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## 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.*

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## 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 3<sup>rd</sup> 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 training. 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**

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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 Sam-  
bayanan (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);