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Resilience - Relief - Rehabilitation

From your Editor Ms. Joy A. Bastian

It seems that disasters like earthquake, tsunami and typhoon spare nothing when they strike unannounced. In Asia alone, the 2011 big Tohoku region earthquake in Japan triggered the tsunami that caused the Fukushima nuclear accident whilst people died and others were displaced. In 2013, the super typhoon Haiyan smashed Tacloban, Philippines that killed and injured thousands of men, women and children. Properties were damaged and daily life became abnormal. Post disaster trauma lingers, extreme physical and mental agony, lost hope.



Damaged buildings in Jiri bazaar, Nepal. Photo by NPCS

The people of Nepal also suffered the same tragedy.

Nature is unpredictable. It hits anytime, anywhere. Individuals are vulnerable and helpless. But there is always something that we can do together. Disaster preparedness and resilience in the community can be a primary countermeasure. In Japan, for example, disaster preparedness drills are done in schools and in communities. Disaster maps are produced and distributed of which escape routes, common shelter spots, and water facilities are clearly marked on them. Each person is advised to keep a backpack full of emergency stuff handy. Multi-sectoral networking to educate the people on what to do during and after disasters contributes to becoming a well-prepared and resilient society.

In Nepal, Mr. Gopal Kumar Nakarmi (ILDC 1984), Ms. Roshani Shrestha (ILDC 1997) and Mr. Bishnu Prasad Prajapati (ILDC 2015) wrote on how their organizations established relief and rehabilitation work in the aftermath of the big earthquake in Nepal twice in 2015. Mr. Nakarmi pointed out that preparedness and resilience are important in the community apart from provision of relief goods, clothing and shelter.

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FOCUS: NEPAL Earthquake Relief and Rehabilitation Work



*Destroyed house in Sindhupalchowk, Nepal.
Photo by BBP-Pariwar.*

1. Introduction

On the 25th of April, 2015 an earthquake of magnitude 7.8 occurred in Nepal, and the second incident on May 12, 2015 and aftershocks resulted to the death of nearly 9,000 people, 16,000 injured and 500,000 homes destroyed. Right after the first incident, AHI tried to get contact with its former participants in Nepal through e-mail. They informed us that millions of people were severely affected with the shortage of food, medicines and place to live. Based on their initiative, AHI decided to have a special fund raising for Nepal earthquake victims. Up to the end of September 2015, the amount raised reached to more than \$ 40,000 (USD). With this donation, AHI supported eight relief and rehabilitation programs which were implemented by former participants.

Mr. Gopal Kumar Nakarmi, Ms. Saraswati Gautam (ILDC 1999) and Mr. Bharat Bista (Non-medical Course 1983) have participated in AHI Training Course and later joined by other like-minded ex-staff of BBProject formed the Baudha Bahunipati Family Welfare Project (BBP-Pariwar). The women's savings and credit groups that BBP-Pariwar has been supporting played a core role in the relief and rehabilitation project.

Ms. Roshani Shrestha has neither experienced such a disastrous incident nor organized any relief activity before. Her organization, Nutrition Promotion & Consultancy Service (NPCS) learned a lot of lessons through providing nutritional supports for pregnant and lactating women and children in their working area.



ILDC 2015 participants from Nepal, Mr. Bishnu Prasad Prajapati (left) and Mr. Bishnumani Nepal (right).

In Japan, two from Nepal participated in the AHI ILDC from September to October in 2015. They decided to join the training in spite of hardships due to the post disaster situation. One of them is Mr. Bishnu Prasad Prajapati of Center for Mental Health and Counseling (CMC-Nepal). He admitted that there is a need for more psychological healing of the survivors. Throughout the discussion in the training, they thought that community activities could provide them with resilience against disaster.

2. Stories from BBP-Pariwar, NPCS and CMC-Nepal Experiences

The Baudha Bahunipati Family Welfare Project Pariwar (BBP-Pariwar) Provided Corrugated Iron Sheets to the Earthquake Victim Families to Secure their Shelters

*Mr. Gopal Kumar Nakarmi
BBP-Pariwar, Nepal*

1. Background

The Baudha Bahunipati Family Welfare Project (BBProject) which was run by the Family Planning Association of Nepal (FPAN) had already phased out in 2000. The people who used to work in that project decided to form the BBP-



Mr. G. Nakarmi

Pariwar to continue the good works that BBProject had been carrying out. BBP-Pariwar works to support women's savings and credit groups in Sindhupalchowk and Kavre districts. Both districts are highly affected by the recent earthquake. Sindhupalchowk is the most damaged and affected district. Nearly 92% of the total houses were collapsed. Approximately 8,800 people died because of the earthquakes and after quakes in Nepal. About half of the total death toll was in Sindhupalchowk district alone.

2. Activities

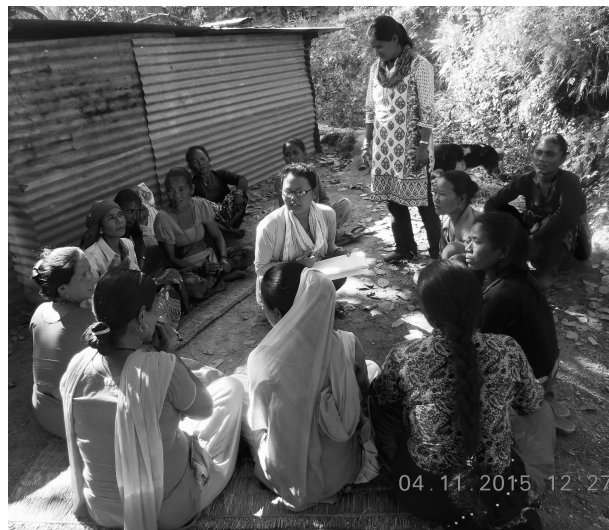
Due to lack of resources, BBP-Pariwar had shared its limitation with women's savings and credit groups. So the groups followed some processes to provide the support for selecting the more needy families. BBP-Pariwar and women's savings and credit groups developed some criteria (single woman, families with less working people, sick and/or disabled people, families with many children or with many older people, dalits, and students will be prioritized) for selecting the beneficiaries.

The women's savings and credit groups selected 44 earthquake victim families in six groups as beneficiaries during their meetings. The names of the selected families were given to BBP-Pariwar. They identified these families according to the set criteria. The beneficiaries agreed to complete the construction work of the shelters in 12 days after receiving the corrugated sheets from BBP-Pariwar.

The BBP-Pariwar organized meetings among women's groups and discussed the possibility of providing corrugated sheets as roof materials for the construction of shelters apart from giving technical knowhow. The group members concluded that two bundles of corrugated zinc sheets would be enough per family to construct a shelter, where a family with up to eight members can be easily accommodated. The sheets will be used for roofing. Other materials such as timbers, bamboos, windows and doors salvaged from their old houses will be recycled and reused. They can also use some bamboo or tin sheets if they do not have enough timbers. They will exchange labor among the victims. Example, when one shelter is being constructed, the people from two to three nearby houses will come and help there. In return, when their own shelters will be constructed, those who have been helped will come to offer free labor. The cycle continues until each shelter has been constructed with free labor.

In an orientation, the community people together with a technician hired by BBP-Pariwar discussed the structure and technical aspects of making suit-

able shelters. Considerations include the size of land and the structural layout of the shelter such as sleeping rooms, cooking area, gate and so on. Discussions were conducted for four to five hours in each place of the three communities of which six groups were supported. The BBP-Pariwar hired carpenters to support the beneficiaries in constructing durable and safe shelters. By July 18, 2015, all 44 families completed the construction and started to live safely in their new shelters.



Women's group meeting.

Ms. Parbati Nepali, 30 years old, a member of the Savings and Credit Group expressed her feelings, "I am pregnant. It was very difficult to take care of my small boy in a shelter made from tent straw's mattress especially in rainy days. We did not have alternative except to pray to God to save us. When BBP-Pariwar provided us the corrugated sheets, we could construct this shelter, which I believe is very strong and durable. My husband used to say what benefit would we poor people get being a member in the group. Now, he also is happy and thinks that actually it is the group which saved their family members' lives in the most difficult period of his whole life."

Women's groups members get the common platform to meet frequently, identify the existing problem, find out the alternatives to overcome the problems, plan with division of labor, and monitor the activities. They repeat the process as deemed necessary.

Nutrition Promotion and Consultancy Service (NPCS) Provided Nutritional Support to Women and Children

Ms. Roshani Shrestha, NPCS, Nepal



Ms. Roshani Shrestha

1. Background

The Nutrition Promotion & Consultancy Service (NPCS) was established in 2003 as a successor to the United Mission to Nepal's pioneering Nutrition Program. Founded in over 35 years experience of addressing nutrition issues at the community-level, NPCS aims to improve lives with better nutrition through training, awareness-raising and behavior change. NPCS also engages in the provision of training and capacity building in nutrition to other development organizations, as well as contributing to the national nutrition agenda and policies.

2. Activities



Women registering beneficiaries in Jiri

NPCS provided food-based packs of supplemental nutrition to "1,000 days families"; NPCS's nutrition program for lactating women with under three months infants and children aged six to 24 months in three Village Development Councils (VDCs) in Jiri, Thulopatal and Mali, Dolakha District from August 15 to 18, 2015.

Each pack contained one month's supply of Sarbotam Pitho (a flour for making nutritious porridge), 1 liter of cooking oil, 1 kg. of iodized salt, 1 pack of

hand soap and 1 bottle of disinfectant for drinking water. In addition, the packs contained 1 kg. of mixed beans for soup (for pregnant women) or 1/2 kg. of the lactation-promoting spice jwaano (for lactating women), or a bowl and spoon (for children).



Pregnant women were happy to have received nutrition packs.

NPCS basically revolves its efforts on the followings:

- provision of nutritional support to families in a likely occurrence of food insecurity and insufficiency;
- reinforcement of national nutritional messages that emphasize the need for special focus on the nutritional well-being of pregnant and lactating women, and under-two years old children;
- raising community awareness on food-based solutions to nutrition challenges, which they can sustain from their own local resources long after recovery from the emergency, and in the event of any future disasters; and
- supporting good hygiene behavior which is critical to protect good nutritional status.

3. Challenges and lessons learned

This was the first time for NPCS to organize relief work. In fact, we learned many things through this experience such as proposal and budget preparation, packing and logistics, and coordination between stakeholders and beneficiaries. Challenges came underway and we learned how to handle them in some ways as outlined below.

1. It was difficult to know the accurate number of packs to prepare due to poor communication between us and the affected areas. However, preparing for a 10% buffer helped us to have sufficient total packs for all beneficiaries. Having similar contents of each pack made it possible to flexibly distribute extra packs from one



NPCS staff and volunteers preparing nutrition packs in Humanitarian Storage Area in Kathmandu, Nepal.

target group to other groups that do not have enough.

2. During budget preparation, we omitted several necessary expenses including packing materials and travel allowance for volunteers. However we were able to cover these costs with the transportation savings after we accessed the free UN Logistics Services.
3. The time of food insecurity coincided with the monsoon season, so that we had to deal with heavy rain and blocked roads when traveling to the target areas. It also coincided with increased political disturbances related to the country's new constitution. However, despite of the general strike both volunteers and community members came to the distribution centers on the designated day.
4. Although it took a little while to organize the relief project (procurement and logistics), the timing of the distribution was good for the community because previous relief by the government and other organizations was already finished.
5. The following stakeholders were very positive about the project:
 - The acting chief officer of Jiri Municipality was very happy about this project's focus on 1,000 days families.
 - The ward citizen coordinators of the entire Jiri Municipality (Jiri, Thulopatal and Mali) contributed three to four days of time as active volunteers. They attended the orientation, ensured their communities were informed, and organized and supervised the distribution.
 - All the beneficiaries were happy with the nutrition packs, with some traveling for hours on foot in order to collect them.

6. NPCS staff were satisfied that the distribution was conducted correctly, observing more than half of the distribution in each area, and ensuring that the right beneficiaries received the right packs. Data sheets were completed satisfactorily with just five signatures missing for the 872 packs distributed.
7. One sack of kits was reported missing at the point of delivery in Jiri municipality. NPCS staff were unable to verify the exact count themselves, but this explained the discrepancy between the number of packs prepared (878) and number distributed (872). There were six packs per sack. The loss of these items has been reported to the UN logistics center.

The Centre for Mental Health and Counseling (CMC) Provided Psychosocial Counseling and Support to the People Identified With Psychological Problems

Mr. Bishnu Prasad Prajapati, CMC-Nepal



Community Psychosocial Workers, counselors and Mr. Prajapati, standing third left.

1. Background

With over 8,000 earthquake casualties in Nepal, there were also approximately 21,000 people who were injured. Those people who have lost their family members, relatives and properties were suffering from acute trauma, stress, and extreme grief affecting their daily life. Children, women and older people were the most vulnerable of all. Relief support by the government and the nongovernment agencies was provided. However, mental health and psychological support were provided sporadically and insufficiently. It is therefore empirical to offer a comprehensive attention for psychological healing of

the survivors. This can be done by increasing individual and community resilience in post earthquake situation.

CMC-Nepal has been providing psychological first aid and psychosocial support in 10 districts in collaboration with its partners. Building psychosocial support mechanism for the affected communities including children, women and persons with disability was a strong component of this relief action.

2. Activities

CMC Nepal carried out the following activities in order to deliver and facilitate psychosocial support to the survivors of earthquake:

- selecting local community psychosocial workers (CPSWs) with the support of health post staff and health management committee members to be assigned to carry out psychosocial support;
- training/orientation of volunteers representing the Female Community Health Volunteers (FCHVs) aka public health workers, teachers, youth clubs members, and community based organizations (CBOs) on psychosocial support;
- coordinating and merging FCHV training/orientation on nutrition and psychosocial support;
- strengthening the psychosocial support services by providing in-field backstopping and training to CPSWs and their supervisor psychosocial counselor;
- carrying out home/family visits of needy and problematic families by CPSW supported by the psychosocial counselor;
- providing psychosocial counseling and support to people identified with psychological problems;



Female Community Health Volunteers training on psychosocial support.

- making referral of severely affected persons who need specialist service in district based health

facility and/or in Kathmandu depending on the severity of problem; and

- raising awareness for self-care and resiliency by radio program in which interviews of psychiatrists, health persons and mentally ill cases were broadcasted.

3. Two Cases

The first case is Mr. Sher Bdr. Tamang, 58 years old. He is living with his extended family composed of his wife, a son, a daughter-in-law, a grandson and a granddaughter. He was treated with psychosis for two years in Kathmandu. He was quite improving at that time but after the earthquake he developed the same severe symptoms. He discontinued taking his medicine, too. His wife is doing all household chores with the support of the daughter-in-law. He is suffering from restlessness, tiredness, loneliness among other symptoms. He used to prefer to be left alone and did not want to do any work because he felt that he cannot do anything. He felt useless.



House to house counseling visit.

As an intervention, Mr. Sher Bdr. Tamang was under counseling and medication again from CMC Nepal. After one month he became quite normal. After two sessions of counseling by the CPSW and consultation with a psychiatrist, he started trying to socialize in the village. He also resumed working at home and in the field normally just like previously. Now he seems to become energetic, enthusiastic and encouraged.

The second case is Ms. Kamala Moktan Tamang, a 28 years old woman. She is living with a daughter and a son. Her husband is working overseas and they meet only once in every two years. She is a FCHV of one district. She is suffering from psychosocial problems after the earthquake. The Nepali government has not implemented any mental health support for the earthquake victims because even the

government nurses and doctors have insufficient knowledge in diagnosing, managing and treating mental health problems.

The community people think that once a person suffers from mental problem she/he can never improve and will be mentally ill for life. Depression, anxiety, conversion disorders are not acknowledged as mental health problem by the community people. Most of them rather complain to others saying that it is just a matter of physical problem. Ms. Kamala Moktan Tamang also felt that she has physical problems and only received symptomatic treatment.

After two counseling sessions by the district counselor and Mr. Prajapati, she felt a little better physically and emotionally. Her restlessness and nervousness was reduced. She is still suffering from fear and poor concentration, though. She is worried about how to continue her FCHV work. A comment from a community member made her anxiety worse. While in the health post, she overheard someone saying: "If she herself is mentally ill, how can we believe her health advice? That comment was enough to stop her from functioning as an FCHV. Meanwhile, she really needs regular counseling. She is also running a shop in the village. She could hardly function normally in social and private life.

4. The Outcomes of FCHV Training on Psychosocial Support

CMC-Nepal carried out FCHV training on psychosocial support in order to combat the after effects of disasters like the big earthquake. The outcomes were the followings:

- decreasing fear among the community people and children;
- increasing students participation in the schools;
- community people's ability to perform work in daily life and in the field;
- increasing awareness on mental illness and psychosocial issues in community;
- decreasing stigma regarding mental illness in the community;
- through counseling service and mental health consultation, many cases improved and able to return to their daily life as before; and
- increasing awareness on mental illness that raised the number of cases after the FCHVs training and radio program started; probably due to destigmatization after being educated.

5. Challenge

Psychosocial and counseling is considered new to these disaster-traumatized people. It was quite diffi-

cult for them to understand. There is a strong need to make these people become familiar to it through orientation. Their expectations are pretty high making them difficult to provide.

The CPSW's knowledge, competence and skills is insufficient to vouch for the intensity of demands from the community. To meet the expectations on provision of medicine and other follow up services for the clients, training of health staff is needed.



Orientation to mothers' group by Mr. Prajapati

HERE AND THERE

Overview of ILDC 2015 Ms. Yayoi TAKADA, AHI

The International Course on Leadership for Community Health and Development was held from September 6 to October 12, 2015 under the theme of "People's Participation in Local Governance in Health". There were thirty participants (4 females, 9 males) from Bangladesh, India, Myanmar, Nepal, Pakistan, Philippines and Sri Lanka.

Based on the reflection in recent years, a process of absorbing and deepening leanings was devised and emphasized this year. At the end of the day, every participant wrote down new findings, key learnings and the reason why they were important for her/him, and then shared with others. Besides, after a series of topic session was finished, the participants reviewed all notes and synthesized them in a small group called "learning community". In learning community, participants helped each other to internalize learnings and find out practical applications.

One of the other distinctive points of this year is



The ILDC 2015 participants together with AHI BOD Chairperson Mr. Hisafumi SAITO (extreme right) and Mr. Kiyoshi NAKANO (extreme left).

It seemed that learning was a delight to the participants that enabled them to keep their concentration and motivation high throughout five weeks.

Looking back at the course, Mr. Densil Pradeep Wanigasureya Arachchige Don, National Fisheries Solidarity Movement of Sri Lanka said “ILDC is made by bringing together each other’s knowledge, skills and experiences. I realized community development is also the same. What I have to do as an NGO worker is to bring out the ability in people in the community and facilitate them toward a common objective.

that the participants spent a lot of time to gain a concrete image of “collaboration” with local government to work toward. Of course all of them have been working together with respective GOs in whatever way. But throughout ILDC, they investigated repeatedly whether it was the ideal way or not.



Case stories analysis by the participants.

In the beginning of ILDC, some participants consistently thought it was impossible to build equal and collaborative relationship with local government because of unfavorable situations. However, throughout the ILDC sessions, they gradually came to think that “It is difficult, but not impossible”.

Mr. Babu Venkatesh of the Asian Network for Innovative Training, Research and Action Trust, India, is one of those who changed their minds. He said “Especially the session with a disabled persons organization in Nisshin City gave me an actual example of “collaboration” with local government. Now I think that as an NGO worker, I need to facilitate NGOs, POs and GOs to build equal partnership in order to work toward the common goal”.

**Let’s “Chika-Chika”! ~Asian Rural Talk~
Ms. Tomoyo HIDEKUMA, AHI**



Participants introducing themselves.

1. Chika-Chika

The event of “Let’s Chika Chika!~Asian Rural Talk~” was held on September 26, 2015 during the ILDC at AHI. It aims to let the Japanese participants learn and reflect on themselves through chatting with the ILDC participants and develop camaraderie. “Chika” means to chat in Filipino language. While “Chikazuku” means to be close in Japanese. For this purpose, the interpreter volunteers, who worked on prepared manuscript solely for the translation, went out with participants on a Sunday before the event so that they can gain understanding of ILDC participants.

Ninety five people got together including ILDC participants, volunteers, interns and AHI staff. They

were divided into 13 groups and each ILDC participant became a resource person in a group. They presented their activities with pictures and also their motivation of activities.

Group talk session gave a lot of learning to the Japanese participants. One of the Japanese participant said “it expanded my interest. I could feel a close connection with what I thought to be unrelated to myself.” They cheerfully talked about their opinion that they run out of time.

Mr. Hitihamy Mudiyansele Wasantha Pushpakumara, a participant of 2015 ILDC said, “It was a very good event to share our experience and feeling among a new group. Japanese students had big interest to share their feelings and get to know more about our activities. They like to exchange their ideas.”



Mr. H. M. W. Pushpakumara is sharing his activities.

To chat with the ILDC participants is a good chance for everyone to find a new idea and broaden their outlook. “Chika Chika” has a power like that. We hope that it spreads out more.

2. Volunteer Interpreter Ms. Yumika UEDA on Chika-Chika

I am a graduate student and this was the second time to participate as a volunteer interpreter. The people whom I met were experienced workers, and I could spend some fruitful time.

This year, I also supported free Sunday program and went on sightseeing to the Nagoya Castle. Explaining about our culture was difficult. However, I again realized some good points not only of their culture but also of our culture. Exchanging culturally made me realize that something common for me may change into quite different thing if I look from another angle.

During ‘Chika-Chika’ talks, various questions and

opinions were exchanged between ILDC participants and Japanese participants. Sometimes I was hard to catch up with the discussion because it was really livened up. I think that we can change both our way of looking at world and our actions for sharing and understanding present issues through this kind of opportunity. As volunteering interpreter, and as one of the participants, I strongly felt it was a precious experience that we could understand it.



Ms. Yumeka UEDA, right, on Sunday outing with ILDC participants.

Dr. Kawahara Memorial Meeting

Our Future: We Will Continue Walking With Dr. Hiromi Kawahara

Mr. Hisafumi SAITO, AHI Chairman of the Board



The late Dr. Hiromi KAWAHARA and his daughter Ms. Hatsuho IDE. Photo taken in March 2015



Mr. H. SAITO

It has been six months since Dr. Kawahara passed away on May 22, 2015. On July 20th, we had a meeting dedicated to remember Dr. Kawahara. For this meeting, many people came to AHI of whom some were from overseas. Many others also sent messages by fax or email.

Their words were full of grief for the loss of Dr. Kawahara. Some expressed their appreciation, happiness and privilege to be able to know Dr. Kawahara while others recalled their own experiences with him.

The following statements were reminiscent of their time with Dr. Kawahara. His daughter told us, "My father was happy, because many people have sympathized with his dream, and have been supporting AHI". A medical doctor, younger than Dr. Kawahara, said, "Since the time I met Dr. Kawahara in my younger years, I started following his way".

A fax sent to AHI said, "I had been entrusting my own dream to work for the depressed people in memory of Dr. Kawahara". A nurse said, "One day, Dr. Kawahara taught me that medical staff should not show any sign of fatigue to patients. When you have your photograph taken, you have to say "whisky". The word "whisky" will make your face cheerful." A younger AHI supporter recounted, "My parents are enthusiastic admirers of Dr. Kawahara. They said that they will have no objection if I marry a man like Dr. Kawahara". A primary school teacher said, "When Dr. Kawahara came to my school, he told the children, *One's life ends when one dies, but one's soul lives forever with us.*" Finally, one of the oldest supporters spoke, "I am very glad to know that Dr. Kawahara's soul lives with all of us."



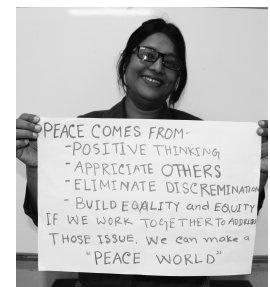
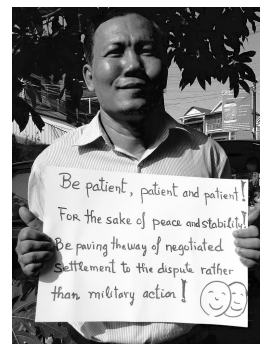
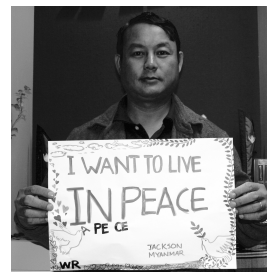
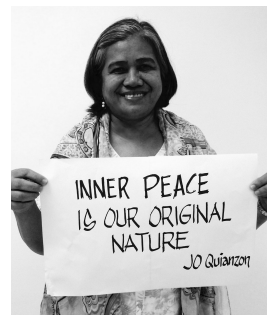
Ms. Kagumi HAYASHI's lecture on Dr. KAWAHARA during his memorial gathering.

I hope their words encouraged you. As far as we work for improving the lives of the grassroots people, Dr. Kawahara will always be with us. Let's say, "Whisky!".

AHI's 35th Anniversary Peace Messages

— I am a PIECE of PEACE! —

AHI marked its 35th anniversary in the year 2015. Recently, peace has been the essential component of ILDC. Participants have discussed in the training ton how to build peace through their community activities. After 70 years of the end of WWII, AHI has called for peace messages to claim our hope for peace. Nearly 70 people including AHI alumni sent us their unique peace messages, movies and some drew colorful boards. It is an opportunity to recognize solidarity toward peace in the community.



See more peace messages at the AHI website.

Reunion Seminar in Bangladesh: Appreciation, Connection and Cooperation
Ms. Kyoko SHIMIZU, AHI



Reunion seminar participants in Bangladesh.

The AHI alumni reunion seminar in Bangladesh was held in DASCOH, Rajshahi, Bangladesh, from November 20 to 23, 2015. Preparation started since 2012 by the committee composed of AHI alumni in Bangladesh (DASCOH) and other organizations. Some DASCOH staff supported the seminar on administration, field exposures, and logistics. Around 35 participants, including 22 AHI alumni, their colleagues, and two AHI staff and volunteers.

Under the theme of “Appreciation, Connection and Cooperation”, the participants shared the progress of their plan of actions which they developed during ILDC. Their achievements as well as good practices derived from their present activities were highlighted. Learning points from each presentation were picked and incorporated in their own. As one of the good practices, DASCOH organized a field visit program to its project site, where they have been promoting people’s participation in community clinic management.

On the last day, the participants made their plan of actions based on the learning points so far, including ideas on how they could collaborate among AHI alumni to implement these plans. Additionally, many suggestions enhancing network among AHI alumni within and beyond Bangladesh were raised and discussed.

For future reunion seminars, the participants concluded to have it two years later and seven organizing committee members were nominated among them. The seminar’s report will be uploaded on AHI’s website soon after finalization. The details of this seminar will be introduced in the next issue.

AROUND JAPAN

**AHI Joined NGO NO-WAR NETWORK:
Stronger Solidarity Required**

Ms. Kyoko SHIMIZU, AHI

On September 19, 2015, Japan passed the controversial security bill into law, ignoring people’s opposition against the Japanese Government and democratic process. The law could allow the Self Defense Forces (SDF) to expand its space for military operations and promotes militarization of Japan in the name of “Proactive Contribution to Peace”. It means violating “the right to live in peace” for all people in the world, which is stated in the Preamble of the Constitution.

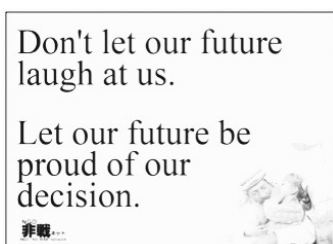


***Demonstration in front of the Diet building.
Photo by Mr. Rei SHIVA, NGO NO-WAR
Network.***

Prior to it, on July 2 under the debate on the bills in the Japanese Diet, the “NGO No War Network” was reestablished. The network was originally formed by civil society organization which concerned to be ensued limits on civil liberties in the name of anti-terrorism after the post-9.11 incident. The new mission is to oppose the above bills and to attempt to make Japan a country that can go to war.

In responding to call from the network, AHI joined it as NGO. AHI has discussed with the ILDC participants on how health and development workers should contribute to peacebuilding in the grassroots through promoting people’s participation and empowerment in health. AHI thinks that people’s participation and open discussion, which Abe Administration is discounting, are crucial elements of democratic society and people-centered community development with equity and equality. We have focused on how NGO workers should tackle with solving the structural violence for health and peace. The bills were enacted, however, AHI will continue to express the standpoint and work together with other members of the network for reviewing, halting and/or abolishing the acts.

The NGO No War Network released the mission statement to discard the bills and already get 361 organizations’ endorsements from 37 countries, including some AHI alumni’s organizations. Join us for health and peace in Asian countries!



The NGO NO-WAR Network banner.

Statement Announced by the NGO NO-WAR Network

The NGO International Joint Statement Against the Security Bills

We, the NGOs express our strong concern and opposition to the currently proposed Security Bills in Japan.

1. Through its colonial rule and aggressive wars in the Asia Pacific region, Japan caused great loss of life and violations of human rights, and the wounds from this are yet to be healed. Following its defeat 70 years ago, and based on the deep regret for the extensive sacrifice brought upon by the Japan-instigated war, the country determined to put an end to militarism, and on the foundation of Article 9 of the Constitution, made a promise to the world to abandon war. This “pledge to not wage war” has meant that Japan has not participated in combat activities overseas over the past 70 years.
2. The security bills currently debated in Japan will allow the use of the right to collective self-defense, meaning Japan’s participation in wars between other countries and the use of force overseas in the case of an armed attack against the United States or other closely allied countries. As well as this, it would under the name of international cooperation for peace broadly allow logistic activities undertaken alongside the use of force, including transportation of ammunition in conflicts in other countries. The armed conflicts or military logistic activities in which Japan would participate under the proposed bills have no geographic limitations, and Asia, the Middle East and Africa would broadly be included in its range.
3. In Japan, many constitutional scholars have expressed their opinion that these bills go against Article 9 of the Japanese Constitution, and the majority of citizens are against these bills. Yet, in July of this year the proposed bills were passed without sufficient debate in the House of Representatives, and they are now being discussed in the House of Councilors.
4. We are strongly opposed to the situation in which the people of the Asia Pacific region

could once again be in the relationship of killing or being killed as a result of Japanese war actions, or that the region could once again.

5. experience the tragic disaster of war. We are also strongly against Japan's participation in war leading to Japan contributing to bloodshed in regions of the Middle East, Africa and so on which suffer through the scourge of war.
6. experience the tragic disaster of war. We are also strongly against Japan's participation in war leading to Japan contributing to bloodshed in regions of the Middle East, Africa and so on which suffer through the scourge of war.
7. We believe that it will not be possible to eradicate conflict from the world without resolving structural violence such as poverty, disparity, discrimination and oppression of human rights, which form a breeding ground for conflict or so-called terrorism. It is not possible to build a just order in the world without addressing such fundamental issues, and relying only on military force. In a world becoming more militarized and violent, Japan's pacifism, albeit imperfect, has the potential to be an alternative for building international peace through "not resolving international conflicts through armed force." The effort must be made for the whole international community to support this pacifism, and spread it further.

We hereby reiterate our opposition to the security bills currently being debated at the Japanese Diet, for their going against the hope of the global civil society.

For more details and how to join go to:

<http://ngo-nowar.net/english/>

E-mail: info@ngo-nowar.net.

Anti-war Quote by Abraham Lincoln

"I destroy my enemies when I make them my friends."

NEWS FROM FRIENDS

BANGLADESH

***Mr. Md. Nazibar Rahaman, ILDC 2008
Bangladesh Slum Development Project (BSDP)***



Doctors checking the health condition of the people during the medical camp.

A medical camp was held at Bangladesh Slum Development Programme (BSDP), Naba Kisholoy High School, which I work as a director. There were 671 children and women and elderly people who received medical support performed by three male and three female doctors. Free medicine was provided only for those who live in the slum area and cannot afford to buy. From January 2016, health education is being implemented every month for the students.

SRI LANKA

***Ms. Ashoka Kumara Karunanathna, ILDC 2006,
Institute of Community Health Care (IHC)***

In Sri Lanka plant and plant products have been used as medicine for treating illnesses. About 35% of the population in the country is dependent on Ayurveda and traditional systems of health care.

Local supply of medicinal plants for Ayurveda cannot meet the demand. Currently about 60% of the requirements of medicinal plants are imported. The situation is compounded by the depletion of local resources due to habitat degradation, unsustainable harvesting and post-harvest methods losses and failure to use the products in an optimal way. About 80% of the locally supplied medicinal

plants are collected from the wild. Of the 50 species most heavily used, 30 are collected from the forest.



Preparing herbal drink.

We are uplifting people's nutrition in rural areas by introducing herbal drink (kola kanda). Under the Divi Neguma (Domestic Agriculture program) implemented by the government, we selected low income families in some regions as beneficiaries. Leaves needed to make kola kanda (herbal drink) are easily found in the nearby jungles or they can grow in home gardens. We conducted awareness program for mothers to eradicate malnutrition of children and pregnant women. Feeding program is also conducted to improve their nutritional status.



Medicinal drink.

THAILAND

Tips to Prepare Yourself for the AHI

International Course

Ms. Nanoot Mathurapote, International Affairs Specialist, National Health Commission Office (NHCO)

We all know that AHI organizes the international course on leadership for community health and development every September. We should not miss this great opportunity to exchange experiences and



Ms. Nanoot

knowledge with other people from Asian countries. Learning innovation on health and development from friends of other countries is a plus for this course.

These days each country cannot work alone within its territory. The policy from one country may have positive or negative influences for other countries including health of the population. Networking among likeminded people in Asia is therefore an important way to motivate and support your work.

Recognizing the benefits of the AHI international course, we at the National Health Commission Office (NHCO) have encouraged our staff and partners to apply for the course every year since 2010. Currently two staff and three partners have attended the course at AHI.

We organized the learning and sharing session tribute to AHI as one of the activities at the 7th National Health Assembly (NHA) in December 2014. We were fortunate to have all AHI alumni who are supported by NHCO to attend the session and joined as speakers.

In the session, Rev. Sanan Wutti (ILDC 2010), Mr. Samai Ratanachan (ILDC 2012) Mr. Techid Chawbangpom (ILDC 2012), Mr. Jaruek Chairuk (ILDC 2013) and Ms. Prangtip Netnoy (ILDC 2013) shared their impressive experiences on the course activities, friendship with AHI staff and course mates, the Japanese culture and volunteerism. On top of that, they shared tips on how to prepare for the five-week course in Nisshin.

1. Brush up on your English language skills.

We know you can communicate in English, but you may find difficult to understand the English accent of non-native English speakers. One good way to help you and your friends communicate better in English is to remind yourself to speak slowly. Using body language while you speak can also be helpful.

2. Understand and accept cultural differences.

The course participants come from various countries having different socio-economic and cultural backgrounds. These differences make the world beautiful and productive. We should respect these differences.



Ms. Nanoot, (extreme right) in the session.

3. Bring visual materials to assist your presentation.

Whether you can speak English well or not, the visual materials such as pictures, brochures, posters, powerpoint presentations, and other forms of multimedia are the best tools to gain your audiences attention. Listening all day can be boring. For this reason, using these tactics can help to improve your presentation.

4. Update yourself beyond your work's issue.

Life is not just work. The course participants do not want to only talk about work-related issues. You should know about international news or social issues of other countries too. This helps you to have various topics to talk about with other participants apart from your own work.

5. Bring your own food and do not forget to share with your friends.

Japanese food is one of the most delicious and healthy types of food in the world. However, after having Japanese food for five weeks, you may miss your own food, especially if you are from spicy-food eating countries like Thailand. Bring your own food to make and share with your new friends. Participants will take turns making breakfast for each other, giving you a chance to show everyone just how good your food is.

6. Tell yourself be happy with whatever you are experiencing.

Five weeks may seem to be a long time for being away from home. Some participants may be homesick and take longer than others to adjust themselves to the new environment. However it may not take too long for someone to tell himself or herself to enjoy this rare chance to gain international experience. Perhaps you will not get this chance again in your life. Seize this chance and be happy.

**CALLING for APPLICATION!
2016 AHI INTERNATIONAL
COURSE ON LEADERSHIP FOR
COMMUNITY HEALTH AND
DEVELOPMENT**

DATE: Sept. 4 - Oct. 10, 2016

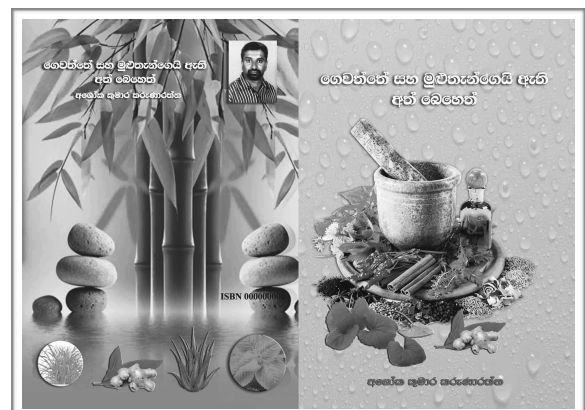
Place: AHI, Japan

Please go to the AHI website for the application form.

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

Call for Collaboration Among Sri Lankan AHI Alumni for Printing the Book "Indigenous Home Remedies" written by Mr. Karunarathna, AHI Alumnus.

This book contains knowledge on various types of herbs and medicinal plants that are practical to use as home remedies for simple illnesses. The author hopes to print the book in Sinhala and Tamil languages so that both communities can benefit from it. Please email Mr. Karunarathna at ichesrilanka@gmail.com for possible ideas of collaboration.



The Indigenous Home Remedies book.

ANNOUNCEMENT

◆ **Reunion Seminar on Health and Empowerment of Rural Poor in Tamilnadu, India** will be held in South India on April 6 to 8, 2016.

◆ **Reunion Seminar in Nepal** be held on July 28 to 31, 2016.

◆ **Cambodian Reunion Seminar Postponed!**

We announced in the last issue that the Cambodian reunion seminar would be held on December, 2015. However, it was postponed. The new proposed date is suspended until further notice. AHI is calling for the organizing team members for this seminar. If you are interested, please e-mail Mr. Chea Thy (cheacheathy@gmail.com) or AHI (info@ahi-japan.jp).

CALL FOR ARTICLES AHI ALUMNI

AHI is calling the attention of all its alumni to take part in sharing your field experiences that can serve as guide and/or inspiration to other community development workers. Writing your articles is an alternative way for advocacy. The newsletter can reach as many places in Asia through print and soft versions online faster.

All of us are facing our busy schedules every day. However, it takes only a fraction of your time to write your stories to inspire others or provide guidance through your experiences. This is your legacy preserved in writing. Let others re-tell your stories again and again through generations.

The potential topics that you can write are:

- Universal Health Coverage under the post medium development goal (NL#99)
- Participatory Techniques for Self-Sufficiency
- Health and Peacbuilding in Conflict Areas
- Community-based Inclusive Development
- Disaster Prevention, Response and Management
- Alternative Awareness-Building Strategies

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.

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.

1. Supporting Member

Annual Membership Fee:

Organization (S): \$300 per year

Individual (A): \$100 per year

Individual (B): \$ 50 per year

Individual (C): \$ 30 per year

2. Donation: Anytime, Any Amount

Reminder for Writers of Articles

Font style: Times New Roman

Font size: eleven (11)

Layout/format: Simple paragraph, no underline, no indent, single space, no special effects

Photos: your face photo, field action photos with caption; must be clear or high resolution