



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

Dr. KAWAHARA Inspired Initiatives

From your Editor Ms. Joy A. Bastian:

Undeniably, the late Dr. Hiromi Kawahara has influenced many individuals and institutions in his people-centered philosophy. His influence radiates not only in our thinking process and collective actions, but also in shaping pro-poor policies particularly in health. He strongly believes that health is everybody's basic right. On the contrary, reality says "No wealth, no health"! Only those who can afford enjoy all sorts of health services.

In Nepal, he saw through his own eyes and felt the sufferings of the community people who were deprived from receiving appropriate, affordable and timely health care. Thus, his turning point that led to the establishment of AHI in 1980.

Through AHI, health and community development workers such as non-government organization staff, leaders of peoples organizations, as well as the national and local government officials have had the opportunities to learn, develop and enhance their knowledge, attitude and skills as effective players of positive change.

Now, Dr. Kawahara is not with us physically, but his teachings about sharing for self-help is evolving, that is manifested by the articles written by the AHI alumni for this issue. These articles are the living manifesto of the Dr. Kawahara-effect that will survive the test of time.

Leadership may change, but the philosophy that Dr. Kawahara instilled in us will remain. Dr. Kawahara has believed in human development; that each person has a potential to develop.



Dr. Kawahara with the ILDC 2010 participants.

PAGE	TABLE OF CONTENTS
1	Editor's Note
2	Focus: Dr. Kawahara Inspired Initiatives
	Introductory Note; Ms. F. Vijaya Vani, India
4	Mr. T. Bil Luai, Myanmar
5	Sr. Innocent, India
6	Mr. M. Chowdhory, Bangladesh
	Mr. H. Kumara, Sri Lanka
8	Ms. M. Ferreras, Philippines
9	Ms. S. Munkhbayar, Mongolia
11	Mr. H. Nihal, Pakistan
	Flash Article
12	CBR for PWDs, Mr. V. Satapathy, India
14	Collaboration, Ms. T. Akter, Bangladesh
	Here and There
16	ILDC 2016, Ms. Y. Takada, AHI
17	Second Liners, Ms. J. B. Alindajao, Philippines
18	Around Japan: G7 Summit, Mr. T. Nakashima
19	• Call for Regular Articles
20	• ANNOUNCEMENT: Articles for YOUTH
	• SUPPORT AHI: BE A MEMBER

FOCUS ARTICLES

AHI Alumni's Activities Following Dr. Kawahara's Self-Help Spirit

Introductory Note

When the man was leaving the hospital, Dr. Kawahara said to a nurse. "Will you tell him to come back in two weeks? I have to look at his wound again." "He can't, Doctor," she said. "He has to walk more than a week just to get home."

Dr. Kawahara now understood. In Nepal, it was very hard for the people to come to see a doctor. When they arrived at the hospital, it was often too late.

When he returned to Japan, he asked himself, "What is the best thing I can do for them? I can go back and do a lot of operations again. But is that the best thing for them?"

Health is wealth. That is true. But for most people, wealth is health. Only people that have enough time and money can afford good health care. But health should be a basic right for all people.

This is an excerpt of the English textbook for the 3rd grade students of junior high school. Almost one third of the students at that grade in Japan used this textbook in those days. AHI received many letters from students, addressed to Dr. Kawahara, the founder of AHI. What they were impressed with are mainly around two different points. One is Dr. Kawahara's heartfelt concern to the marginalized people, accompanying his sincere attitude in asking himself what would be right for him to do. Another is his concept and clear perspective to the situation, expressing that health should never be a blessing only for the people who can afford.

Dr. Kawahara established AHI in 1980. It was about the same time a number of Japanese NGOs were born by the people who had sympathy for victims and refugees in Indo-China after the Vietnam War. They went to the refugee camps and other places to start projects. Among those NGOs, AHI has its unique background and basic concept of sharing for self-help.

Stimulated by the idea raised by the alumni in India, we are pleased to introduce in this memorable issue the alumni's sharing, inspiration and learnings from AHI.

Ms. Florence Vijaya Vani, ILDC 2009
Asian Network for Innovative Training Trust
(ANITRA), India



Ms. Florence Vijaya Vani and Dr. Kawahara in AHI, Japan, 2009. Dr. Kawahara enlightened ILDC participants to work hard, stay together as strongly and happily in this rapidly changing society.

The Asian Network for Innovative Training, Research and Action Trust (ANITRA TRUST), a rights-based organization, basically works with Dalits and Tribals who are marginalized and living below poverty line. The objective of ANITRA is to strengthen People's Organizations (POs) with activities solely focused on the role of community based organizations that we nurtured all these years. Emphasis is given in preparing the communities to address the issues on their own. The POs' keypersons and the active women in the villages are given intensive and systematic training to develop and enhance their capacities. We give emphasis on the meaningful ownership of their actions, and responsible active role of PO members to lead their communities in problem solving and claiming their due rights in the absence of ANITRA. The role of ANITRA is to play as a catalyst of change.

From ANITRA, I had been selected for the ILDC in 2009. Our training was focused on participatory mutual learning. I was a learner by learning from other friends, members of a heterogeneous group, and facilitators to share my experience. I

learned many things even by sharing a room with a Sri Lankan and a Nepali friends with different ethnic background. There was unity, friendship, sharing, caring and helping atmosphere, that is the core principles of PEACE of which Dr. Kawahara shared to us. Through ILDC, I learned that volunteerism is based on commitment, dedication and compassion and that such volunteerism would enhance community participation / community mobilization for achieving sustainable development goals. ILDC emphasized for democratic and rights based participation of communities in decision making processes and sustainable development.

The importance of volunteerism was emphasized in our various activities such as our constant interactions and our 4-day PEEL Exercises (Political Economic Environmental Literacy Exercise) as our entry process in the communities in identifying the problems collectively and having participatory discussions among different age groups to draw the village's situation. After the exercise, some empowered youth members and women are identified to handle their own village problems and find solutions. In addition, we motivated them and encouraged the people in the communities to provide their time and skills.



Capacity-building training for school teachers.

During the village level interactive meetings and training, we explained the essence and the ambit of volunteerism by showing examples of AHI volunteers.

There are two cases with a ANITRA's field staff as well as a PO leader, respectively, showing that their volunteerism was maximized in the villages during our withdrawal phase.

ANITRA's unique strength from the beginning was the committed staff. All of the field level staff was from Dalit Communities. For withdrawing from the villages, we carried out advocacy strategy to foster their volunteerism, for instance by imparting information to them through small skits in CD form.

After ANITRA withdrew from the villages in Paliapat block, Tamil Nadu, the former staff took the task of leading his village and other nearby villages and collaborated with the tribal people in getting village issue solved. For example, to solve the problem on water sewage in the scheduled caste colony (Dalit communities) and house pattas (title deeds), the staff met government officials along with the community leaders, held discussions with them and wrote petitions. He also did follow-up work in Jamabandhi and Grama sabha meetings (government local governance meetings) with the experience and knowledge he gained in ANITRA.

Muthamma, aged about 45 years is the president of the Village Development Council (VDC) of Bommarajpettai, a small tribal hamlet of 39 families. They moved here a few years ago from a graveyard belonging to the upper Mudaliar caste. They built their huts on 3 cents of land for each land space for scheduled caste people provided by the government. She is an impressive leader with confidence of her community. During withdrawal of ANITRA, the VDC has struggled to apply for house site pattas (title deeds) and community certificates. The patta or land ownership document is very important to protect their house sites and give them a sense of security. For ensuring the right of living of the community people, she and her team persisted and went regularly to the tax office for almost two years. Finally they got pattas for nineteen families. They are continuing their efforts to get pattas for the remaining 20 families. They succeeded in getting community certificates for 51 persons.

ANITRA has withdrawn many of its major activities from several villages in 2013. There are active women groups and micro finance programers, value-based education centers, agricultural laborers groups and community based organized groups in many villages. ANITRA is still a resource center and continued to train and provide needed inputs through training and information sharing with the communities.

Patient-Centered Health Care Services

Mr. Than Bil Luai, ILDC 1994

Wesley Clinic, Myanmar

I attended the International Leadership Development Course (ILDC) on Community Organization in Health and Development in 1994. The course structure was participatory and all the participants were responsible in sharing during the sessions and also in dormitory works. Every participant had an opportunity to share and express himself/herself. It was a friendly and welcoming learning environment created and respected by all participants.



Mr. Than Bil Luai



Dental care at school in Taungtha Village.

Life journey sharing session was the time which touched all participants' emotional feelings in depth. There were a few learning modules in the course on development philosophies, especially human centered development, think globally and act locally philosophy, "cowboy or spaceship economy", and so on. Under the leadership of good and devoted leader, people would say "we did it by ourselves" once achieving their development goal or objectives. These development concepts and philosophies were extremely significant to me.

In one session Dr. Kawahara shared his remarkable experience in Nepal as a medical doctor. He was moved by a woman who was caring for her own leg ulcer. It was his turning point to establishing a training center for community development workers, especially for health workers from developing countries in Asia. I learned that 'patient-centered' development activities, including health care service

would satisfy the burning desire of people who would benefit from it as well as other parties.

The Methodist Church, by that time, had started a small health care service facility (later named Wesley Hospital) for the local populace, especially for the poor and marginalized people in Kalay area, Sagaing Division in Myanmar.

Wesley Hospital is now patient-centered and trying not only to meet the physical needs but also satisfy the spiritual and social aspects of the patients. The hospital service is not free but the fees are carefully calculated just to sustain its services and maintenance. Many patients from economically disadvantaged families are helped out through poor fund, donations of hospital staff and other well-wishers.

Community outreach mobile team service provides health awareness raising talks in public and schools. By this program, children and their family learned the importance of hygienic practice at home as well as at school. As a result, it reduced school absence from illness like diarrhea, toothache and dental caries, and skin infections. Regarding HIV/AIDS, we are not only providing preventive and curative services in the area but also initiating formation of self-help groups among people living with HIV/AIDS in order to empower them to help themselves.



Health talk in the primary school in Tahan.

The biggest challenge ever since has been recruitment of qualified, competent and committed staff to maintain the good quality, safe and low cost health care service. In order to overcome this challenge, the hospital has been supporting medical, dental, technical, and nursing students who committed themselves to work in the hospital after completion of their respective training. Even if no opportunity to be employed at the hospital, they are carrying out

voluntary work in their respective communities by attending patients and health talks at the church.

My sincere and heartfelt thanks to AHI and its staff who ignited the flame of human-centered development policies into my heart 20 years ago but still burning till today for the people around.

People's Health in People's Hands
Sr. Innocent (Mary A. J.), ILDC 1986
Janasakhya, India

I have got an alternative thought for health and development after ILDC and Deenabandhu training, AHI-India regional/national course 1982-1998 in collaboration with Deenabandhu/ANITRA Trust. Instead of western medicine, we have our own traditional medicine, which is easily available, cheap and no side effects.



Sr. Innocent giving awareness-raising classes on herbal medicine.

Dr. Kawahara taught us from his own experience in Nepal, a forest area and no transport system, that we cannot fully lean upon western medicine. So he understood that Asia is rich enough in alternative medicine. So he trained and motivated us to propagate these ideas. He also gave a new idea of eco-friendly development. He taught us "People's health in People's hand".

Before the training I was working as a laboratory technician and practicing western medicine. After the training I have avoided and became totally involved in studying herbal plants from the tribal people. I have studied and planted thousands of herbal plants and researched on their medicinal values from traditional practitioners and tribal people. Later I began to prepare herbal medicine and taught the people how to use it. Subsequently, I also taught them how to prepare herbal medicine.

It was difficult to make the people become aware of alternative medicine at the initial stage. Even the government was against this idea. I also faced financial and social difficulties as a nun; who is expected to perform the stereotyped functions only.

After the awareness raising classes, gradually, they became aware of the system and noticed the tremendous improvement in the life of the people. Through education and the family kit, more than 18 diseases can be cured by one revitalization tablet. It also empowered the community people in determining the signs and symptoms of illnesses with confidence. They are able to prepare the medicine using herbs in their surroundings, by



Herbal medicine exhibition organized by the working group.

which they can reduce medical expenses, too.

By health promotions, even the sickle cell anemia patient can come back to the normal life. I have published books like "Health from the Kitchen" (kitchen food materials) and "Home Remedies". I have conducted 60 training camps during the previous year alone. The Indian government's science and technology department, NGOs, the Catholic Association of India (CHAI), different dioceses and my congregation also promoted my ideas, learned from AHI training.

Currently, however, our government has declared Wayanad Districts, Kerala State, as a wild animal protected area. Certain multinational companies are acquiring patents for herbal medicine available in the area. We are struggling to secure the people's health and their right to access to herbal plants.

Lastly, I give thanks to God, Dr. Hiromi Kawahara, and the AHI for what I have imparted to my fellow people in India.

**Community Power On Knowing and Acting
On Their Problems**

Mr. Mamun Chowdhory, ILDC 2015
Jagorani Chakra Foundation (JCF), Bangladesh

Although I could not directly meet the great man, Dr. Kawahara at AHI, I have taken many ideas and inspiration from him. The most important idea is that the community itself has the power to identify their problems and find out the way to solve them. If we want to solve various problems in the community we need to empower people who can help others and commit themselves in solving problems by closely working with them.



Mr. M. Chowdhory

Based on my learning on Right Based Approach and good governance practices for sustainable people's organization building, I have applied to promote people's ownership towards collaboration with local government to build linkages in my existing project in Natore District, Bangladesh.

Representatives from different self-help-groups formed a management committee to register with the Government Cooperative Department for their own women organization. For the registration of the cooperative, the women contacted the district and upazilla level cooperative officer requesting them to provide training on cooperative management. They also coordinated with the local Union Porishod (UP) chairman and members to arrange some seminars such as, local government facilities, and how and when they can apply to receive facilities and reform the local Disaster Risk Reduction Committee for them. Finally they got the registration in December 2015 named Aamra Shadhin Women Cooperative from the Cooperative department.

In the opening ceremony all members and local government officials were invited and they discussed about current problems in the community and the vision and mission of the cooperative. Now they receive different types of training and support such as a) Income Generating Activities (IGA) training and financial support from the cooperative department, b) training for the organic pesticide making from the agriculture department, c) training on tailoring from the youth development department, d) primary health services from their own

community by establishing community satellite clinic.

In the process of forming the women cooperative, each self help group member is getting stronger both financially and socially through fund raising activities such as savings and credit in the organization, small agriculture business, and producing and selling handicrafts. As a member of the structural legal organization they became confident to access to various government services and communicate with local government. Now they can get involved in other community management committees including community clinic, local UP member, etc.

The challenges I am facing are a) Less gender sensitivity among some husbands and male leaders of the community; b) Lack of trust especially financial transaction in the cooperative; c) Skill development of cooperative leaders to manage cooperative; and d) Lack of good governance practices in some government office staff.

To solve the above challenges it is expected that the community people would realize that with the registered organization they can unite with themselves, overcome social discrimination and ensure good governance practices in their own community. Some husbands and men need to be well informed about the activities of the women cooperative and its possibility to solve the financial problems. Gradually, the skill of some cooperative leaders is being developed, doing all activities with transparency, inviting local government officials to discuss with the cooperative management committee, arranging training, and regularly communicating with local government personnel in each issue. So we hope that they can manage and solve the problems by themselves.

**Nothing Is Impossible If You Have Vision
and Commitment To Do The Right Thing!**

Mr. Herman Kumara, ILDC 1999
*National Fisheries Solidarity Movement (NAFSO),
Sri Lanka*

"How do you foresee to build 20,000 fisherfolk members in your organization by 2010?" This was the first question of Dr. Kawahara to me when I presented my action plan during the ILDC. Although it would be challenging, my response was very clear and straightforward: I am sure I



Mr. H. Kumara

can initiate the movement with the inspiration and guidance, PIADS, I gained through the ILDC. I firmly believed that I could organize the fishing communities, raise their awareness and mobilize them for their human rights, based on food sovereignty principles. At the same time, I recalled from the first session of the course in which Dr. Kawahara shared his experience that he built AHI and supported thousands of Asian human rights defenders/development activists with his vision and commitment for the poor and marginalized. I was determined and reaffirmed myself, I will do it with my commitment and determination. So, I wanted to fulfill my promise and the work plan prepared once I return home.

Through the participation and learning of ILDC my area of influence was widened in the society. One of the fellow Philippine participants shared her experiences about the collaborative experiences among Government (GO), Non-Government (NGO) and People's Organizations (PO) in Philippines under the Participatory Integrated Area Development Strategy (PIADS) which was implemented in the municipality of Irosin, Sorsogon.

I was the first one to respond to Ms. Marian Ferreras, my fellow participant in ILDC 1999, who shared her PIADS experience by heart, as she was one of the key players of Lingap para sa Kalusugan ng Sambayanan (LIKAS) in Sorsogon province which Mr. Eddie Dorotan organized and led. The PIADS evolved from the experiences of LIKAS in the province and it was the major strategy of Mr. Eddie when he eventually became the mayor of Irosin.

"It is impossible for such collaboration among GO-NGO-PO in Sri Lanka. The recognition of NGOs is poor and cooperation among the sectors is negative." Marian was not shaken and firmly said, "Nothing is impossible, if you have the guts." Because that was the experience of PIADS in Irosin during the time of Eddie Dorotan, the elected mayor, "it was Guts, Girls (LIKAS team in Irosin were mostly girls) and Goodness versus Guns, Goons and Gold during the elections." I was very much familiar with this political culture and had determined to explore possibilities to implement the learning and realize it in Sri Lanka.

So, I shared my learning at AHI once back home. NAFSO monthly steering committee was receptive and open in picking up one of the important lessons I learned, that is, PIADS experience in Irosin.

The journey to establish People's PIADS (PPIADS) in Sri Lanka was not an easy task as I responded to Marian. There were so many ups and downs as it was working along with politicians, NGOs and some difficult individuals in the POs in Sri Lankan development arena. Nevertheless, thanks to the high commitment of the key persons to the people's cause, we achieved a successful implementation of PPIADS in Karuwalagaswewa in Puttlam district, thereby built-up the leadership of youth, men and women who became the forefront in the development process in their respective areas. (For details, please refer to AHI NL#97.)

The most important learning in this process is that, if we want to attain success in any development program, there should be committed, capable and cooperative community members and personnel in the process. At the same time, the success indicator of the PPIADS was assessed through the new introduction of our experiences to island-wide development process. The policy document of the GO-NGO-PO collaboration experiences was submitted to the former President Chandrika Bandaranayake Kumarathunge. The Village Development Program through Village Development Council (VDC) was drafted and forwarded up to the nationwide development program labeled Gama Naguma.

However, the irony is that the NGOs, here it was NAFSO, introduced the village development program as a collaborative effort of GO-NGO-PO process. But there are no NGOs to collaborate with in the village development programs under Gama Naguma programs proposed by the government. Now, Gama Naguma is being implemented island wide through Jana Saba. Jana Saba are more or less the same with the Village Development Centers of PIADS process, but all the other actors are from GO-PO-political representatives except the NGO actors in it. So, the PPIADS concept is moving even without NGO collaboration in Sri Lankan political context.

The challenge is sustaining motivation of the communities, embedding their sense of confidence and security in their own strength. The leaders in the community need the commitment to successfully implement the program. The government people are almost always politicking but challenge is pushing for policy changes BY the communities who should be supported in their struggles.

However, we as NAFSO expect to overcome the challenges through exploring new avenues. NAFSO is now attempting to work with wider network of

civil society actors to make a difference in the local government process through a new program called Active Citizenship for Development Network (ACDN). So, the PPIADS evolved into ACDN, where through participatory planning and budgeting at local government level we promote Participation, Representation and Accountability in the local government bodies.

The PIADS concept in which NAFSO attempted to propagate out with much efforts is spreading island wide rapidly. But, the very systematic approach for the implementation of the PIADS program today is the success we can experience everywhere. We can be happy to see the progress. Marian Ferreras can be happy as the promoter of PIADS in Sorsogon. I am the recipient and the happiest person as I was and continue to be motivated and implemented the PPIADS program with hundreds of people involved, even if I said "This collaboration is not possible in Sri Lanka." Not to shame, but with the courageous words of Marian, "Nothing is impossible, if you have the guts to do it."

**The Asian Health Institute's
Making a Difference Initiatives**
Ms. Marian L. Ferreras, ILDC 1999
*Former staff of Lingap para sa Kalusugan ng Sambayanan (LIKAS/Care for the Health of the People),
Inc., Philippines*

These thoughts have been with me for quite some time, unsure to share as an article for AHI's regular newsletter, for these may seem out-of-the-box from stories regularly featured. But I feel strong about these because it was only with AHI that I observed and experienced these when I was a participant to the ILDC 1999 batch. Of course AHI is founded by Dr. Kawahara, so I see his person in these.



Ms. M. Ferreras

I learned of being blank, unbiased and open to learn (the blank white sheet as symbol at the start of the course), to do away with self-righteousness and be affected, for each has a simple story of aspiration and inspiration to tell. I learned that there exist many small initiatives that make a difference, and that it is not only the fireworks style of projects or the aggressively promoted ones that create ripples and waves of change. I learned that there are many volunteers who simply needed to be discovered,

recognized and organized in the development work of CSOs to facilitate achievement of organizational goals. Simple, small efforts and the people exerting them need to be humbly recognized, appreciated and shared, and this is what AHI does. AHI seeks to facilitate and form its participants into basically "seeing" and "hearing" the disadvantaged, feeling with them and being in solidarity with their struggles and strengthening their confidence and self-efficacy for empowerment.

Simplicity is beauty. I saw this in the dormitory style of living together, in the cook-up-your-breakfast with only what is available in the refrigerator, in cleaning the toilets. These are simple life skills that develop in people an appreciation for the basics in life, so they do not become greedy. Or maybe, as it struck me in Mayumi-san's sharing, we have our original selves as our source of goodness, and when we harness our inner goodness, we can see goodness in others and, hence, we cannot be oppressive.

These are humble philosophies that I know connect with Dr. Kawahara's compassion for the disadvantaged and which he instilled in the people and processes of AHI as sharing for self-help.

How did I apply these insights after my training? How did all the other LIKAS alumni (Oyen, Dorothy, Ester, Joji) apply their own learning? Did we apply in-toto our commitments? I think the learning goes beyond projects or activities and becomes a way of work life.



(L-R) AHI alumni from LIKAS, Ms. Dorothy Navarro, and Ms. Ester Lastrilla.

Thus, we see Oyen Dorotan (ILDC 1980) here treading government work, understanding its dynamics but consciously and pro-actively finding ways to make sure that CSOs and POs and women especially are consulted in the government's anti-poverty programs and made direct actors in the implementation and monitoring. Dorothy Navarro (ILDC 1980) continued with health governance and environmental governance in both private and government agencies. Joji Orbase (ILDC 2000) moved on to the other provinces of Bicol region coordinat-

ing/facilitating integrated rural development projects of the diocese. Ester Lastrilla (ILDC 2000) remains with LIKAS full-time in its health, organic agriculture and environment projects in other municipalities in Sorsogon.

I, in turn, proceeded with government work. Like Oyen, trying to understand its people and procedures, as the government has the national and local machinery and resources that can be tapped for constructive engagement in behalf of the poor and excluded. I taught in the university on nutrition education and public health nutrition, integrating in the lessons the human rights framework particularly the right to adequate food; joined a team on strengthening women's economic empowerment through capacitating national and local government units on gender responsiveness; and involved in promoting participatory budgeting through bridging of CSOs with national government agencies.

Yes, definitely, the PIADS which LIKAS participants have been sharing in the courses, has been carried, transmitted and embedded in the above directions, as a process, a framework, even an activity. I cannot explicitly state the results of all these work life choices, I do not have the documentation on hand or have not had the chance to sit down and review reports. But it is relieving to know that each one of us has done and continue to do our share... sharing for the people's self-help.



LIKAS program on Organic Agriculture-based Social Enterprise for reducing malnutrition in Castilla and Donsol, Sorsogon. Photo courtesy of Ms. Carol Ubalde, for LIKAS staff.

In this type of people-centered development, the challenge to CSOs on finding supportive funding agencies remains valid. Working within an unsupportive geo-political context is still a factor to contend with. Sustaining community leadership amidst insecurities is still a fact. Instilling simplicity and generosity amidst individualism and consumerism can remain untrendy. The greatest challenge, I feel, is that of continuing to see the many simple and taken-for-granted possibilities amidst these hurdles and the rush for great impacts.

But where there's a will, there's a way. And I am happy and honored that AHI lives up to this and continues to share to the many for the needy.

Empowering Women

***Ms. Sarangerel Munkhbayar, ILDC2012
The Amidraliin Hurd NGO, Mongolia***

Before I participated in the AHI training course, I did not have much skills and ability to teach people how to catch fish and how to take care of community people's health. But when I met and saw Dr. Kawahara at AHI, I was deeply inspired to help and mobilize the community people to resolve their health issues and daily life.

On the plane back home, I closed my eyes and whispered to myself, *Go ahead Saraa, establish new women's group in your area.* Then I wrote down two things that I want to do after the training in AHI such as 1) to empower women who have difficulties in their life, and 2) to create eco-friendly and healthy environment around my community.

Initially, I met the chairwoman of the Social Care Department (SCD) to explain my learning at AHI and discussed my plan of action. This was necessary before building any social structure at the grassroots. She used to work in a Civil Society Association and we have known each other for some years. She was happy to cooperate to help the local women and the community. Luckily, after our meeting everything was going right, good vibes and positive thoughts.

In collaboration with the SCD, its staff easily identified vulnerable families with single and unemployed mothers. At first, we gathered 65 housewives who think "I am poor and unemployed". Most of them were over 40 years old. I started discussing about health care and health promoters. Their interest was obvious as they asked many questions about health and community health care. Along our discussion, I understood that if people live poor, their

health is also weak. Tremendous time and effort were required in organizing the first women's group which was named community people to be mindful of their health and well-being. The women's group was named *Our participation – For Development*.

Since then, the Local Women's Group Association composed of 21 local women's groups was established. These groups started volunteering and mobilizing people in the remote areas. We collaborated with local government to do social project monitoring, Open Society Forum, and so on.

To sum it up, my learning which was inspired by Dr. Kawahara is bearing fruits especially in my province. We have seen positive changes among the 200 local women's attitude. For example, one of the group leaders, Ganchimeg told us that she used to think how she can only receive money and property support from friends and parliament members, because she thought she was unemployed and poor.

After the training, her life was changed and now she is willing to be a volunteer in the society to help poor families that do not know how to augment their income. They joined the World Giving Day to support in providing healthy food, heating wood and vegetables to the poorest families. Also, the group is making eco-products made from local yak and sheep wool and selling them at local and international markets. Working together as a group develops their abilities, skills and sense of responsibility among the members. It was also noticed that trust is a pre-requisite for group sustainability.



(L) Ms. S. Munkhbayar during the field trip of the first women's group.

Currently, we have addressed some issues and problems. In 2016, our government system has changed and the People's Party is leading now. Since then,

political discrimination is apparent against some people which prevented them to voice out and claim their human rights. The local governments have been corrupted and many honest staff were removed from their posts. To flip this terrible situation, our women's group decided to sustain our efforts in mobilizing the vulnerable people. As a result, another women's group was established.

All of our women's group are appreciated my learnings and training from AHI. I am also inspired by dear Dr. Kawahara's soul and am spirituality in establishing good society to change Mongolian women's lives and future in heart of Asia.

Commitment and Clear Vision Builds Leadership
Mr. Hector Nihal, ILDC 2013
AIDS Awareness Society (AAS), Pakistan

I am proud and honored to be a member of the AHI Alumni. I had the privilege to meet the great man, Dr. Kawahara, who envisioned and committed himself to build leadership at the local level in Asia. Through his own eyes, he saw the miserable situation of the people in Nepal. He felt the pain of the people in Asia. Thereon, he created the atmosphere to empower local leadership around Asia.



Mr. H. Nihal

The AIDS Awareness Society (AAS) in Pakistan is mainly focusing on HIV/AIDS and reproductive health issues. I participated in ILDC 2013 to explore on how to mobilize resources for a new strategic direction. I was impressed by Dr. Kawahara's philosophy of empowering community leadership based on participatory principles, methodologies and approaches. These became my bases in building quality community leadership at the grassroots level in Pakistan.

Following his philosophy, I initiated the following in my organization based on my plan of action :

- Development and execution of Participatory Community Leadership Development Course (PCLDC);

- Creation of organizational sustainability fund; and
- Integration of peace component into organizational programs.



The PCLDC in Pakistan 2016.

1. Participatory Community Leadership Development Course (PCLDC) and Community-Based Rehabilitation (CBR) Training Workshop in Pakistan.

The PCLDC has been executed by the community leaders in Pakistan since 2014. The training design was greatly influenced by AHI's ILDC. In AHI, the participants themselves facilitate the sessions in coordination with the main facilitators or trainers. Towards the end of the training, POAs are being developed reflecting the actions to be taken back home.

The CBR training workshop is another development that emerged from the PCLDC that focuses on the the staff and organizations working with Persons With Disabilities (PWDs). It was the need and initiative of the PCLDC Alumni, of which their organizations are working with PWDs. This idea was well taken by AHI, and a training workshop was planned and executed by the alumni of PCLDC in November 2016, in which 23 people participated including, trainers, facilitators and members of the organizing team. The training was based on the philosophy and principles of AHI and AAS PCLDC as presented above.

2. Organizational Sustainability Fund

My basic question during the ILDC 2013 was: How can we ensure organizational sustainability? En-

lightened after thorough discussion with the participants and the people at AHI, I decided to initiate local fund raising program at a very small scale, and invest it as an organization endowment fund. It is increasing every year, and we are hopeful that one day this small amount can support the organization's basic needs.

3. Integration of Peace Component in Organizational Programs

One of the learning of ILDC was that peace is an important component of personal health, and healthy society. The exposure visit to Hiroshima, the sharing of Atomic Bomb victims, and the work of ANT (Asian Network Trust) Hiroshima, Japan inspired and motivated me to include peace component in the organizational programs, that is something new to our organization.

After returning from AHI, AAS has initiated a peace building program as one of the components and conducted the following activities, such as, art workshop on Peace and Health where students learned about the destruction of Hiroshima; poster competition among students on peace-building campaign with the slogan, "Say No to Nuclear Weapons", in partnership with ANT Hiroshima; and peace and tolerance painting competition among street working youths, religious institutions and street children in 2015 in partnership with Umeed-e-Jawan, an Islamabad based organization.



The Art Workshop on peace and health using the Japanese origami.

Moreover, the representatives of AHI and AAS have observed the following changes among the alumni of PCLDC during the follow-up visits:

- Mr. Mustansar Hussian, PCLDC 2014, Active Health Organization (AHO). He was a shy young man with lacking confidence. Then he started leading the project team. He transformed and became involved in different self awareness and community mobilization activities. He could explore his leadership abilities and skills. He attributed the noticeable changes in his personality to the PCLDC. He learned to become a participatory facilitator by involving people in various activities. Now he is a strong team member of AHO.
- Mr. Samer Daniel, PCLDC 2015, Technical Service Association (TSA). Before his participation to the PCLDC, he was not confident to lead. However, because he developed confidence in PCLDC, he decided to take his responsibility in organizing CBR training workshop of which the TSA management supported him. Therefore, Mr. Samer is the initiator of CBR-PCLDC Workshop.
- Ms. Kiran J. Gill, PCLDC 2014. She was involved in the Community Rehabilitation Project Implementation in Hyderabad. She applied the skills and learning gained from attending the PCLDC such as community mobilization and communication skills. "The confidence I acquired from PCLDC helped me to communicate with different stakeholders without any hesitation."

The joint efforts of AHI and AAS is bringing social change. Thereby, the vision of Dr. Kawahara in building local community leadership is real.

As AHI alumnus, it has been a very interesting, enriching and challenging experience for me. It has been a source for AAS to get international recognition, to build linkages with the people in Japan, to understand the role of health and development workers in peace-building, to coordinate and network with local organizations and evolve new initiatives such as CBR training workshop, and to move as an organization from HIV and AIDS to peace promotion and capacity building.

We are grateful to AHI and to Dr. Kawahara for providing us this wonderful opportunity.

FLASH ARTICLES

Community-Based Rehabilitation Program for Persons With Disabilities in Rural Areas

*Mr. Venkateswara Rao Satapathy, ILDC1984
Community Development Center (CDC), India*

1. Introduction

CDC is a grassroots level organization registered as a society in 1980 with a vision for Social justice for the poor and vulnerable persons in the society. With adult education as entry point CDC worked with the rural and tribal communities on functional literacy and community organization for liberation and alleviation of poverty. Working with the communities, CDC concentrated on livelihood issues of wages and development and management of land and natural resources with a rights based approach.



Mr. V. Satapathy

At the onset when CDC initiated its interventions with disabled persons it was found out that persons with disabilities (PWDs) are silent and are ignored by their communities as well as by their own families. Usually the young PWDs do not have friends or peer groups for play or group activities. This may be due to lack of mobility in many cases. The prevailing culture of silence made us difficult to approach and talk to them. Someone from the family will always speak on their behalf. They are strongly conditioned not to open their mouth in front of any outsiders to express their problems, health or otherwise.

2. Increase Opportunities and Mobility of PWDs

A strategy was developed as an entry point into this community in order to identify the felt needs of these PWDs to help each other. They began to talk and expressed their thoughts that helped us establish good rapport with them in course of time. This became a starting point for our Comprehensive Community Based Rehabilitation Program. Medical needs were identified immediately and with its contacts with institutions and individuals, CDC could link up with the proper hospitals and doctors who

paid special attention to their mobility needs and other health problems.

As a joint action with the district department for the welfare of PWDs, CDC organized medical camps, with the help of specialist doctors and institutions, like ortho-camps, eye camps, disability certification camps, and others. This intervention helped many PWDs to come out and communicate with others. The district authorities organized special camps to issue identity cards, bus passes, train passes, aids and appliances. This resulted to increased opportunities and mobility of the needy PWDs.

3. The Spirit of Volunteerism

The PWDs started organizing themselves into sanghas (small groups) at the village level. They started discussing their problems and issues to take them further for action with their new identity with the government departments for remedial measures. They started to apply for collective action programs as suggested by the Department for Economic Rehabilitation Programs. The groups started small savings programs in the name of their sanghas and started their money revolving to meet their consumption needs with internal lending.

The banks recognized them as SHGs and supported them with locally appropriate project, making them actively involved by supporting a dairy program, tying up with the Milk Centre to sell their milk produce with a better price. These also ensured the monthly repayment. This was a giant leap for them as other groups also came forward to work on the same line spreading the message to the district.

Vizianagaram became the first district in the state of Andhra Pradesh in India, with recognized SHGs formed by PWDs. The approach of the individuals in trouble shooting specific problems has become a practical exercise for the group. The group formation activity helped them to a great extent to act and interact. The spirit of volunteerism helped them to help each other. With the group activities, harmony in family relations gradually improved. With reduced pessimism, mutual support and encouragement, they began to concentrate on their health problems to get back to normal in terms of movement and mobility.

A Short Narration on Volunteerism

A short narrative about Ms. Laxmi's experience will be presented herewith.

Ms. Laxmi was born in Mamidivalsawith, Orissa, India with defective left leg due to polio. She used to drag her leg with support of her hand on the right knee. When she joined the Eye Camp organized by CDC, she received counseling from CDC staff and decided to get surgery and treatment. After six months she was able to walk straight without any support. There is a good improvement in her general health and she got married a year later. Now she wants to help other PWDs and is an active volunteer helping their group members to access to different government programs.

4. Federation of SHGs and Rights Based Approach

The Bill for the Welfare of the PWDs in 1990 brought a new hope and movement to the sanghas. They took an active role in disseminating the content of the bill to all areas of the district by organizing meetings and getting in touch with different departments for their support. The activities gradually lead to rehabilitation in the fields of economic, medical, education, and social. The development and strengthening of harmonious family relations and social rehabilitation further went on in developing matrimonial relations among the young eligible persons.

Federating the village sanghas at the mandal level is the next step taken up by the sanghas. The sanghas and the federations actively worked to identify issues and prioritizing them for collective action, to ensure the rights of the PWDs in jobs, government welfare programs and housing programs, etc. In this process the sanghas and the federations gradually shifted to Rights Based Approach as their strategy enhancing their development.

After the initiation of federation work especially at the state level, other stakeholders are coming forward to collaborate with them. Some political parties are now consciously including disability issues in their election agenda. However, at this point things are moving a bit slow. The village level sanghas and the SHGs are constantly striving for the betterment of the situation of their members within the four domains of rehabilitation namely economic, education, medical and social, and could assure mobilization of government resources to meet their needs. The role of CDC which started with direct support gradually reduced and the sanghas now are able to handle their day-to-day work as well as any emerging issues.

5. For Inclusive Environment

Now CDC is concentrating on vocational training for the young PWDs. Starting with opportunities of local employability and need, CDC is training them as construction workers by providing skills on masonry and carpentry. They are also trained on how to operate machines, computers and other business facilities available. Lack of basic education is becoming a problem to further grow in this direction.

Inclusive education is an important component of our rehabilitation program. With the help of special education teachers, CDC motivated the parents, teachers and community members in promoting education for the children with disabilities in government schools. This effort gave good response, especially from the school teachers who took special care in their education. Children are happy to move with other normal children and are performing well.

CDC helped PWDs in improving their mobility skills. The orthopedic disabled and the visually handicapped improved their mobility making them active in their errands. CDC in cooperation with other agencies like Rotary Club helped many people in getting artificial limbs, which helped them in their functions.

CDC maintained a database listing the needs of the disabled and used to linkup with the available services from different sources. This helped particularly the persons from remote areas in getting appropriate and needed services. A small monthly newsletter written in the local language is developed and is sent to the village sanghas regularly which helped many people in availing government services and schemes. This effort of CDC is appreciated by all members.

CDC made special efforts in joining the children with disabilities in normal schools. CDC motivated the parents and the teachers. Our trained staff could convince them and witnessed changes in the children who are more active in these schools. The normal children are also helping these children in their work, studies and games.

“Your success and happiness lies in you. Resolve to keep happy, and your joy and you, shall form an invincible host against difficulties.” Helen Keller

Collaboration With Different Stakeholders

*Ms. Taslima Akter, ILDC 2015
Center for Disability in Development (CDD),
Bangladesh*

1. Introduction

The Centre for Disability in Development (CDD) is working for persons with disability in Bangladesh since 1996 to include disability issues into Mainstream Development involving Health and rehabilitation, education, etc. Along the rights-based approach for the inclusion of persons with disabilities in mainstream development, CDD has collaborated with other development partners and formed and mobilized more than 200 Self Help Groups (SHGs). (For the detail of CDD’s program and its achievement regarding community based rehabilitation, please refer to AHI Newsletter vol.89.)



Ms. T. Akter

Having substantial experiences through implementing various projects on empowerment of persons with disabilities, CDD started in 2010 to focus on building a more rights based inclusive society and collaborate with local government through Promotion of Human Rights of persons with disabilities in Bangladesh (PHRPBD). PHRPBD aims to improve the disability inclusive interventions of government and non-government organizations in Bangladesh, particularly addressing the needs of women and children with disabilities.

The project is being implemented by CDD in partnership with 3 DPOs and 9 development organizations with local government departments, other non-government organizations and 108 SHGs and Apex bodies in 11 districts in 8 divisions of Bangladesh. There, the SHGs have contributed to mainstreaming disability issue through its activities with different stakeholders how they will get their rights and opportunities in every sphere of life. Mainstreaming does not only mean participation, but also having skill, knowledge, improved functional abilities, access to different services, making decisions.

The project identifies potential man and woman with disabilities from the self-help groups and provides them training on leadership and group management that helps them to be organized at root level. These SHG members also get various training

such as on legal aid services, child protection, community mobilization, resource mobilization, advocacy, etc. Through their improved and confident communication and advocacy they are contributing in their community as the social leader for the whole community.

Under PHRPBD through the disability inclusion project, the Inclusive Education Environment in five schools in Kulaura, Moulvibazar is being implemented. Here, all the stakeholders among Apex body/SHGs, Upazila Education Officer (UEO), Upazila Resource Center Instructor (URCI), school teacher, School Management Committee (SMC), and community people came to the same row, where they all were directly engaged to implement all the interventions towards an inclusive school.

2. Process of Inclusive Environment for School

Firstly the plan was shared with all stakeholders including the Apex body/SHGs, UEO, URCI, school teacher, and SMC. The project objective was presented. When the activities started, all the stakeholders met several times in order to plan on barrier-free accessibility, budget and assessment.



Discussion of APEX body SHGs.

The UEO of Kulaura was involved directly with the planning, budgeting, implementation and monitoring of each activity. He also included other stakeholders. The URCI contributed in ensuring quality education and building capacities towards Inclusive Education, an important intervention of our plan. During the implementation of these activities in five schools, it was found out that more budgets is required to complete all the interventions.

To compensate the lack of budget, the education officer seek the support from stakeholders. They resolved to contribute any amount. This initiative did not only solve the financial issue but also developed ownership of stakeholders. In the long run this would lead to sustainability. The education officer discussed the matter with the stakeholders, who agreed to contribute in order to cover the extra budget needed. One Union Parishad (UP) member

could not contribute financially. So he offered his labor (landfilling the school ground) instead of money. Finally four schools collected BDT 30,000 and one school BDT 44,000 to finance the construction work. The education officer, SMC and community people are directly supervising the construction and renovation activity. A workshop was organized to define the roles and responsibilities of all stakeholders where UEO, AUEO, URCI, SMC, teachers, partner organization, project team of CDD and Apex body participated and set their individual roles and activities conducive to inclusive education, practices and quality of education in five schools. The stakeholders dreamed of establishing a model Inclusive Education atmosphere in five schools and set up indicators for Inclusive Education.

3. Build Ownership

The stakeholders played their respective roles during the whole process. There was sense of ownership. The UEO did his best effort and regularly visited the schools to monitor the improvement of construction activity. He said *“Our school, our dream. It’s our opportunity to get an Inclusive School for our children”*. The URCI is also much involved in ensuring quality education for the schools. These will be replicable in government owned schools. The UP is maintaining regular contact with the SMC and the teachers to follow up and monitor the progress of the construction. The UP gave assurance to help whenever needed. The SMC, teacher, Apex body and community are closely involved and doing regular follow-up activities and updating the education officer. One of the SMC members said, *“It’s our school, nobody can take it away from us. So why not we contribute to our school.”* Their involvement became a habit.

During discussions with the school teachers, one teacher said that *“I want to make this school as a model so that others can benchmark from it.”* Time and again it was proven that sense of ownership among stakeholders is a strong factor for mutual bonding. This was made possible by their active involvement from the onset of the activity up to its completion, or in some cases it is continuous.

4. A Good Model Project

Once the stakeholders feel that they own the process not just the project, they do keep it going and sustain by all means. The following are the key indicators that the Inclusive School is a good model project for stakeholders participation.

- concrete plan, guideline, and strategies were developed to implement the activity in five schools;
- active involvement and sense of ownership by the government, community people and other stakeholders for the whole process;
- indicates high probability of sustainability; and
- replicability of strategies especially on community participation.

5. Key Learning

- Community participation makes development or project activity easier;
- Ownership by the community people is key to sustainability;
- Coordination among all stakeholders is important for common understanding; and
- Community participation in funding the project promotes ownership of any development work.

6. Conclusion

Establishment of an inclusive education model as a pilot initiative of PHRPBD through disability inclusion project was a success. All stakeholders commit themselves in meetings, planning and financing the project. Collective action and strong sense of ownership contributed to project sustainability

HERE AND THERE

The International Course on Leadership for Community Health and Development 2016
Ms. Yayoi TAKADA, AHI



The ILDC 2016 participants with the AHI staff.

The International Course on Leadership for Community Health and Development under the theme “People’s Participation in Local Governance in

Health” was held from September 4 to October 10, 2016. Fourteen participants (6 females and 8 males) from Bangladesh, India, Indonesia, Nepal, Pakistan, the Philippines and Thailand gathered at AHI.

The participants’ composition is diverse according to age, gender, nationality, religion, work experience, language and physical ability. In this context, the participatory process was undertaken more carefully ensuring that “no one is left behind”; a central promise of the 2030 Agenda for Sustainable Development. Throughout the course, the participants and the AHI staff understand that the individual need and provision of a reasonable accommodation must be on a case by case basis. Some participants were not very fluent in English. So, the co-participants and the AHI staff were considerate enough to discuss how to create a more conducive learning process despite being non-proficient in English.

The learning flow started with sharing work experiences. By using the “But Why?” technique, three kinds of incidents that actually happened in their communities were objectively examined in order to identify multiple complicated factors behind them. Genuine solutions to the problems were also discussed. The impact of globalization to the most vulnerable sectors in Asia was part of the learning. After that, case studies on Universal Health Coverage, Rights Based Approach, Community Based Inclusive Development, Change Management, community mobilization and organization, advocacy, multi sectoral collaboration, etc. were dealt with.



Mr. Shahan Ahamed and Mr. Kristiawan are deepening their learnings after session.

NGO staff, PO leaders and government officials were intentionally selected from India and the Philippines to stimulate better discussion on partnership and NGOs-POs-GOs collaboration. A new onsite visit program in Achi Village, Nagano Prefecture was carried out to learn how local government in rural Japan set up venues for civil society organizations (CSOs) in the community, and how CSOs

utilize the opportunities. Through inter sectoral discussion, the responsibility of the government to create an enabling environment for CSOs to engage in community development sustainably, and the role of NGOs in bridging between POs and GOs were clarified. Most of the participants incorporated RBA process into their operations.

Participant's Reflection: Mr. Mohammad Jahangir Alam (center), ILDC 2016, Centre for Disability in Development (CDD), Bangladesh



Mr. Jahangir leading the session on disability.

My participation to ILDC was the best learning for me. My three experienced facilitators helped me a lot by reading and scribing for me during the sessions. I was impressed by their efficiency in managing the training both indoor and outdoor. Everyone was approachable and willing to assist no matter how inconvenient the request could be. I am confident that AHI is now committed to include the PWDs from Asian countries in ILDC. Leaders of the Disabled Peoples Organization are also important to ensure barrier-free health rights among the PWDs, their families and/or community members together with other development actors through strong networking and collaboration.

Reflection: IPHC Second Liners in ILDC

Ms. Josephine B. Alindajao, ILDC 2000, Executive Director, Davao Medical School Foundation-Institute of Primary Health Care (IPHC), Philippines

Over the years, IPHC sends senior staff to the ILDC, like the members of the Management Committee, Program Managers and Unit Head. The participation of the middle level staff paved the way for the sharing of development strategies of IPHC to other participants and at the same time learning from the development experiences of other Asian countries in the course. Insights gained from the training helped IPHC assess its existing strategies

and development tools and reframe its development agenda. IPHC has been conducting training and capability activities with various groups like POs, NGOs and even Government Organization Partners (GOPs). In these trainings, IPHC ensures that Participatory Training Management (PTM) processes are followed based on the learnings from ILDC.

In the recent years, as IPHC moved on to the next decade of existence, the Institute gives value to the enhancement of the capacities of the second liner staff to participate in the ILDC. IPHC believed that capacitating the next generation of leaders will prepare it to be still relevant in the coming years. So, in the last four years, IPHC sent Project Coordinators, Team Leaders and Community Organizers to the ILDC. Their participation to the international training provided opportunity and learnings in various ways, 1) the staff gained experience in associating with co-development workers in Asia, the opportunity to be with international participants pushed IPHC staff to work for the best during the training, considering the high expectations required of them; 2) learned from the community-based strategies employed by other countries and consider its replication in IPHC areas using the Plan of Action (POA); 3) increased staff confidence in sharing IPHC development activities and thereby enhancing their capacity as trainer and development worker. For instance, Ms. Corazon Tatoy (ILDC 2006) had been a community organizer and used to deal only barangay level officials. After her experience in ILDC, she can confidently coordinate at the municipal level, specifically with the Municipal Health Officers. She supports her co-team leaders in facilitating training in their respective municipalities.



(L,2-standing) Ms. J. Alindajao with IPHC staff.

IPHC will always be an active partner of AHI in whatever mutually agreed development endeavor the two institutions will engage into. The distance that separates us will not hinder the partnership that we have established.

AROUND JAPAN

AHI's Involvement in the Citizens' Ise-Shima Summit and Tokai Civil Society Network

Mr. Takahiro NAKASHIMA, AHI

1. Citizens' Ise-Shima Summit

The G7¹ summit was held in Ise-Shima, Mie, which is next prefecture to Aichi on May 26 and 27 in 2016. The topics discussed during the meeting were Aid and Aid Effectiveness, Economic Development, Health, Water and Sanitation, Food Security, Education, Equality, Governance, Peace and Security, and Environment and Energy. However, civil society has been questioning to its legitimacy since the G7 summit is just an informal meeting, yet influential to the rest of all the countries. Do you believe that the informal group of seven countries can decide for the future of the world? Is it just? Therefore, the NGO/NPO within and outside of Japan came together to hold "The Citizens' Ise-Shima Summit, or Citizens' Summit" on May 23 and 24 in 2016 in Yokkaichi, aiming at "Forming Strong Civil Society" in order to promote advocacy for better enabling policy environment for the civil society. There were about 500 participants from 100 international and local NGOs in Japan for development of developing countries, or NPOs working on various issues in Japan or environmental NPOs, other than concerned citizens during the Citizens' Summit.



The G7 UHC Heroes. © Save the Children.

2. AHI's Involvement and Citizens' Recommendation to G7 Countries

AHI as a member of the Nagoya NGO Center, a networking NGO, fully participated in the Citizens' Summit as well as activities in the International Media Center during G7 Summit in Ise-Shima. In the Citizen's Summit, AHI facilitated one of the thematic sessions, which was "Globalization and Health" together with other Japanese NGO, Bridges in Public Health (BiPH). Our specific theme was reduction of health disparities through promoting "Health in All Policies". This was derived from the voices of Dalit community in Special Economic Zone (SEZ) of Tamil Nadu, South India where we visited in the past three years. AHI verified the community's claims regarding degradation of their livelihood and living environment – basic determinants of health – by study tour to the affected area.



Participants of Citizens' Ise-Shima Summit.

The SEZ in Tamil Nadu commenced in 2007 under the supervision of the State Industries Promotion Corporation of Tamil Nadu (SIPCOT). It was sited near to a pre-existing Dalit community and their formerly rich natural forest. The forest has been managed for over 200 years by the Dalits as a common resource providing traditional medicines, grazing for goats and cattle, and ground water for agriculture. However, due to the development of the SEZ, the common forest has been destroyed, the ground water which used to naturally irrigate Dalit

¹ G7 countries are namely, United Kingdom, Canada, France, Germany, Italy, United States, and Japan. Annually, one of the member states hosts G7 summit by inviting heads of governments.

fields has been blocked by a newly constructed road, and there are no more medicinal plants. Since 2008, a year after the start of the SEZ, a French corporation has been operating a factory in the Zone. Although the Dalit community filed a case against SIPCOT at the high court of Madras, as well as French court with the support of NGOs and the academes demanding the factory to stop operations, the Dalits lost both cases.

In Yokkaichi, citizens affected by environmental pollution worked together to speak out for their right to a healthy living environment, and the movement managed to call the polluting corporations to account and comply government regulations to reduce pollution in Japan. This experience could be a hint for the Dalit community to solve their own similar issue.

AHI and BiPH made recommendation to the G7 countries as well as tried to raise awareness among civil society. The following is the summary of the recommendation.

Health is one of the significant results of social and economic development. Achieving Health for All entails addressing social inequity, and calls for Health in All – cooperation among actors in all sectors, including trade and industry.

We therefore call on the G7 governments to take the following actions:

1. Reduce health disparities through promoting Health in All Policies, emphasizing that government objectives are best achieved when all sectors include health and well-being as a key component of policy development.

2. Especially in developing countries, address health disparities through promoting Health in All Policies, including ensuring that multinational corporations originating in G7 countries implement human rights due diligence.

This recommendation was signed by 42 NGOs and NPOs and individuals, and provided to journalists at the International Media Center during the G7 Summit.

3. Formation of Tokai Civil Society Network

The Citizens' Summit was really an epoch-making event to make more than 100 NGOs and NPOs in three prefectures in the central region as well as Tokyo to get together regardless of differences. During the planning process of the Citizens' Summit, the Nagoya NGO Center together with other two prefectures' network NGOs, they intended to form wider regional NGO network covering three prefectures, namely, Aichi, Mie, and Gifu in order to promote advocacy by various NGOs and NPOs working in different themes. In Japan, there has been some disparities between environmental NGOs and other NGOs; such as NGOs working for the issue in developing countries and NPOs for the Japanese issues. However, the process of the Citizens' Summit convinced us to overcome them, and work together to promote advocacy for better policy enabling environment for civil society both in Japan and in developing countries.

Before, concerned peoples said "act locally, think globally". But now, we came to realize as NGO, we should "act locally as well as globally". How could we strategize advocacy and network to strengthen the voices of the marginalized in Asia including Japan to change governments' policies and their implementation in different levels as well as raising public awareness? This is our new challenge or basic question. Now in our region, we can say Tokai Civil Society Network could be one of the leverages for AHI to act locally as well as globally.

CALLING ALL AHI ALUMNI!!! WRITE YOUR ARTICLES

- Participatory Techniques for Self-Sufficiency Alternative Awareness-Building Strategies
- Health and Peace-building in Conflict Areas Disaster Prevention, Response and Management
- Community-based Inclusive Development Civil Society Organizations' Role in Development

NOTE: Please write your articles using simple format. Do not indent, underline, italicize nor highlight your text. Special effects will only delay the editing process. Send us high your high resolution face photo and field photos with caption to support your article. Your cooperation is highly appreciated.

SUPPORT AHI! BE A MEMBER NOW!

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.

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

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.

ANNOUNCEMENT!

To: The AHI Alumni

Let Us Know Your Practice for :

YOUTH LEADERSHIP DEVELOPMENT



Informal classes for housemaid girls in Lahore, Pakistan.

Nurturing second generation is an important mission for every person working at present, within an organization, at community, or in the society as whole.

Having more than 35 years of history, AHI now would like to have a new **focus on youth leadership development among young people for future potential community leaders** so as to promote mutual learning through different modalities.

First we would like to have your practices and to share your experiences of community-based efforts around children/youth. Activities may differ according to the respective situation, objectives, or program focus.

HAYASHI Kagumi
General Secretary of AHI

• **Step 1 Collection of Program Profiles**

Please fill out the back and send it to AHI. You can also download the form from AHI's website. With your responses at hand, we will be communicating with you. **PLEASE FILL OUT THE FORM and SEND TO AHI by the 15th of April, 2017.** (Please download the form from AHI's English website.)

• **Step 2 Sharing them on AHI's newsletter**

Please write articles on your activities for young leadership development. Based on the profile, we would like to share your specific experiences and real stories in the field.

• **Step 3 (and more) Planning/organizing of further learning opportunities**

Having different cases, AHI will think of further opportunities for mutual learning. It may be in the form of exposure visits, international workshop, etc.