an active volunteer of three entities: the COMMED, the Council for Health and Development, and the Redemptorist Church. I partici-

pated and did medical missions among our national minorities like the Lumads who launched a campaign in Manila for their rights and struggles. I wish you all success in every endeavor. You're inspiration to the people of the world. Mabuhay! Domo Arigato!

### New AHI Staff

It is an honor to be able to address all you AHI alumni and friends for the first time through this newsletter. I am Aya Higa. I recently joined AHI in April 2017. Since Day One, I have been assigned to be part of AHI training team.



*Ms. Higa*

Before joining AHI, I worked as a coordinator in healthcare administration for international participants at the Nagoya University, Japan. I served as the administrative assistant, and where needed, as the course coordinator. As it was established in an academic setting such as a university, it tended to lean towards academic aspects, while the aim was to enhance the management/lead-

ership skills and knowledge of the participants. Over time, I naturally developed an intense interest in public health and development studies working with and seeing through the eyes of participants, the work they do and the challenges they face in their countries. I have learned to deeply value the beauty of the diversity that was shown in many ways through them.

It was through this career that I was very fortunate to encounter Dr. Kawahara, the founder of AHI. He was one of the special speakers to the students who were mostly health administrators/government officials from the Asian nations. That was when I came to know about AHI and how it was founded. Since then, I had always been excited to know more about AHI's people-centered approach. I was also drawn into activities implemented by Japanese NGOs such as AHI. "Local governance in health" was a new perspective that I gained through my interaction with AHI.

I am passionate about trail walking which I do mostly in the nearby mountains, everything about Flora and Fauna that Mother Nature provides us with and the indigenous folk cultures including those in Japan. I also cherish spending time with family and friends.

I am delighted to be part of AHI as I embark on this next stage of my journey of learning, self-development, growth and service. The health policy "Health for All" has been my personal passion. I feel fortunate that I am able to stay engaged in this field at AHI. I am looking forward to engaging with you and learning from each other with all of you.

### CALL FOR ARTICLES

**Attention AHI ALUMNI!**

**We are kindly calling your attention to write articles in order to share your rich experiences in your respective communities. This is a great venue to exchange and learn strategies that are mutually beneficial to all of us.**

**Kindly email us as soon as possible if you are interested to know the themes to write.**

## ANNOUNCEMENT FOR THE ALUMNI IN BANGLADESH, INDIA, NEPAL AND SRI LANKA

### AHI Reunion Seminar in Bangladesh 2018

We are happy to announce that the AHI Reunion Seminar will be held in Dhaka, Bangladesh.

**DATE:** March 16 (Fri) to 18 (Sun), 2018

**VENUE:** Center for Disability in Development (CDD)

**THEME:** Positive Leadership to Build a Peaceful Inclusive World

**Organizer:** Reunion Seminar Organizing Committee

\*The Committee is comprised of AHI Alumni in Bangladesh from CDD and other organizations in collaboration with AHI.

**(For the BANGLADESHI Alumni)**

Most of you already have received the announcement from the organizing committee. If you haven't confirmed your participation yet, please coordinate with the contact person at the earliest time possible.

**(For the INDIAN, NEPALI and SRI LANKAN Alumni)**

If you're interested, please coordinate with the **CONTACT PERSON: Ms. Talisma Akter (Keya)**, Project Manager of CDD, ILDC 2015, E-mail: [keya.cdd@gmail.com](mailto:keya.cdd@gmail.com), Phone: +88 0171302 1695, 01715462148.



## SUPPORT AHI! BE A MEMBER NOW!

AHI started its secure online money transfer system thru PAYPAL ([www.paypal.com](http://www.paypal.com)), by which the membership fee or donation is easily and safely transferred to AHI's account.

*Please check our website and go to the page of "support AHI". <http://ahi-japan.sakura.ne.jp/english/html/>. If you have any questions, please e-mail to: [info@ahi-japan.jp](mailto:info@ahi-japan.jp).*

Type of Supporter	Annual Membership Fee
<b>1. Supporting Member</b>	<b>Amount</b>
Organization (S)	\$300 per year
Individual (A)	\$100 per year
Individual (B)	\$ 50 per year
Individual (C)	\$ 30 per year
<b>2. Donation</b>	Any amount, anytime