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Approaches to Holistic Health

From The Editor Ms. Joy A. Bastian

Alternative health involves healing, use of herbal plants, massage, acupuncture, acupressure among others. It upholds all aspects of people's needs including psychological, physical and social. Alternative approach to health is more preferred by people whose access to the formal western medical system is limited mostly due to economic reasons and the lack of facilities. Though there are also cases that even the affluent use alternative health care due to its proven effectiveness or when western cure fails.

Learning herbal cure in the Indian reunion.

In this issue, the article on Holistic Health is written by Sr. Eliza Kuppozhackel, the organizer of the Indian Reunion Seminar on Holistic Health for People and Ourselves, which was held on November 17 to 20, 2014 at Ayusha Center for Healing and Integration Charitable Society in Kerala, India. In the reunion, she shared the activities of Ayusha and the way people are practicing alternative health.

On the other hand, the article on Alternative Health is written by Mr. M. Kalirathnam, who is one of the participants of the said Indian Reunion Seminar. He has been working with the Dalit and tribal people in Tamil Nadu for a long time. He raised some issues caused by globalization that affect people's health, and eventually damaging the whole environment preventing the practice of holistic health. He realized that strong community organization is critical in achieving and sustaining health communities.

FOCUS ARTICLES

Holistic Health Promotion

Sr. Eliza Kuppozhackel, Ayushya, India
OMC 1992

1. Holistic Health

Sr. E. Kuppozhackel

Holistic health contributes to the total wellbeing of a person and the integration of body, mind and spirit. The six aspects of holistic health are physical fitness, psycho-nutrition, stress management, environmental sensitivity, self-responsibility, and cosmic awareness. Various systems that are functioning in the person need to be in harmony and balance to bring about good health. The vital energy present in the system makes it vibrant and active. Any block or imbalance in the energy flow brings about disease. Removing the imbalance or blocks facilitates the flow of vital energy and restores health.

2. AYUSHYA's Healing and Alternative Therapy

Ayushya Centre for Healing and Integration is one of the first Holistic Health Training Centers and Holistic Health Clinics in India established by the Medical Mission Sisters in 1985. Ayushya aims at promoting health, healing and wholeness and to develop a new health culture in persons, families and societies, through Integrative Healing and Alternative Therapies. The expert team in Ayushya provides many non-drug healing modalities for treating physical, psychological, emotional, social and spiritual illnesses. The herbal garden, echo-farming, greenery, and quiet surroundings provide peaceful atmosphere for those seeking integration and healing.

Ayushya concentrates on giving training of short and long duration for those working in community health, treatment for various ailments using non-drug alternative therapies. One month training for six consecutive years was done jointly with the Catholic Health Association of India (CHAI). These participants are mostly working in the remote villages and rural areas in North and Northeast India where there are no hospitals available. Recently there was an attempt to train more community health nurses in Alternative Therapy Approach.

Fruitarian diet therapy as an alternative.

The government made it a policy that there must be a doctor in all clinics to prescribe medicine. Many of the sisters doing humanitarian work to help the poor who had no hospital facility or doctors available in the poverty stricken rural area of Jharkhand and other places found it difficult to cope with it. At the same time they wanted to help these poor people. A few NGO groups got together and planned what to do. On request we conducted one month training course in alternative therapies so that they can treat them without medicine. Together with CHAI we organized a training program for 16 participants mostly sisters working in Jharkand in June and October 2014, and they were back in their places working in their clinics. Some of them are coming back for a follow-up training so that they can get a diploma in Integrative Healing and Alternate Therapies under Bharath Sevak Samaj (BSS), promoted by the Government of India. We are planning the next one month training course in October 2015.

We believe in multiplying training so that more people can be equipped to share the knowledge to many. Some of the participants of our ongoing programs have put up clinics in different parts of Kerala and India and are helping many with non-drug therapy approach. Today more and more people are becoming aware of the side effects of drugs and the effect of spurious drugs. Hence there is a growing awareness for self responsibility for promotion of health and thus search for alternatives. We also work with the self-help groups (men and women) in our neighborhoods to create awareness in holistic health and non-drug therapies. Free counseling is given to the students in the government technical school and Sunday school in the parish.

Meditation at psycho-nutrition cure camp.

One of the recent developments is the psycho-nutritional cure for chronic ailments with raw food therapy, yoga, and meditation and stress management. This is a forty-day treatment and many ailments like asthma, diabetes, heart problem, arthritis, migraine, allergy, mental problems, addictions, obesity, etc. are treated with raw food therapy. People are glad that they can get rid of their medicines and live a happy healthy life. Many researches done in this area showed that the cause of many ailments is the toxins that build-up in the body from the pesticides used in the food, adulteration in food items, atmospheric pollution, lack of exposure to sunlight, air and earth. So natural treatment helps in healing.

3. Natural Farming and Herbal Garden

Zero budget cow raising.

Zero budget natural farming developed my Subash Palekkar is adopted in Ayushya to provide poison free vegetables and fruits. It is in the process of developing in collaboration with the local Panchayat. Besides providing healthy food it is also an attempt to preserve the biodiversity of the earth and ecological balance. In this we collaborate with many other interested groups to develop this further. Local cow rearing is part of this approach. The cow urine and dung are used as manure and pesticide instead of synthetic ones. Many groups joined natural farming.

Herbal garden provides raw materials for various oil preparations for aches and pains, swelling, wounds, cuts, bruises, allergies, dandruff and skin problems. Herbal tooth powder is promoted as an alternative to toothpaste. It is good for dental problems like bad breath, gum infection, gum bleeding, mouth ulcer and giving better color and healthy teeth.

Herbal garden

The cooperative bank in our neighborhood has started a village market (Nattu Chantha) to sell the products from the natural farming since many groups have started it. We collaborate with them and take our herbal and farm products there. It is to encourage people to buy and sell without a middle man so that the farmers themselves get the monetary benefit for their work. This is another alternative to people's development and many are cooperating with it. Networking with likeminded groups is another milestone in promoting alternative approach to health, well being and development.

Counseling, family therapy and emotional body therapy are part of handling the stress and strain of modern life and the problems that have come up in families and work situation. Many people need professional help in handling their psychological and emotional problems. Ayushya has a professional team who can reach out to them.

Ayushya has completed this year 30 years of service in providing integrative healing and alternative therapies to people of various categories. More awareness is created among people and many are now looking for alternative approach in health and development.

Thiruppani Trust Association Awareness Program on Alternative Health Care and Development in Tamil Nadu

Mr. M. Kalirathnam, Tamilnadu, India
ILDC 1994

Mr. M. Kalirathnam

1. Health Issues in Tamil Nadu

Community health is shaped by social economic, and physical factors such as air, water and pollution, the presence of multinational corporations (MNCs), declining agricultural work and physical activities, poor food choices and eating habits, and less use of ancient herbal cures in favor of western medicine. Tamil Nadu is facing the serious health and social issues discussed below.

The problem of water pollution in Tamil Nadu is extensive. In residential areas, people become ill due to polluted water caused by industrial wastes. The surrounding industries do not have proper waste water disposals. Dirty water flows towards the villages and into the ponds, wells, canals, and bore wells. This water becomes stagnant and is a prolific place for mosquitoes, cockroaches, and flies to thrive. They cause dreadful diseases like cholera, diarrhea, typhoid fever, malaria, meningitis, and other viral infections. The people use this contaminated water for their daily needs, and as a result, they catch waterborne diseases.

Village affected by MNCs.

MNC factories grabbed vast lands and caused pollution.

2. Effect of MNCs to People's Life

MNCs or Globalization have played an important role in the health crisis of Tamil Nadu. At present, MNCs are invading rural areas to expand their businesses at the cost of rural communities' health and environment. These MNCs set up their ventures purchasing fertile agricultural lands from poor farmers, often cheating them with false promises. Eventually those agricultural laborers who used to enjoy a clean environment in the villages have to migrate to urban slums like Chennai, Bombay, Calcutta, Bangalore doing petty jobs just to survive.

A multinational company built in the rural area.

MNCs also contributed to the problem of air and water pollution. Their businesses emit toxic gases into the air and suck out the underground water with giant bore wells. This deprives people from clean water for both domestic and farm use. In effect, the

agricultural produce is less and farm tillers have to buy inorganic food from the markets, which are mostly preserved, adulterated, and genetically modified, all of which are threats to human health. The land in the villages is usually rich in herbal plants and greens, but is destroyed by building factories.

MNCs deprive the rural people from their usual physical activities by utilizing their common place. High gates of large MNCs dwarfed the households. Rural children and youth have nowhere to play or do physical activities, which leads to obesity. Even women who were healthy and engaged in agricultural activities are having physical problems. Mass migration of rural youth, adults and the elderly to the cities is another effect of the MNCs.

The overwhelming presence of western medicine is also problematic. Although there are some rural areas where groups of tribal/dalit people still use local herbs to cure their ailments, there is still too much reliance on modern medicine. The use of tablets, capsules, and injections are well advertised these days, and with these medicines come harmful side effects that the sick must endure. In the past, it was easy for villagers to find barefoot doctors who used natural herbs for treatment. Now it is difficult to find this. Even in rural villages, traditional medicine has been surpassed by western medicine.

Explaining alternative medicine to the people.

Poor food choices and eating habits are other relevant issues that to some extent has been influenced by globalization and modernization. These new ideas of life encourage people to eat fast food rather than home cooked meals. Fast food is quick and cheap whereas home cooking requires time and preparation. As a result, natural agricultural products are replaced by synthetic ingredients. Traditional foods like pulses ragi, maize, greens and vegetables are consumed less and less. Their overall lifestyle is changing. Obesity, indigestion, cancer and other diet related diseases begin to occur. Some women have even experienced diet related urinary tract infections and irregular menstrual cycle.

3. Roles and Responsibilities of TTA

TTA maintains a close relationship with the people of Tamil Nadu. When it comes to epidemics, many of the rural people turn to natural remedies only. However, there are many new viral infections that are resistant to natural herbs, and as result, people are dying. The government is working to protect people's health by identifying the root cause of this problem; pests and insects that are vectors of these diseases. They are trying to raise awareness through social media and visual aids (posters and graffiti walls) in attempt to reduce mortality due to preventable diseases. They now provide free vaccinations in hospitals, which used to be costly.

However, access to free vaccinations is still a problem for people in remote areas. The TTA has helped to mobilize government hospital management, voluntary health organizations, Rotary Clubs, Lions Clubs, and village health committee members. They also motivate school children to rally with placards to let people know about these government facilities. In effect, it helps kids to practice proper health care at a young age. Health camps, rallies, skits, short films, and traditional cultural programs are also conducted. It paves the way to harmonious relationship among government hospitals, service providers, and people working for a better environment by promoting good health practices as a way of life. Planting trees in the backyards and neighborhood has also encouraged people to get fresh air and avoid respiratory problems.

Planting trees in their backyard.

TTA concentrates on promoting village health committee and children club members from the same village. It identifies rural practitioners and give training on traditional medicine and treatment. TTA educates people on how to avail government schemes, example, health insurance that covers major operations, which are not properly implemented.

Rally with schoolchildren.

To avoid water stagnation and infestation, proper canal systems are installed in residential areas. To avoid respiratory illnesses caused by charcoal and wood use with cooking, they have installed proper ventilation systems in kitchens. TTA also makes cow dung compost fertilizer to provide soil nutrients which is good for their backyard gardens and farms. In addition, they promote backyard organic vegetable gardens for home use and for livelihood. Lastly, they collaborate with local veterinary departments to promote hygienic animal sheds. TTA conducts wall writing campaigns to raise awareness among the rural people on day to day health issues and of government schemes.

Environmental awareness campaign and the promotion of alternative health care.

4. What should be done?

The challenge now is how to organize communities against these issues to develop a strategic advocacy plan in order to lobby with the policymakers to protect human health and the environment. A strong community organization is critical to this process.

FLASH ARTICLES

We Made History At Last !

As We Challenged Globalization through Empowering Local Communities

Mr. W. A. Herman Kumara, National Fisheries Solidarity Movement (NAFSO)

ILDC 1999

1. Recollection

Mr. H Kumara

"I do not think this type of collaboration of People's Organizations - NGO/CSOs - Government Organizations/Political Leadership support is possible in my country, Sri Lanka." This was my first response to the input of my fellow participant, Ms. Marian Ferreras of the Philippines, at the ILDC 1999 when she narrated her experience in LIKAS about the PO-GO-NGO collaboration for integrated area development program under the leadership of Dr. Eddie Dorotan, Mayor of Irosin, Sorsogon, Philippines.

However, I realized the importance of implementing such program in my country. I applied my learnings, insights and experiences to my fellow members and leaders in the network of NAFSO when I returned from ILDC 1999. I emphasized the significance of Participatory Integrated Area Development Strategy (PIADS), the key learning I acquired and wanted to share to any interested members of the organization for implementation in their areas.

One of the members of the organization in my network applied the learnings, his workplace is in a remote area of my country, and the result was surprisingly successful. That is how Karuwalagaswewa and People's Participatory Integrated Area Development Strategy (PPIADS) came into the picture in Sri Lankan context in November 1999. I was wrong about my pessimism of the LIKAS concept. One of our politicians, a very simple man whom AHI and LIKAS people knew well as he was humble enough to visit LIKAS and learn from them, was instrumental to implementing the PPIADS in Sri Lanka. Without him there would have been no such PPIADS experience sharing from Sri Lanka. Unfortu-

nately, Mr. D.M Dassanayake, the people's representative, was assassinated in a later stage.

2. Convincing Sri Lanka Civil Societies

I had to face some challenging views from the Sri Lankan civil society over PPIADS. What do you expect to achieve from PPIADS program implementation in Karuwalagaswewa? This was a question raised by one of my fellow civil society activists. Yes, I needed to reflect what I/we achieved from the implementation of PPIADS in Karuwalagaswewa.

Is it building people's leadership who are engaged in social development process as leaders until today even without PPIADS implementation already? Is it formation of women who took the leadership to launch children's preschool education activities voluntarily in cooperation with the regional council? Is it because the government officials were motivated to serve people better?

This has been from the village level servants up to the chief executive of the DS division, the divisional secretary level, we observed. Is it because the farmers, fishers and women organization leaders who came forward to work as a team and gained skills and knowledge of sustainable development in the process? Is it our efforts to challenge the globalization, challenge the agenda of multi-national corporations through introducing sustainable agriculture, promoting indigenous seeds, launching integrated pest management? Is it our attempts to provide technical knowledge and promotion of home gardens to face the malnutrition and of silviculture practices to challenge the deforestation and similar destruction? Is it training and formation of government officials who were motivated to serve people better, leading to Karuwalagaswewa Divisional Secretariat getting the award of best performing divisional secretariat in the Puttlam District?

Is it because of the introduction of Village Development Councils (VDC) in Karuwalagaswewa which was learned from AHI facilitated workshop at Grameen Unnayan Parishad (GUP) from Gaibanda, Bangladesh by the leaders of NAFSO? Is it because the VDC concept of Karuwalagaswewa, which was practiced and up scaled to the level of Village councils under Gama Naguma (Development of Village) program in the national level? Is it the organic farming training center, Blue Green Garden, which we established in Neela Bamma in Karuwalagaswewa with the intention of training farmers for sustainable agriculture?

Is it because we addressed the top-most priority issue of water scarcity in Karuwalagaswewa area to a certain level, through identifying the farming communities most needy for water and constructing three reservoirs? Is it because the Karuwalagaswewa people were able to develop an area development plan with the identification of their issues, analysis and deciding for their own development?

Is it because the Karuwalagaswewa area received additional funds to implement their development plans as they were able to prepare these and actions related to that? Is it because the peace and order generated in the area, became calm and cooperated land of Karuwalagaswewa after the launching of election campaign and declared as a peace zone?

For me the most significant achievement was to build up the leadership of youth, men and women in through the PPIADS who became the forefront in the development processes in their respective areas.

NAFSO member handing PPIADS book to the chairperson of Karuwalagaswewa Regional Council, Mr. Neel Weerasinghe.

3. What happened during the war in the country?

Unfortunately, the PPIADS program was discontinued in 2010 when the former People's Alliance Government came into power. Mr. Dassanayake was a minister at that time, but did not have much power to continue his support to the program. The elected regime did not want to get any support from the civil society organizations and they cut off the connections. AHI phased out the support too causing NAFSO to move out from the PPIADS program we launched. This stage NAFSO faced serious difficulties due to political issues; war against terrorism. One of the most dangerous militant groups, Libera-

tion Tigers of Tamil Eelam (LTTE), fought against the Government of Sri Lanka. We were the victims of the brutal civil war in our country.

People faced extreme difficulties by serious threat of which participation is treated as a support to terrorism or separatism. Motivating people was dangerous in Sri Lanka. Jail awaits you if you complain about government actions under the Prevention of Terrorism Act (PTA). These prevented our serious engagements in mobilizing people for their rights.

4. ***Importance of Documenting Experiences***

The PPIADS empowering process was not significant to the Sri Lankans, but AHI, Japan saw the progress during our mediation. The facilitators of the process monitored and guided our work very closely. Our weakest point was poor documentation of experiences. We had several opportunities to share our experiences in countries like the Philippines, India and Bangladesh. But we were not able to reasonably report them in those forums. People's experiences, contributions, and commitment over PPIADS process was not captured in writing.

This has been a key dialogue between Ms. Mayumi Yamazaki, AHI's coordinator for Sri Lanka and NAFSO/Trainers Pool Team though we were not successful at all in our efforts. Nonetheless, there was a continuous dialogue and pressure from Ms. Mayumi Yamazaki and AHI to document our experience as a small booklet. We did this in our local language Sinhala in early 2010. But, there was no such effort to translate it into other languages like English and Tamil for our locals.

Finally, AHI resource team led by Ms. Kagumi Hayashi together with Ms. Ui Shiori and Mr. Eichi Shibata mediated again in January 2014. They were instrumental in translating the booklet into English. Thanks to Sr. Victorine Rodrigo (ILDC 1989), the chairperson of NAFSO and my fellow participant who is a filipino, Ms. Marian Ferreras (ILDC 1999) for the great job in editing the book titled "Attempt to Integrated Area Development versus Globalization". My colleagues Ms. Geetha Lakmini (ILDC 2002), Mr. Priyankara Costa (ILDC 1995) and Mr. Ashoka Karunaratne (ILDC 2006) were always behind the scene. Mr. Laksiri Fernando, my colleague, sweated a lot to make the publication attractive.

The book in PDF format is available for download from AHI's website: ***http://ahi-japan.sakura.ne.jp/english/html/publication/Ppids_Book.pdf.***

Disaster Response Integrating Humanitarian Standard
Mr. Kep Kannaro, Partnership for Development in Kampuchea (PADEK), Cambodia, ILDC 2001

Developing a strong network in which organizations can learn and apply Sphere Humanitarian Standards to improve the quality and accountability of their work is one of the goals of the new Sphere Focal Pointperson in Cambodia, Mr. Kep Kannaro.

Mr. K. Kannaro

In 2011, Mr. Kannaro, Executive Director of Partnership for Development in Kampuchea (PADEK), participated in Sphere workshop, organized by the Community World Service Asia. Shortly after, Cambodia experienced massive floods. Mr. Kannaro immediately initiated an emergency response proposal integrating Sphere standards.

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out nine commitments that organizations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. *(Cited from the website of the Sphere Project and Core Humanitarian Standard www.corehumanitarianstandard.org.)*

Cash for Work Modality: The Case of PADEK in Kompong Trabek District, Prey Veng Province

To restore the livelihood of the people affected by flood in 2011, PADEK got support from ACT Alliance through Dan Church Aid/Christian Aid (DCA/CA) office in Cambodia. It got Cash for Work to restore one line of canal in Kansom Ark Village, Kansom Ark Commune to irrigate a 70-hectare rice field for 200 families in three villages.

Discussion with villagers for transparency.

DCA/CA granted $9,902 to PADEK to engage people in these villages to restore through Cash for Work modality. PADEK ensures transparency and accountability to the donors and the people through:

1. Commune Council Discussion

Commune council discussion.

A commune council meeting was held in Kanson Ark for the canal project restoration of which-PADEK learned that it was part of the annual commune development plan submitted to the central government for funding. It provides livelihood to those affected by flood. The list of beneficiaries was made, validated and the criteria were set.

2. Formation of Construction Committee

A joint project committee was established composed of commune council members, target village chiefs, community representatives/leaders and PADEK staff. It disseminates information, select and validate beneficiaries, allocate slots, monitor and pay the work rendered. After completion its role is on maintenance without PADEK staff.

3. Project Involvement and Grievance Mechanism

Villagers constructing the canal.

The villagers were involved in the process of creating committees during implementation. They were informed on the fund sources, project duration, criteria and selection of beneficiaries, and payment scheme. Cash for Work is a voluntary and temporary livelihood support for the villagers. Canal rehabilitation requires hard labor. No child labor is allowed. Issues are discussed and agreed prior to the project's take off. The beneficiaries were identified and validated. The allocation was set based on the number of workforce. Families with four members may receive 15 meters of canal to be cleaned and cleared with debris. The committee monitors the activity and convenes if issues arise. For transparency, a feedback mechanism is set up (contact persons, their numbers) which will be installed at strategic locations in the village.

In 2012, Mr. Kannaro created the Cambodian Humanitarian Forum (CHF), a network of national organizations dedicated to strengthening the emergency response capacities of its members. Since its creation, CHF has organized several capacity-building activities, including CHS trainings and established a resource-sharing center. His goal is to advocate for a proper disaster response law integrating CHS so that more NGOs may adopt.

AROUND JAPAN

Civil Society Organization Partnership for Development Effectiveness (CPDE): Northeast Asia Meeting 2014 and the Role of NGOs in Changing the Enabling Environment for CSO Development Effectiveness

Mr. Takahiro Nakashima, AHI

1. Purpose of the Meeting, Its Outline and Issues

1.1 What is CPDE?

On October 31 to November 2, 2014, a CSO Development Effectiveness - Northeast Asia (CPDE NEA) meeting was held at Tama Nagayama Information and Education Center in Tokyo. There were 40 participants from Korea, China, Taiwan, Mongolia, Japan and the Philippines. Since 2005, government and international aid agencies have been discussing, in High Level Forum (HLF) for Aid Effectiveness, how to improve the quality of aid and its impact. On the other hand, CSOs including NGOs, advocated to HLF through forming "Open Forum", global CSO platform, HLF recognized CSO as independent development actors, and got involved in the process to listen to the voices of CSOs broadly in 2008.

Open Forum facilitated national consultations on "CSO Development Effectiveness" in 70 countries and more than 2,000 NGOs participated. As a result, in 2010, Istanbul Principles – Eight Principles for CSO Development Effectiveness was founded. Istanbul principles describe eight values or principles that the CSO should follow in order to bring about sustainable and proactive changes related to the issues surrounding poverty and inequality.

The Istanbul Principles can be used as an advocacy tool for enabling environment to government and aid agencies for CSO as effective development actors to exercise their ability fully. These are 1) respect and promote human rights and social justice, 2) embody gender equality and equity while promoting women and girls' rights, 3) focus on people's empowerment, democratic ownership and participation, 4) promote environmental sustainability,

The Istanbul Principles of CSO Effectiveness

5) practice transparency and accountability, 6) pursue equitable partnerships and solidarity, 7) create and share knowledge and commitment to mutual learning, and 8) commit to realizing positive sustainable change.

After HLF 4 in Busan, Korea in 2011, one official membership was given to CSO in Global Partnership for Effective Development Co-operation (GPEDC), which is a new forum taking place of HLF for aid effectiveness. Open Forum and Better Aid, CSOs' advocacy platform on aid effectiveness, were merged into CSO Partnership for Development Effectiveness (CPDE). It is a global platform for CSOs. AHI through the Nagoya NGO Center participated in the discussion on development effectiveness at the meetings of CPDE North East Asia; Beijing 2012, Taipei 2013, and Tokyo 2014.

1.2 CPDE Tokyo Meeting

During the meeting, each country shared the implementation status of Istanbul principles, the changes of enabling environment for CSO development effectiveness, and discussed the organizational development of CSO Development Effectiveness - South East Asia (CPDE-SEA). From the Nagoya region, Ms. Mayumi Yamazaki, a former AHI staff, and I attended the meeting and facilitated sessions on the first day. On the second day, I presented cases of implementation of the Istanbul Principle in Nagoya such as the symposium on CSO Development Effectiveness held by the Nagoya NGO Center in last July, and sessions on Istanbul Principles and Rights Based Approach during AHI ILDC course.

Members of the CPDE NEA meeting, AHI's Mr. Takahiro Nakashima (middle standing, 3rd-L) and Ms. Mayumi Yamazaki (sitting, 2nd-R).

Through comparative study among five northeast asian countries for the last three years, we found out a common theme in that there was not much progress or change in enabling environment, and that the social recognition of Istanbul Principles was low among NGOs in spite of concerned NGOs/CSOs and their efforts to raise awareness on it.

2. Changing Enabling Environment for CSO Development Effectiveness in Japan

In relation to enabling environment in Japan, the Japan NGO Center for International Cooperation, JANIC, shared "Ten proposals to the Abe Administration for the Official Development Agency's (ODA) Charter Revision" with other participants in attempt to gain support. These are 1) ODA for the people in developing countries, 2) ODA for equitable, just society, 3) sustainable economic growth versus sustainable development, 4) no liaison with militarization, 5) human rights and human security, 6) contribute to minimize gap between rich and poor, 7) balance development and environment for sustainable world, 8) collaboration with NGOs to implement ODA—citizens participation and development education, 9) promote development effectiveness, and 10) increase ODA up to 0.7% of GNP (set up Ministry of International Development Cooperation).

Japan's ODA is undergoing a transitional phase. Due to the declining Japanese economy along with the emergence of other economies and military powers, China in particular, the Abe Administration and the Liberal Democratic Party are rethinking the ODA policy so that they can satisfy the country's national interests such as strengthening defense capabilities and contributing to the growth of the Japanese economy.

The revised charter emphasizes the importance of funding foreign military forces involved in supporting non-military issues such as disaster relief. The Japanese ODA may be expanded to include activities that are not clearly defined as non-military versus military. Another emphasis of the new charter is to "support the economic development of developing countries more vigorously and effectively, and also to enable such development to lead to the robust growth of the Japanese economy". The revised charter also encourages partnerships with Japanese companies, both small and medium sized enterprises, with the hope that it will further strengthen the existing relationship and create an environment conducive to trade and investment.

In my opinion, ODA should serve the people of these developing countries for their equitable and sustainable development, so that they may further contribute to decreasing the gap between developed and developing countries and furthermore, the gap within the developing country itself.

It is for this reason that we, AHI together with other CSOs in Japan, are worried about the new ODA charter as it focused on national interest. Moreover, our nationalistic government has made liaison between ODA and military. Our participants and colleagues in social development asked "do you want to see Japanese Self Defense Force in uniforms in your communities"? I am personally not interested in seeing them, even if it is for disaster management as it might remind us of our military's invasion into your countries during WWII.

Regarding the background of the ODA Charter Revision, our hawkish administration intends to revise the Japanese Constitution, especially, article 9 or they called "the peace constitution" so that they can prepare the way to war. However, it will not be easy to change since it requires two thirds support of the congressmen in the National Diet. As a result, our administration is trying to change its surrounding environment.

The Official Secret Act established last December 2014 is another example of the negative effect on enabling environment for CSO Development Effectiveness in Japan. By this Act, the government can decide what they want to keep confidential. There is no transparency or accountability, and it would be a threat to civil society and a violation of our right to information. It would also limit civil movement and activities such as the NGO watchdog activity.

3. Role of NGOs in Asia

The situation in Japan seems not an isolated case. I found similarity in India when I visited last March 2015. According to one of the NGO leaders, the new administration of India headed by the Hindu Nationalist Party leader is prioritizing economic development and suppressing civil society. As a result, NGOs are prohibited from applying the Rights Based Approach, which is the most important provision of the Istanbul Principles. Minorities such as Christians and Muslims are being persecuted by Hindu Nationalist Group. In general, enabling environment around Asia seems to be getting worse.

CSO is a broader concept including NGO and a key player in promoting a society where "no one is left behind". Under the worsening enabling environment, NGOs are urged to allow people to participate in the democratic process to sustainable development. CPDE is one of the main instruments used to raise peoples voices to global decision making mechanism of development cooperation, GPEDC, which helps to create a global development agenda after 2015. CPDE website: www.csopartnership.org.

CPDE meeting in Tokyo.

Human Rights in Japan
AHI Supports Disability Equality Training (DET) Taster Seminar in Nagoya

Ms. Mela Berkowitz, Japan

The Disability Equality Training (DET) was introduced by JICA expert, Mr. Kenji Kuno (ILDC 1996) in Japan after gaining some knowledge about it in England in 2007-2008. He published an article for the Asia Pacific Disability Rehabilitation Journal entitled "Disability Equality Training (DET): Potentials and Challenges in Practices in Developing Countries".

1. A Hidden Minority

"We can't spend that much for just a couple of individuals." "We don't have any specialized background." "We focus on development not welfare." "We would lose customers if we let these people in."

Which minority group do the above comments refer to? Which minority group is found all over the world, makes up around 10% of the world's population and yet accounts for 20% of the world's poorest, is physically and/or psychologically excluded from public spaces and is often seen as an object of pity or revulsion rather than as people with human rights? Yes, people with disabilities.

2. Disability Equality Training (DET) Taster Seminar in Nagoya

On February 20, 2015, AHI supported the Nippon Fuskushi University Asian Research Center for Social Well-being and Development in running a taster seminar in Disability Equality Training (DET), participatory awareness raising training to promote social inclusion of people with disabilities. The instructors came from the DET Forum, a Tokyo-based not-for-profit organization headed by Mr. Kenji Kuno (ILDC 1994) of JICA; all the DET Forum facilitators have disabilities.

DET facilitator presenting the output of the group discussion.

After nine years doing DET in 35 countries as part of his work under the Japanese Ministry of Foreign Affairs, Mr. Kuno felt it was high time to promote disability equality in Japan. In 2014, Japan became the 140th country to ratify the United Nations Convention on the Rights of Disabled People (CRPD). This was only possible after it revised national laws to reduce disability discrimination, by requiring local governments to provide "reasonable accommodation," modification such as using sign language or simple language to ensure access for all.

Ms. Mela Berkowitz (L) sharing her idea.

Mr. K. Kuno at the Disability Equality Training.

So 2015, a year after ratification of the CRPD and a year before the Japanese Act to Eliminate Discrimination against Persons with Disabilities comes into effect, it is promising juncture to offer training, especially for local government units. But JICA does not work inside Japan. So DET Forum is accessing various non-government grants for publicity in search for clients willing to commission full courses. The one-day Nagoya seminar was such an event, the second outside the Tokyo area.

Around 50 participants, including disabled people, academics, local government staff, support service workers and a few company employees, deepened their understanding of the disability in society through workshop activities, a lecture overview, and a tea party.

3. What Is Disability Equality Training (DET)?

DET differs from previous disability awareness training in that rather simulating any particular. disability, such as blindness or mobility impairments, it encourages participants to discover how disabled people are society excluded. In other works, participants come to see that disabilities are not an individual's failings, but rather are created by environment, institutions and human relations. For example, a ramp, a wide doorway, and laws that allow shopkeeper enable to turn away wheelchair users create disability. Further, DET facilitates participants to think how to act in their own work and life to make society less disabling and more inclusive.

As DET facilitators, disabled individuals are empowered. In the training, they experience being in a position of authority, commanding respect and dialogue. Both disabled and non-disabled people may revise the typical image of "weak" and "needy" dis-

abled people after seeing a disabled person in a position of ability and action.

4. Past and Future of DET

DET was developed by disability activists in the United Kingdom in the 1980s and 90s, building on the experience of the civil rights and women's movements. After the UK passed laws prohibiting discrimination against disabled people, organizations and companies sought out the training to figure out how to comply. Twenty years later, with AHI support, DET Forum is pursuing a similar track in Japan. Perhaps by next year, AHI's own local government unit will be running disability equality training. How will AHI change?

Disability IsA New Target of Development

People with disabilities are now gaining attention in development circles as it has become clear that to reach targets like the Millennium Development Goals (MDGs), they (we) have to be included and counted. In other words, they (we) are currently among the most marginalized in society, often the last in line for jobs and services. And this is a major reason the post-MDG Sustainable Development Goals state specific targets for including disabled people.

What is CPRD?

In 2006, after decades of campaigning by disability activists, the Unite Nations adopted the Convention on the Human Rights of Persons with Disabilities (CRPD) to promote legal support for their human rights. Activists in the disability movement followed in the footsteps of the civil rights movement against racial discrimination, the women's rights movement, and others. The CRPD was adopted 41 years after the Convention on the Elimination of all forms of Racial Discrimination (CERD), after conventions promoting the rights of women, children, prisoners, migrant workers and other disempowered groups. Like previous UN conventions, the CRPD has put pressure on national government to create new laws promoting inclusion of the target group, in this case, people with disabilities.

DET Manual is available for download from the DET Forum website: **http://www.detforum.com.**

Report of the 100-Day Walking

Ms. Yoko McLennan, AHI

The Nisshin City people walking.

The Nisshin City where AHI is located had its 20th anniversary in 2014. There have been many events commemorating the anniversary everywhere in the city. Our '100-Day Walking' was one of the events during the. The idea of Walking was derived from the keywords Health, Local and Asia. The participants compete on the number of their steps in groups of three. At the same time, they aimed to walk 4,000 kilometers to Mindanao, Philippines as a whole team.

The participants were group of families, co-workers and volunteer team members from the neighborhood facilities of AHI. Among the 24 teams the oldest participant was 99 years old. As we have introduced in the previous newsletter, AHI has been supporting the Healthy Lifestyle Promotion Program of New Corella, a municipality in the Philippines. They got 61 teams to run for the 100-day walking together with the former participants of ILDC.

On the Open House in 2014, the 100-day walking started. Each team reported how many steps they walked every 10 days for 100 days. The Ministry of Health, Labor and Welfare in Japan recommended walking more than 8,000 steps a day. Few people reported that they walked more than 10,000 steps a day. Others sent comments in their report that "I never even thought about going out on a cold night, but I went walking after dinner last night".

The 100-day walking was completed on 2015 January 20 and the closing ceremony was held on January 31. As part of the closing ceremony, together, we walked around the lake for about 10 minutes

from AHI for a stretch of 7.7 kilometers. Then we had a Filipino lunch prepared by AHI staff. The participants enjoyed the Filipino food even if they tried it for the first time. Awarding ceremony followed. First prize was awarded to the team who has walked for 4,000 kilometers by themselves.

To sum it up, the total mileage walked was 33,835 kilometers that is equivalent to more than four round routes from Nisshin City, Japan to New Corella, Philippines. We are thankful to all the participants and people who supported the event. We hope that we have contributed to the goal of connecting and linking the participants; people from the Philippines and other Asian countries with this activity and help in the advocacy for healthy life.

Ms. McLennan interviewing in the Open House.

HERE AND THERE

International Workshop on Empowerment of Indigenous Peoples through Community Participation for Sustainable Local Health System

The Case of Tanay, Rizal, Philippines

Ms. Maria Cristina Carganilla-Parungao, INAM Philippines, ILDC 2006

1. Overview

Ms. M. Parungao

Tanay is one of the INAM's working areas where community health programs are led by the Indigenous Peoples (IPs) volunteer. Tanay is one of the municipalities in the province of Rizal with 19 barangays and a population of about 95,000 of which 6,880 (7%) are IPs. Classified as partly urban based with a large area of gently-rising hills and mountainous relief. About 80% of the land area has been identified as the ancestral domain of the IPs called Dumagats and Remontados. Most of the IPs are located in geographically isolated and disadvantaged areas in Tanay, and they lack access to basic health care services. Fishing, agriculture and regional commerce are major trades.

Through the continued assistance of Bread for the World and Asian Health Institute (AHI), support from Tanay Municipal Local Government and INAM's facilitation of Philippine Integrative Medicine (PIM) training, 429 Dumagat farming families from six barangays are presently organized into family clusters, each led by a Community Health Worker (CHW)-cum-Community Health Program Manager (CHPM), and loosely organized into six barangay level community health organizations (CHOs). The CHO in each barangay has a community-managed health program (CMHP) that provides health services to member families. Community health care financing program called "Saknungan para sa Kalusugan" started on April 2014. The six CHOs plans to federate municipal-wide.

Through, participation and openness to embrace new learnings in PIM training, the Dumagats have gained confidence and have opened themselves for possibilities for their personal development and development of their communities. Moreover, the elements of a CHO such as vision for their community, membership, programs and services, the structure of governance, leadership body, mechanism for responsibility and accountability, lines of communication and process of decision making involving the family clusters, organizational principles/values and organizational skills are emerging and evolving appropriately to the context of the Dumagats.

These developments led to the documentation of Tanay's experience in establishing their CMHP by their IPs in geographically isolated and disadvantaged areas of the municipality. The empowerment of the IPs through the PIM training and the public-private partnership between INAM and the local government of Tanay are worth sharing among the ILDC alumni of AHI and partners of INAM. Hence, an International Workshop (IWS) was conceptualized and planned by INAM, the Municipal government of Tanay, and AHI last July 2014.

The International Workshop on "Empowerment of Peoples through Community Participation for Sus-

tainable Local Health System: The Case of Tanay, Rizal, Philippines" was held at the third floor of the Municipal Government Office from March 3-11, 2015. The workshop was also supported by the Philippine Institute of Traditional and Alternative Health Care, Department of Health, National Commission on Indigenous Peoples, Bread for the World, and Shell Philippines. Participants of the Workshop included 30 CHWs, government representatives, non-government organizations and their partner organizations from India, Bangladesh, Nepal, Philippines, and Thailand.

Participants of the International Workshop.

2. Significance of the IWS to Tanay

This is the first international event hosted by the Municipality of Tanay which showcased its IPs. According to Mayor Rafael Tanjuatco, "The IP situation in Tanay maybe unique but the needs to address the health concern of the IPs is universal.

A Dumagat CHW explaining herbal cure.

Focusing on the use of alternative medicine and recognizing the values of traditional herbal plants, Governor Rebecca Ynares of Rizal Province said that "the time has never been better and the reasons never greater for giving traditional medicine its proper place in addressing the many ills of the modern and traditional societies, including the IPs. It is only when there is recognition of indigenous resources as priority areas for development that the empowerment of the IPs will be attained."

Through the IWS, Dumagat CHWs and the Municipality of Tanay were able to show to the international and local delegates the following developments in their local health system which became the outcome of training of the IPs through INAM's PIM curriculum:

- CHWs bring very significant contribution to the health care delivery and referral system among IPs community.
- There is increased community participation on health program implementation and IPs are now aware of the Rural Health Units (RHUs), and immediate intervention to emergency cases has been possible.
- Other impacts of having CHWs are health advocacy to those individuals and families within their cluster, health promotion and disease prevention (alternative medicine) used by the community, initiation of proper referral system, and management of Community Health Care Financing.
- Through the CHW, there is an increased community access to the basic health services while preserving the IPs traditional health practices. A gradual change in the health seeking behavior among the IPs were quite evident notably in the increase in IPs immunization and pre-natal check-ups to name a few.
- Empowered IP leaders and health providers participate in other health programs for the benefit of the people.
- These preventive health care programs in the communities reduce the high utilization rate for members of a health insurance program through the establishment of CHPs which have health promotion and disease prevention.
- Thirty four CHWs providing health care to 41% of the families in the entire Dumagat-Remontado IP population in Tanay. There are eight CMHPs being managed by 24 CHPMs. Health care services include treatment of the sick, health education, and referral to Barangay Health Stations (BHS), RHUs, and INAM Philippines Clinic in Quezon City.
- Two-way referral system involving the RHUs/BHS and the CMHPs/CHWs, a monitoring system for health education, patient treatment, referrals, and meetings, and an information system established and copies of reports submitted periodically to the RHU.

- The following were the effects of the CMHPs managed by the IPs:

1) 92% cases of preventable diseases were managed/cured by the CHWs and did not need any referral as of October 2013;

2) 81% cases of preventable diseases were managed/cured by the CHWs and did not need any referral from Jan to Dec 2014;

3) Only 12% cases needed to be referred to the BHS, RHU etc.

4) 21% of families have access to community health care financing scheme.

Different departments of the municipal government of Tanay became more familiar with INAM's project; focused on providing PIM training to the IPs. There was also acknowledgement of the significant role of the IPs in health promotion and prevention and recognizing them for their participation in promoting and sustaining the local health system especially in the geographically isolated and disadvantaged areas of Tanay.

Mr. Anup and a local nurse.

3. The significance of the IWS to INAM

- INAM saw the importance of public-private partnership in ensuring the sustainability of projects particularly those involving IPs and other vulnerable groups.
- INAM was able to promote its PIM curriculum and other programs to the AHI-ILDC alumni, AHI partners and other government agencies. We were able to share the developments and experience of the CHPs and CMHPs of INAM's partner communities.
- The IWS will further strengthen the partnership between INAM and the municipal government of Tanay with great potential of more projects on health.
- Opening possibilities of partnership between INAM and other local municipalities and civil society organizations in New Corella, Tarlac and IPHC-DMSF, Davao and partnership with AHI supported organizations in Bangladesh, India, Nepal and Thailand.
- The IWS is a significant event for INAM's 30 years of providing alternative health care services to the poor, marginalized and vulnerable sectors.

Our gratitude to the Board of Directors, staff and supporters of AHI for the technical and financial support and the "full trust" given to INAM Philippines to organize the IWS. Looking forward for more fruitful collaborations with AHI and AHI-ILDC Alumni in the coming years.

4.Participants' Reflections during the IWS

Messages from the video documentation of AHI.

1. Mr. Mohammad Akramul Haque, ILDC 2008, Bangladesh

"Appreciate, Connect and Replicate"! In the entire workshop these three words were depicted, giving chance to appreciate and connect with each other, and eventually replicate the learnings applicable in our countries, projects, and organizations.

2. Mr. Addala Jagannadha Raju, ILDC 1986, India

Mr. Raju, India (sitting), Ms. Anicia,Philippines (L, ILDC 2008) and Ms. Nuanchawee Nedsaengtip , Thailand (R), demonstrating oil treatment.

The exposure visit in Tanay was a very good experience to me. I have learned that all the key stakeholders like the government, health department, community and local sectors are important for sustainability. We are going back to our countries with our commitment to implement sustainable health care and also promote alternative health care.

3. Mr. Raja Dodum, Health Department, India

The information and learning experiences enriched my perspective. The world is getting too small but for the group, there is no barrier that divides them, not even race or religion. I see them as a family, a team, a network that could lend support when needed. My experience humbled me and found new respect for the IPs in my country.

A teary-eyed IP BHW (L) sharing her reflection and Ms. Nancy Obra (R, ILDC 1996), both from New Corella, Philippines.

4. Ms. Nancy Ulanday Obra-Cacayorin, ILDC 1996, Philippines

It is a blessing that I was given a chance to join IWS with two BHWs who are members of the IP communities to learn from other countries, as well as the experience of Tanay. In particular, the health system enhancement with IP communities. We really appreciate the commitment of the community health workers. We treasure the experience we had, staying in the IP communities, and the commitment and partnership with other sectors.

5. Ms. Ma. Arneth Castronuevo-Versonda, ILDC 2012, Philippines

This workshop broadened my perspective in life and to continue serving the marginalized sector; the indigenous people who are less fortunate. I realized that the IPs themselves know what is good for them. It is my/our challenge to be conscious of this and be more responsible my/our work with the IPs.

NEWS FROM FRIENDS

Eco-Agriculture Practices by MONLAR

Mr. D.R. Jayatilake, MONLAR, Sri Lanka
ILDC 2003

Mr. D. Jayatilake

The Movement for Land and Agricultural Reform (MONLAR) is a social movement advocating "Heal the Earth by Feeding the Soil". Our agricultural methods aimed at recycling and regenerating. We are practicing is eco-friendly agriculture. We use several technologies to enhance the regenerative capacity of the soil by improving its inherent fertility. Bio-Char, Jeewamurthum, liquid fertilizers, compost and green manures are the introduced substitutes for the chemical agricultural inputs. Bio-Char is the charcoal of firewood de-oxygenized cylinder. The application of Bio-Char to the infertile soil improved the CEC value and water holding capacity. The Jeewamurthum is a process of culturing nutrients favorable for friendly microbial growth; strengthening the soil's regeneration capacity.

We are a civil society movement for 20 years giving maximum capacity in upgrading the livelihood of small scale food producer, trying to get support of the policymakers to advocate for non-use of chemical agriculture and engage in ecological agriculture program all over Sri Lanka. We are conducting our practical activities in the northern, central, northwestern, southern and eastern provinces.

In the northern area, the concept of Zero-Budget Natural Farming as an ecological agricultural method which is highly inspired by the concept of Indian academia, Subash Palekkar, was introduced. For other provinces, some models compatible to their agro-ecological system was introduced. For instance, mixed cropping, vegetable home-based gardening, and agro-forestry. More than 200 farmers are practicing home garden model and a thousand farmers were trained on eco-farming technologies. All activities were aimed at stabilizing food security of the marginalized people in Sri Lanka. MONLAR's responsibility as a civil society organization will continue to carry and advocate the concept of regenerative agriculture to restore our natural ecosystem.

SAYONARA
DR. KAWAHARA

Messages from AHI Alumni and Partners

The founder of AHI, Dr. Hiromi Kawahara, passed away in the morning of May 22, 2015. He was always concerned about the disadvantaged people in Asia and enjoyed a lot his being related with community health and development workers. Being inspired with his guidance which has been given to us, we would continue our work with our renewed determination.

Messages From Friends in Asian Countries

- ***Ms. Luz Canave-Anung, ILDC 1984, 2012 Facilitator, Philippines***

Ms. Luz Anung

Dr. Kawahara leaves AHI and the rest of the world with his legacy of participatory community health development and sustainable peace. He was a symbol of perseverance and determination in moving towards AHI's vision of global health and development. He inspired so many people like us with his sweet smile and steadfast advocacy for the poor and marginalized. His light will continue to shine in AHI and in the hearts of the people he touched. While his physical presence and guidance in the institute will be terribly missed, his significant contributions that made AHI thrive amidst challenges will continue to drive the institute forward. DR. KAWAHARA: we thank you so much. Words are not enough to express our deep sorrow for losing you but rest assured, that your noble example of service will continue to inspire us. May your soul rest in peace in God's loving arms.

- ***Ms. Jo Quianzon and the IPHC Family, Philippines***

Ms. Jo Quianzon

So saddened by the news of Dr. Hiromi Kawahara's passing. I remember first meeting him during the AHI-Round Table Discussion in Bangkok together with Dr. Trinidad de la Paz. He had always a lightface exuding peace, positiveness in life and the great passion to be of service to others especially among us Asians and to Nepal where he first volunteered then. Dr. Hiromi Kawahara, thank you very much for being a Blessing to others and sharing to IPHC the gift of helping others make a better tomorrow. His legacy will always inspire us development workers. Daghang salamat!!!

- ***Mr. Narayan Prasad Maharjan, first alumnus in Nepal, ILDC 1980***

Dr. Hiromi Kawahara:
A Pioneer AHI Leader With Unique Character

Mr. N. Maharjan

I and my wife Maya were United Mission Nepal (UMN) staff. I was working in community health and my wife was working as a medical assistant at the hospital. Maya worked with Dr. Kawahara at Tansen UMN Hospital. Many of the hospital staff were inspired by his life and services for the sick and suffering people. Within few months Dr. Kawahara became popular for his loving-caring services.

In 1980, I was privileged to participate as first participant of leadership course organized by AHI. I was recommended by Dr. Noboru Iwamura because I worked in his team for six to seven years as a volunteer. I also worked with Ms. Michiyo Maida in CHP who is a woman of concern, has attachment with my family.

Soon I arrived in Japan, I met Dr. Kawahara and his beloved wife who hosted me and I was taken cared of. I watched how he and his wife used to cooked in the kitchen and in workplaces. I learned many things. Both of them were so pleased to have me with them. Dr. Kawahara keeps smiling most of the time.

I came to understand about his selfless commitment for medical and Asian leadership development services. I was inspired by him to becoming a leader in multi-sectors primarily community health and hospital. I was a chairman in two terms for HDCS and later FOCUS Nepal and now for Console Mission.

Dr. Kawahara is a unique character that impacted me and many others. In early days, Dr. Kawahara toiled for the establishment of AHI with the purpose

to initiate leadership development at the time when there was no such institution anywhere in Asia and other parts. Dr. Kawahara with his likeminded team initiated AHI. What a man of vision he was. I also followed similar path.

Dr. Hiromi Kawahara

Mrs. Kawahara visited me on her Nepal trip while I was lecturing at Tribhuvan Multiple Campus of TU. I experienced the closeness and nearness with Dr. Kawahara and his wife, too. My wife and myself will remember both of them till the end of our life. The witness that was demonstrated by Dr. Kawahara will continue to impact Asians to be leaders for uplifting the sick and suffering in this part of the globe.

Since a month, we are regularly moved by earthquake. As a leader I organized a team to help the victims with various relief packages containing fast food, health kits, nutritious food to delivery mothers, relief goods, and zinc roof sheets. Console Mission is much thankful to AHI for informing our services to the Japanese people and for the contribution provided for the services. CM has planned to help victims for recovery process as well. There is an acute need of leadership in Nepal. It has become a challenge for AHI Alumni and the whole team.

We can learn much from Dr. Kawahara's unique leadership style. We need to explore it in prevailing context of Nepal and other lands of the globe.

- ***Mr. Tan Try, first alumnus in Cambodia, ILDC 1991***

A touching memory with Dr. Kawahara

Mr. T. Try

I met Dr. Kawahara in an AHI supported workshop in Bangkok in the late '80s. It was my first time to meet him in person. I remember he gave an interesting welcome speech at that time.

Although I cannot remember all, but I can highlight this: "We are all the same. We all deserve to be healthy, not only for the rich but also for the poor." I had a first impression of warm, encouraged and comfortable feeling towards him. The he softly talked, the friendly smile he had and the respectful behavior he showed, just to name a few, were all part of his unique character of a supportive and respectful leader.

Founder and chairperson of AHI's Board, he was behind the "participatory approach" of adult learning. AHI was the first to introduce this approach in Cambodia. I was the first participant from my country who had a chance to be trained on community organization and development using participatory methodology. And I was the first person who adopted this approach in my health education training. Since then, a partnership between AHI and the National Center for Health Promotion of the Cambodian Ministry of Health was established.

When I got the news of his passing away, I was so shocked! I could not breath for a while. My heart was beating fast. My brain was spinning around. His smile popped up in front of my eye and my tears dropped. This was a big loss for me and also for AHI, AHI's friends and supporters, and especially for all people in Asia to whom he always has a big dream-Sharing for Self-Help. I wish his dream will come true.

- **Mr. Prem John and Ms. Hari John, ILDC 1981-1982 Facilitator, India**

Passing of a Giant AHI!

Mr. & Ms. John

We are deeply mourning the passing of Dr. Kawahara. We take this opportunity to celebrate his life and times.

We celebrate his life as a surgeon of excellence, who was willing to take time off from his busy practice to go to Nepal and serve there with minimal medical facilities and very down to earth living condition. The first hand experience formed the basis of his intense life long involvement with the poor of Asia. It was as if he was meant to go there because out of that was born his desire and plans t do something concrete to transform the lives of the poor.

We celebrate his initiative, commitment and hard work that made the birth of AHI possible. He real-

ized two things. One, that Japan, specially Japanese youth should be more outward looking and become aware of the realities of Asia, and for this sustained and systematic efforts should be made in educating them. And two, the young people from the poorer countries of Asia need to be trained systematically in the norms, values and methods of community involvement. Thus, was born AHI whose influences has helped transformed the lives of countless marginalized communities in Asia.

We celebrate his foresight and initiative in forming the Asian Community Health Action Network (ACHAN), and the vital leadership that he gave as Chairperson of ACHAN. The unstinted cooperation and support that he and AHI provided to ACHAN made it possible for the spread of knowledge and practic of community based action for health in Asia among NGOs and apex NGO networks from Nepal to South Korea.

We celebrate his contribution to Christian Medical Commission of the World Council of Churches (CMC-WCC), Geneva where he was Commissioner representing East Asia. Through CMC-WCC the concept of community based health and its practice as developed at AHI spread much beyond AHI. His contribution to the thinking and practice of CMC were greatly appreciated.

We celebrate his life as a Christian in a largely non-Christian country and the phenomenal impact that he had in Japan where he was and will continue to be revered figured. He was always self-effacing saying that though he planted the seed, countless others watered it but only God made it grow.

We celebrate his life as a soft spoken, soft natured, gentle, real gentleman who through his exemplary life, values and commitment was able to develop, nurture and sustain a team of co-workers with the vision, commitment and skills to carry forward his dream into the future.

It has been our privilege and blessing to have known Dr. Kawahara, to have been associated with him, to have been his fellow travelers, fellow dreamers and co-workers for three decades. Prem from 1979 while first visiting the site of the future AHI, when it was a mere meadow with cows gazing, through 30 years of involvement with him in ACHAN. Hari since 1980 through the formation of ACHAN, later as fellow commissioner in the Christian Medical Commission, people for been associated with him-we are grateful.

CONDOLENCE

Dr. R. Kagami

Dr. Rokuro Kagami of the Kagami Orthopedic Clinic passed away on March 26, 2015. He was the main trainer of the Oriental Medicine Course (OMC) since mid-80s. He trained 80 participants from Asian countries on Intra-Cutaneous Needle ICN/Kagami Therapy. They also learned from his humble attitude and strong commitment to serve the patients. The OMC has been terminated after the last training in 2007 since no one can be a trainer.

New Collaboration Projects Between AHI and AHI Alumni's Organizations

Ms. Kyoko Shimizu, AHI

This is the English translation from the Japanese Newsletter issued on October 2014 and April 2015, respectively.

Participatory Community Leadership Development Course (PCLDC) Partner Organization: Aids Awareness Society (AAS), Pakistan

1. Activities and Interests of Mr. Nihal

Mr. Hector Nihal, (ILDC 2013), his organization AAS is one of the pioneers in the field of HIV/AIDS issues in Pakistan. For over 25 years, he has been engaged in the social sector on the issues of community development, prevention and awareness-enhancement training on HIV/AIDS and supports the advocacy works for people living with HIV/AIDS. In the country where nearly 97% of the population is Muslim, he belongs to a minority Christian community. So the minorities live in various forms of discrimination. With that, Mr. Nihal is committed to promoting mutual understanding among religious leaders and young people from different religions through different interventions.

During ILDC 2013 training in AHI, his experience in community development along with his humble and genial personality and good English skills has inspired other participants. He positively and voluntarily took charge of several sessions in order to share his knowledge and experiences. He is always willing to learn from other Asian countries especially in solving issues in the community. The main issue tackled was on the future direction of AIDS Awareness Society (AAS). AAS had accumulated enough experience on HIV/AIDS since 1993. He thought of expanding the activities in addressing other issues by tapping past experiences and apply them to support newer local NGOs. The how and what AAS can do were the questions he thought. He came to Japan in search for answers.

2. Based on His Learning: Peacebuilding and AHI-way Participatory Training

He learned from his visit to Hiroshima on peace education sessions for the communities particularly the younger generations. He was aware that poverty and health issues cause conflict. People in Pakistan are always exposed to constant conflicts vis-a-vis different religions, cultures and politics. He believes that it is essential to nurture understanding, forgiveness and mutual respect among people.

Mr. Nihal's action plan for AAS integrates peace issues into the existing health training for educators and volunteers of AAS; providing educational program to students on peace and health in partnership with schools; and conducting participatory training with emphasis on peace building particularly for small local NGOs in Pakistan, like AHI's course of which the contents and processes are shared by the participants. The processes such as sharing, facilitating, documenting and moderating were among the key elements of being NGO workers.

3. Participatory Community Leadership Development Course

The Participatory Community Leadership Development Course (PCLDC) was held in Lahore, Pakistan on May 24 to June 2, 2014. AHI senior staff Ms. Ui Shiori and I visited Lahore to join the facilitators' team to support them. Sixteen participants mostly staff of local NGOs gathered from eastern and southern areas. Nearly half of the participants were female and of mixed religious beliefs. Each brought their own initiatives and/or projects namely: support to children with disabilities, prevention of HIV/AIDS, rights of female labor, and many more. They vary in experiences but one thing in common to participants was it was their first time to have "participatory" training.

PCLDC sessions started with the creation of task group in charge of the daily session's organization, recapitulation, documentation and evaluation. Reflection of "oneself" followed; examination of strengths and weaknesses. Situational social analysis at community level in Pakistan and global trends on development issues were done too. Lastly, they did self-examination as NGO workers; what and how are they going to do it in their community; realization that peace starts from one self; and wide understanding of the grassroot level and politics were among the reflections and essentials to achieving peace and development. At first the participants were hesitant to accept the role, afraid to speak and lack the confidence during the presentations and discussions. Eventually, they gained confidence and already comfortable of talking during discussions.

4. "Let's Plant a Seed from AHI in Your Place!"

On the last day, each participant is required to prepare and present an action plan similar to the AHI course. Majority of them stated that they would like to include participatory training of which they experienced in PCLDC in their organization and community. A Muslim participant said that it is only in PCLDC he was able to mingle with Christians and the opportunity has taught about understanding one another, the key to peace. As a closing statement, Mr. Hector expressed to the participants that "PCLDC is like a seed he received from AHI. He encouraged everyone to plant their own seed, help it grow, and give it to others." AHI will continue to support the seeding with Mr. Hector and AAS in 2015, too.

*The second PCLDC was held on May 22 to 31, 2015. The report will be published later.

Community Development and Psychosocial Well-being
Partner Organization: Kopila-Nepal

1. People Left Behind

Nepal struggled with a civil war between the government and the Maoist for 11 years until 2006. Only recently, the existence of those who experienced trauma, such as soldiers and villagers involved in fighting or kidnapping, became apparent. Beside, profit-driven economic development is ex-

Psychosocial group discussion.

panding the gap between the rich and the poor, and as a result, various social factors cause by poverty is eating at the back of people's mind. The public resources for these patients, however, are of little help because health professionals in district hospitals and health posts in communities are not educated regarding these issues.

2. Psychosocial Well-being

> Psychosocial well-being occurs when a person's mental well-being is fully achieved with the well-being of society. How we are feeling internally is affected by how we relate to the environment around us. Relationships with our families, communities, schools, and the workplace all play a role, as well as one's traditions, customs and culture. As a result, psychological issues that we may have are strongly associated with the social issues or problems among our communities. Although medication can help to control our symptoms of any given mental disorder, it does not address the root cause of the problem. In order to eradicate the mental illness and obtain good health mentally, we need to solve the social issues within one's community.

Since 2001, Kopila Nepal established by AHI alumnus, Mr. Prakash Raj Wagle, has worked for minority people like widows, females who have family members with physical or mental disabilities, and their children living in mountain villages around Pokhara, the second largest city in Nepal. Through organizing self-help groups and kids' clubs to empower those individuals, Kopila recognized the importance of psychosocial well-being in Nepal and incorporated this concept into community health and development activities.

Mini lecture on psychosocial well-being.

In 2013, two associations of self-help groups were established in two districts, named Kopila Independent Development Society (KIDS); composed of single and widowed women and people with disabilities. By organizing the bigger campaign events on psychosocial well-being in their villages, it allows for solidarity among each group and there is a stronger advocacy for power among the community people and local governments.

Mr. Prakash Raj Wagle (ILDC 1999) and Ms. Bina Silwal Wagle (ILDC 2004)

Now each KIDS' member is expected to be the main actor of changing the community toward psychosocial well-being, where people can see various social issues leading to mental problems and build relationship and functions voluntarily in the community. Aiming that, Kopila Nepal decided to provide training course for the members on group an program management and advocating teachers, health workers and VDC members and also children members of kids club.

AHI started working together with Kopila Nepal for the next five years.

ANNOUNCEMENT

NEW AHI STAFF

Ms. Tomoyo Hidekuma

Hi! Nice to meet you! Hajimemashite in Japanese. My name is Tomoyo Hidekuma. I started working at AHI from April 2015. Before working at AHI, I was in a master course at Kyoto Kyoto University, Japan. My major is Environmental Management. Actually environment is very broad. Specifically, my interest is rural development and international cooperation. My hometown is in a rural area in Japan. I like looking at the beautiful paddy fields and agricultural lands. I'd like to protect such beautiful landscapes in the rural area. In addition, I like agricultural activities.

From 2010-2012, I volunteered for the Japan Overseas Cooperation Volunteers (JOCV) and stayed at Djibouti; a country in eastern Africa. I worked as an agricultural extension worker and cultivated the lands in schools with the schoolchildren. This motivates the children to grow some vegetables. I also likes traveling in Asian countries. I can see the diversity of culture in their food and customs. Sometimes I can see similar faces and cultures. I think that to have a good relationship in Asia is a first step for world peace. I'd like to learn how to build harmony in a community through AHI.

BE AN AHI MEMBER NOW!!! PLEASE SUPPORT AHI!

AHI has some of its alumni as supporting members. AHI is supported by over 4,000 individual regular members and occasional donors. Recently, however, the number is decreasing due to aging population and sluggish economy in Japan. Even so, it is getting more important for AHI to commit working with the disadvantaged people living in endless uncertainty in Asian communities. That's why we need to get more supporters to achieve our goals.

For those who live in a foreign countries and have credit cards, AHI started its secure online money transfer system thru PAYPAL (www.paypal.com), by which the membership fee or donation is easily and safely transferred to AHI's account.

1. **Supporting Member**

   Annual Membership Fee:
   - **Organization (S): $ 300.00 per year**
   - **Individual (A): $ 100.00 per year**
   - **Individual (B): $ 50.00 per year**
   - **Individual (C): $ 30.00 per year**
2. **Donation: anytime of any amount**

Please check our website and go to the page of "support AHI". **http://ahi-japan.sakura.ne.jp/english/html/modules/pico/index.php?content_id=14**
If you have any questions, please send an e-mail to to: info@ahi-japan.jp.

CALL FOR ARTICLES All AHI ALUMNI!!!

Write your articles along with these themes:

1. Universal Health Coverage Under Post-MDGs (NL # 98)
2. Health and Peace Building in Conflict Areas
3. Community Based Inclusive Development (CBID)
4. Disaster Prevention, Response and Management
5. Participatory Techniques for Self-Sufficiency

Reminder: Font type: New Times Roman, size 11; type simple, no special effects, no indention. Your strict compliance will help us in the editing process. Kindly send 3 to 5 best action photos with caption to support your article. Also send your face photo to be posted together with your article.